

Hastings and Rother Voluntary Association for the Blind

Healey House

Inspection report

3 Upper Maze Hill
St Leonards On Sea
East Sussex
TN38 0LQ

Tel: 01424436359
Website: www.hrvab.org

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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

Healey House is a residential care home providing accommodation and personal care to up to 25 people. The service provides support to older people and people with sensory impairments. At the time of our inspection there were 14 people using the service.

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

The registered manager had begun to make improvements to care plans but further time was needed to ensure that these changes were applied throughout. The registered manager had oversight of the service and had recently made improvements to quality assurance systems. Audits were effective in identifying areas of improvement.

Staff were kind and caring and created a calm and relaxed atmosphere for people. People told us they enjoyed living at the service and were treated well by staff. Staff worked in partnership with other health professionals to ensure people received joined up care.

People were supported by staff who knew them well. Risks to people were managed and people were protected from the risk of abuse. Improvements had been made to medicine processes since the last inspection. The home was clean and hygienic. There were enough staff to support people and staff were recruited safely.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an unannounced focused inspection of this service on 14 November 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance at the service.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 Healey House on our website at www.cqc.org.uk

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Healey House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Healey House 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. Healey House 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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We spoke to the local authority that had been supporting the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time and spoke to 6 people who used the service and observed interactions between staff and people. We spoke to 5 members of staff including the registered manager, housekeeper, cooks and care staff. We reviewed 6 people's care plans and multiple medication records. We received feedback from 3 health and social care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, we found that people's care plans and risk assessments were not always up to date and did not always identify risks to people. At this inspection we found risks to people were identified and addressed efficiently and effectively. Care plans contained clear information for staff on how to support people safely.
- Staff supported people to manage their risks of choking. Staff followed people's care plans and risk assessments to ensure that where people had been assessed as needing modified consistency food and fluids, these were appropriately given to people. Staff made referrals to the speech and language therapy (SALT) team if people developed issues with swallowing and followed the advice given.
- Where people had health conditions that impacted on their physical health such as diabetes, staff were knowledgeable about how to support people to manage those risks. People had diabetic care plans which gave clear guidance to staff on each person's safe blood sugar levels and what to do if a person's levels went outside these parameters.
- Some people experienced anxiety and distress. Staff were calm and patient when reassuring people and knew how to cheer them up. People's care plans and risk assessments relating to people's distress were clear and person centred.
- People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency. The registered manager carried out regular environmental checks to ensure people's safety.

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)

- Staff understood the principles of the MCA and the importance of supporting people to make their own decisions. We saw staff offered people choices throughout the day.
- 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. Conditions related to DoLS authorisations were being met. For example, one person's condition stated that the registered manager needed to refer the person to their GP and the mental health team. We saw that this had been done and the outcome of their

visit had been recorded.

Using medicines safely

- At the last inspection, medicines were not always managed safely. We found gaps in the recording of people's medication administration records (MARs) which audits had not identified and inconsistent protocols for medicines taken as and when needed (PRN).
- At this inspection we found improvements had been made to documents relating to medicines management. Gaps in recording what medicines people had taken were identified and addressed through audit processes. People's PRN protocols were up to date and regularly reviewed.
- Staff supported people with their medicines in a kind and considerate way. Staff got down on the same level as people and had a chat with them about how they were whilst supporting with their medicines. One person told us, "They give us our medicines when we need them."
- Staff received training in medicines before administering them. Where staff administered medicines that have been delegated by health care professionals, staff had been trained by them to administer these safely. The health professional responsible for this training told us, "They have listened to and followed the advice and support given."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person told us, "I couldn't stay at home anymore, I needed to come here to keep safe and I certainly feel it here."
- Safeguarding concerns were appropriately identified and reported by staff. Safeguarding concerns were regularly discussed in staff meetings.
- Accidents and incidents were regularly reviewed by the registered manager who reviewed incidents for whether people's care needs had changed and whether any action was needed. For example, if a person had a fall, the registered manager would update the person's care plan and look at contributing factors to reduce the likelihood of the fall reoccurring.

Staffing and recruitment

- There were enough staff to support people safely. Staff responded to people quickly and did not appear rushed. One person told us, "The staff are lovely, we know most of them. They come as soon as we call them."
- Staff confirmed there were enough staff to support people. One told us, "There's definitely enough staff to help the people that live here. We have time to speak to people and have a chat while we help them."
- Staff were recruited safely. The provider had carried out checks on staff before employing them such as references from previous employers 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. One person told us, "It's clean and bright 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

There were no restrictions on people having visitors to the home.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and had failed to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider was no longer in breach of regulations. Improvements had been made to quality assurance processes and the registered manager had improved oversight of the home as a result. However, more time was needed to fully implement the changes to people's care plans the registered manager had identified.

- The registered manager had been working to make people's care plans more person-centred. The care plans that had been reviewed and updated were detailed and gave a clear picture of who people were, what was important to them and how they wanted to be supported. Further time was needed for the registered manager to apply this standard to all parts of people's care plans.
- Improvements had been made to quality assurance processes since the last inspection. The registered manager had clear and effective audit processes to identify issues at the service and take steps to address them.
- The registered manager had oversight of changes to people's needs and risks such as skin integrity and weightloss. This meant the registered manager was able to keep people's care plans up to date and take any action needed such as referrals to health and social care professionals.
- Medicine audits had been reviewed and were effective in identifying any issues for staff to action. Improvements had been made to the completeness and accuracy of medicine records as a result of these changes to audit processes.

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

- Interactions between staff and people were kind and considerate. People told us they enjoyed living at the home. One said, "I'm as comfortable and content as I can be at my age. I don't want for anything."
- People seemed relaxed in the presence of staff and were happy to laugh and joke with them. Staff were

kind and caring. One person told us, "The staff care about how we are and what we are doing, how we are feeling."

- We saw staff gave people a kind word and complimented them. One person told us, "They (staff) know if I'm not feeling myself and try to cheer me up. It's just the best place for us here."
- Staff in all roles and positions spent time speaking to people. One person told us, "The housekeeper is my best friend here, she's been here as long as I have. She looks after me and we always have a lovely chat."

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 registered manager understood their regulatory responsibility to send CQC statutory notifications of events within the service. We saw these had been completed appropriately and in a timely manner.
- The registered manager understood their responsibilities around duty of candour and was open, honest and apologised when things went wrong.

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

- Staff were positive about the support they received from the registered manager. One told us, "[Registered manager] is very good. Any questions I have I can just go and ask. He is always around if we need anything." We saw the registered manager spent time talking to people and people knew who the registered manager was.
- Staff took part in regular meetings to discuss people's needs and give their views. Staff meetings showed safeguarding concerns and complaints were discussed and used to improve staff practice.
- People were invited to attend regular meetings to give their views on the support they receive and how the home is run. Meetings reflected on concerns raised at previous meetings. For example, at a previous meeting people had raised there was a long gap between supper and breakfast. At the most recent meeting, it was reflected that everyone was aware they could ask for snacks at any time.

Working in partnership with others

- The registered manager was working in partnership with the local authority market support team to make people's care plans more person centred. We received feedback that the registered manager had been engaged and responsive to suggestions.
- Health professionals were positive about working with the service. One professional told us, "I have regular contact with Healey House each week which is always very well organised and comprehensive."