The Heathers Residential Care Home Limited

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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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 November 2015 at which we found breaches of legal requirements. We took urgent enforcement action at that time because elements of the environment were unsafe. We also served a warning notice in respect of breaches found of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because adequate systems were not in place to monitor the quality and safety of the service provided.

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

We carried out this unannounced focused inspection of the service on 13 January 2016 to check that requirements of the regulations had been met in response to the enforcement action we had taken. This report only covers our findings in relation to the follow up on the breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have asked the provider to send us an action plan telling us how and when they will become compliant with the breach we found of Regulation 18. This breach will be followed up at our next comprehensive inspection of the service.

The Heathers Residential Care Home provides accommodation and personal care for up to 14 older adults in Bromley, Kent. At the time of our inspection the home was providing support to 12 people.

At this focused inspection on 13 January 2016 we found that the provider had addressed the breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for the key question 'Is the service safe' to 'Requires Improvement' as at this time systems and processes that had been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. The rating for the key question, 'Is the service well led?' remains as 'Requires Improvement' for the same reason. The rating for the key question, 'Is the service effective?' remains as 'Requires Improvement' as we have yet to follow up on the breach of Regulation 18 identified at our inspection on 18 November 2015.

People were protected from health and safety risks and risks related to the environment. The provider had put systems in place to assess and monitor the quality and safety of the service. People were protected from the risk of being unlawfully deprived of their liberty because the registered manager had taken action to ensure people were only legally deprived of their liberty when it was in their best interests, in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

At this inspection we found action had been taken to improve safety within the service in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action had been taken to assess a range of risks related to health and safety, and work had been carried out to address any identified concerns. Improvements had been made to the safety of the environment.

Is the service effective?

Requires Improvement

At this inspection we found action had been taken to improve the effectiveness of the service.

The registered manager was aware of the criteria under which the Deprivation of Liberty Safeguards (DoLS) may apply and had submitted requests to the local authority to lawfully deprive people of their liberty where it was in their best interests.

Is the service well-led?

Requires Improvement

At this inspection improvements had been made to the leadership of the service.

The provider had quality assurance systems in place to identify issues and drive improvements.

The Heathers Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We undertook this focused inspection of The Heathers Residential Care Home on 13 January 2016. This inspection was conducted to check if improvements had been made following the urgent enforcement action we took and warning notice we served in response to the breaches we found of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our comprehensive inspection on 18 November 2015. We inspected the service against three of the five questions we ask about services 'Is the service Safe?', 'Is the service effective?' and 'Is the service Well led?'. This is because the service was not meeting legal requirements in relation to these questions which resulted in CQC taking enforcement action.

The inspection was unannounced and undertaken by an inspector. Before our inspection we reviewed information we held about the home including notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection planning. We spoke to the registered manager, checked the safety of the environment, and reviewed records relating to the safe running of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2015 we found that risks to people's health and safety had not always been assessed and action had not always been taken to manage risks safely. A fire exit door in close proximity to an occupied bedroom within the home opened directly onto a steep flight of stairs. Records showed that a previous occupant of the room had mistakenly tried to use the fire exit and had fallen down the stairs. This had resulted in injuries requiring hospital treatment. Some people living in the home, including the occupant of the nearby room, had a diagnosis of dementia and were at risk of disorientation. Therefore there was a significant risk that a disorientated person could mistakenly attempt to use the fire exit door and suffer a fall down the stairs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took urgent enforcement action, requiring the provider to fit an appropriate locking mechanism to the fire exit door so that it could be opened, except in the event of a fire when it would automatically release.

At this inspection on 13 January 2016 we found that action had been taken to ensure that risks to people were managed safely. An electronic locking mechanism had been attached to the fire exit door and we saw that the door was secure so that people could not accidentally access the stairs behind it. We tested the fire alarm with the registered manager and confirmed that the door unlocked correctly when the alarm sounded to enable its use as a fire exit if required. We also confirmed that the door locked again once the fire alarm was turned off.

At our last inspection in November 2015 we also found that where environmental risk assessments had been conducted, the provider had not always taken appropriate and timely action to address any issues that had been identified. For example, we found that some actions identified in a fire risk assessment had not been carried out within the recommended timescales and were still outstanding. We also found that some areas of environmental risk had not been assessed at all. For example, the provider had not conducted a legionella risk assessment to ensure the risk of legionella bacteria was being safely controlled.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection on 13 January 2016 we found that action had been taken to assess a range of health and safety, and environmental risks, and that work had been carried out to address any issues identified in risk assessments. For example, we saw that fire resistant glass had been fitted in an unused serving hatch on the ground floor of the service and that the fire alarm system had been upgraded to include sensors in the basement areas of the home, in line with the recommendations of the most recent fire risk assessment. We also saw that an external contractor had conducted a legionella risk assessment, although the registered manager was still waiting to receive the final report. She told us that any actions identified in the risk assessment would be carried out, although we were unable to check this at the time of our inspection.

We found that the provider had addressed the breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and had met the requirements in response to the urgent enforcement action we had taken and the warning notice we had served. We have revised and improved our rating for this key question to 'Requires Improvement' at this time because whilst appropriate action had been taken, the systems and processes that have been implemented have not been in place for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in November 2015 we found a breach of regulations because the registered manager was not aware of the criteria under which a person may be considered to be deprived of their liberty and that some people may have been subsequently deprived without lawful authorisation. We took enforcement action and served warning notices on the provider and registered manager, requiring them to meet the regulation.

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 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection on 13 January 2016 the registered manager demonstrated a good understanding of the criteria under which a person may be considered to be deprived of their liberty. DoLS authorisation requests had been submitted to the relevant local authority for two people living in the home and we saw that the registered manager was in the process of submitting a third. The registered manager told us that she would ensure any conditions attached to a DoLS authorisation were complied with but we were unable to check this at the time of our inspection because the service was still awaiting the decision by the local authority on whether the authorisation request were to be granted.

Whilst the provider has met the requirements of the warning notice, we have yet to follow up on the other key lines of enquiry where improvement was required under this key question following the findings of our November 2015 inspection. Therefore the rating for this key question has not been changed.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the provider did not always have effective quality assurance systems in place. The service did not undertake audits on people's care plans to ensure they contained all the information relevant to their care and support needs. There had been no analysis of the significant number of falls sustained by people in the home to ensure that all appropriate control measures were in place to reduce the level of risk in this area. There were no systems in place to monitor staff training and supervision and that there were gaps in these areas that required improvement. We also found that the provider had not always taken action to address issues which had been identified as a result of audits in line with their action plan.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection on 13 January 2016 we found that improvements had been made to address these issues. The registered manager had a schedule in place to review people's care plans and told us that these checks would be ongoing. We saw that some people's care plans had been fully audited and areas identified for improvement had been added to an action plan. The remaining care plans were also all scheduled for review during January 2016.

The registered manager had also taken steps to address the shortfalls in staff training and supervision which she they told us would be monitored in future. Initial analysis had been conducted on the falls sustained by people within the service and this had resulted in one person being referred to the falls clinic and having their medication adjusted to see if this reduced the frequency of falls sustained. Action had also been taken to address the areas identified for improvement during a recent monitoring visit from the local authority, for example the development of personal emergency evacuation plans for people had been started and those still outstanding had been scheduled. However, whilst systems had been put in place to assess and monitor the quality and safety of the service provided, the registered manager was still in the process of working through the action plan in each of these areas. Therefore we have not changed the rating of this key question because the systems and processes that have been implemented have not been in place for a sufficient amount of time for us to be sure that all of the identified actions will be carried out in line with the timescale set by the provider, and that good practice would be sustained.