Chislehurst Care Limited

Heatherwood

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 20 and 21 August 2015 and was unannounced. At our previous inspection in January 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Heatherwood care home provides accommodation and personal care for up to eight older adults in Orpington, Kent. At the time of our inspection the home was providing support to six people. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a breach in regulations because medicines had not always been safely managed. Staff were not aware of the maximum and minimum safe temperatures to store medicines, and storage areas had exceeded the maximum safe temperature. Accurate records of the maximum and minimum storage areas had not always been maintained.

Summary of findings

We also found breaches in regulations because risks to people had not always been accurately assessed, and the systems in place to monitor and mitigate risks to people were not effective. Risk assessments did not always recognise situations where the level of risk to a person had changed. Recent audits had not identified inaccuracies in people's risk assessments or the unsafe temperatures at which medicines had been stored. Where issues had been identified in audits, these had not always been acted upon.

You can see the action we have asked the provider to take in respect of these breaches at the back of the full version of the report.

People told us they felt safe and staff treated them in a caring and dignified manner. Staff knew what action they would take if they suspected abuse had occurred and were aware of the potential signs of abuse to look for. There were appropriate procedures in place for the recruitment of new staff, and staff were supported in their roles through regular training and supervision. People told us that there were enough staff available to safely meet their needs and we saw that staff were available to support people where required.

People were involved in decisions around their care and support, and had access to a range of healthcare professionals when required. Care plans reflected people's individual needs and people told us they enjoyed the activities on offer at the service. A complaints procedure was in place and people told us they knew how to raise concerns if they needed to.

Staff had received training around the Mental Capacity Act 2005 (MCA 2005) but some improvement was required. People's care plans did not always clearly demonstrate that the MCA 2005 code of practice had been correctly followed. The registered manager had an understanding of the Deprivation of Liberty Safeguards but was not aware of all the conditions under which they might apply.

People and staff told us they felt the service was well managed and that the registered manager would take action to address any concerns they raised. The home held regular meetings for residents and relatives and we saw that their feedback was acted upon to improve the service. People were supported to maintain a balanced diet and told us they enjoyed the range of meals on offer.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Medicines were not always stored safely. Risks to people were not always accurately assessed.

People told us they felt safe. Staff were aware of the potential signs of abuse and of the action they would take if they suspected abuse had occurred.

Appropriate checks had been carried out on staff before they started work for the service and there were enough staff to safely meet people's needs.

There were arrangements in place to deal with foreseeable emergencies.

Is the service effective?

Requires improvement

The service was not always effective.

The risk of malnutrition had not always been adequately assessed or recognised by staff. People told us they had enough to eat and drink and that they enjoyed the choice of meals on offer.

Staff had received training relating to the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but staff and the manager did not fully understand how the legislation applied to their roles within the service.

New staff undertook an induction when joining the service and staff received training in areas the provider considered mandatory in order to meet the specific needs of people living in the home. Staff received supervision on a regular basis and felt well supported in their roles.

People had access to a range of healthcare professionals when need to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People told us that staff treated them with dignity and respect, and that their privacy was respected.

People were consulted about their care needs and were involved in any decisions made about the care they received.

People told us that the service offered them a caring environment in which to live and we observed staff treating people with kindness and compassion.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People received care and treatment in accordance with their identified needs and wishes.

Care plans contained information about people's personal history, choices and preferences.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Audits carried out by the service were not always effective and did not always identify issues within the service.

Issues identified with audits were not always promptly acted upon.

People's views about the service were sought but feedback was not always clear and had not been followed up on.

People told us that the service was well run and that their views were taken into consideration. There were regular meetings with people and their relatives and the manager took action to make improvements from the feedback they received.

Heatherwood

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 20 and 21 August 2015. The inspection team on the first day consisted of one inspector and an 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 service. The inspector returned to the home on the second day to speak with the registered manager and staff, and to examine records related to the running of the home.

Before the inspection we looked at the information we held about the home including notifications they had sent us. We also contacted the local authority involved in monitoring the quality of the service. We used this information to help inform our inspection planning.

At the time of this inspection the home was providing care and support to six people. We spent time observing the care and support being delivered. We spoke with five people using the service, three visiting relatives, a visiting district nurse, three members of staff and the registered manager. We looked at records, including the care records of four people using the service, four staff members' recruitment files, eight staff training records and other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us that staff looked after them well and that they felt safe living in the home. One person told us "I'm very happy here, everyone is very helpful." A relative told us "The staff are always busy but there are enough of them to care for everyone safely, I have no concerns about my mother's safety." However, although people and relatives commented positively, we found that risks to people's health and safety had not always been recognised or assessed adequately, and therefore had not been acted upon.

Medicines were not always safely managed. Temperature charts we looked at from between 01 and 20 August showed a maximum recorded temperature which exceeded the recommended temperature for safe storage. This meant there was a risk that medicines may have deteriorated or been ineffective. We were unable to establish how frequently the temperature had exceeded safe levels because the thermometers used in the service had not been reset after each recorded check as they should be.

Records showed, and staff confirmed that they had received training before administering medicines in the home. However, staff we spoke with were not all aware of the correct safe maximum and minimum temperatures for the storage of medicines. The registered manager was also unaware of the correct maximum temperature but acknowledged that the maximum recorded temperature on the day of our inspection was higher than they thought to be safe. The registered manager told us that staff assessed each other's competency to administer medication. This arrangement meant there was a risk that competency assessments did not identify the lack of awareness about safe storage temperatures for medicines.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we have asked the provider to take at the back of this report. The registered manager took appropriate action to ensure the medicines in the home were replaced and stored at a safe temperature during our inspection.

People we spoke with told us they received their medicines on time. Medication administration records (MAR) had been completed correctly by staff with no omissions recorded. People's MARs included photographs to prevent the risk of medication being administered to the wrong person, as well as records of any known allergies.

Risks to people had not always been accurately assessed. People's care plans contained completed risk assessments relating to areas including moving and handling, falls risk, malnutrition and skin integrity which had been reviewed on a monthly basis. One person's skin integrity risk assessment had not been calculated correctly and had failed to take into account the fact that they had recently lost weight. In another example we saw a falls risk assessment had been updated on a monthly basis to indicate that the person had fallen within the last 24 hours every time the risk assessment had been reviewed over the last year. Staff confirmed and accident records showed that the person had only fallen twice during this time. These examples showed the potential of the service not identifying risks promptly because of inaccuracies in the way risks had been assessed.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

There were procedures to protect people from possible harm. The service had a safeguarding adults policy in place and on a notice board in the kitchen we saw a safeguarding adults reporting flow chart for staff to refer to which included contact details for the Local Authority safeguarding team and the police. Training records showed that all staff had undertaken training in the area of safeguarding adults within the last twelve months and staff confirmed that this training was refreshed annually.

Staff we spoke with demonstrated an understanding of the potential types of abuse that could occur and the action they would take if they suspected someone was at risk of abuse. They told us they would report their concerns to the Registered Manager or a senior member of the organisation if the manager was not available. Staff were also aware of the service's whistle-blowing procedure and told us that they felt confident that they would use it if they needed to.

Appropriate recruitment checks had been conducted before staff started work for the service. We reviewed four staff files and saw each applicant had completed an application form which included details of their full employment history, qualifications and a declaration of

Requires improvement

Is the service safe?

their fitness to work. Records had been maintained of the questions asked at interview and the responses received. Each staff file also contained evidence of criminal record checks having been carried out by the service, two references and appropriate forms of proof of identity. We saw that appropriate checks of an agency worker had been made by the manager to ensure their suitability to work for the service.

People using the service, their relatives and staff we spoke with told us there were enough staff available to safely meet their needs. During our inspection we observed people receiving the support they needed when required, and staff responding promptly to call bells. Staff told us that if there was a shortage, for example because of illness, the manager would arrange replacement staff. The Registered Manager told us that they occasionally needed to use an agency worker to cover shifts, but that when required they used the same person who was familiar with the service and the needs of the people living there.

There were arrangements in place to deal with foreseeable emergencies. Staff had received regular fire safety training, had taken part in fire drills and knew how to respond in the event of a fire. We saw personalised emergency evacuation plans had been developed as part of people's care plans and copies of these had been stored in an easily accessible place should they been needed in an emergency. Staff we spoke with knew what action they would take in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

Staff told us they had received training on the Mental Capacity Act 2005 (MCA 2005) which provides protection for people who do not have capacity to make decisions for themselves. They were also aware of the need to gain consent when supporting people and we observed examples demonstrating this during our inspection.

However some improvement was required. For example, a care plan developed by staff referred to a person as no longer having capacity to make decisions about aspects of their care planning, although there was no evidence of decision specific mental capacity assessments having been made. The registered manager and staff we spoke with told us the person in question did have capacity to make decisions about their care and that they had been involved in developing and reviewing their care plan, and making decisions about the care they received.

In another example, one person's care file contained a Do Not Attempt Cardio Pulmonary Resuscitation form which had been completed by a healthcare professional. The form indicated that the person did not have capacity to make the decision as to whether they would like resuscitation to be attempted. The registered manager told us they felt the person may have had capacity to make a decision but they had not challenged the decision making process. The registered manager agreed to request that the GP review this decision following our inspection.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). The registered manager understood the process to follow when applying for an authorisation under DoLS but had not needed to make any applications at the time of our inspection. However, the manager and staff we spoke with were unaware of all of the conditions in which a DoLS authorisation may be needed, so there was a risk that applications may not always be made where required and that people's rights and freedoms would not be upheld.

People received care and support from staff who had the right skills and knowledge to meet their needs. One person told us "I get everything I need." A visiting relative told us "The staff have had a lot of training which I think is a good thing. They know how to care for my mum." New staff were required to complete an induction which included training, reading the service's policies and procedures, and shadowing of more experienced colleagues. The registered manager had completed training in order to support staff through the completion of the Care Certificate over their first twelve weeks of employment and one recent recruit confirmed they were in the process of completing this. Staff we spoke with confirmed that there were regular opportunities for training within the service that helped them better understand and meet the needs of the people living there.

Training records showed that staff had completed training in areas which the Provider considered to be mandatory in areas including Moving and Handling, Food Safety, Fire Awareness, Infection Control, Safeguarding of Vulnerable Adults, The Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS), and Health and Safety.

Staff were supported through regular supervision. Records showed the formal supervision was conducted with staff on a regular basis and a programme of annual appraisals was also in place. The registered manager told us that as well as offering support and guidance to staff during supervision, they also used it as an opportunity to test staff knowledge in key areas, for example in emergency procedures within the service. The records we reviewed confirmed this and demonstrated a good understanding of procedures by staff.

People's nutritional needs were met. People told us that they enjoyed the range of meals offered in the home. One person told us "all of the food here is lovely," and that they liked the choices on offer. Another person explained "I don't go hungry," and that if they didn't like what was on offer, staff would always offer an alternative. A third person commented on the fact that the manager had brought his preferred type of breakfast cereal promptly after they'd mentioned it.

Staff were aware of people's meal preferences and prepared their meals accordingly. For example, we observed staff cutting one person's meal up before serving which was in accordance with the preferences stated in their care plan. The lunchtime meals on the days of our inspection were both freshly prepared and included a variety of vegetable options. Staff told us that the menu had been developed in agreement with people using the service, and wherever possible their preferences had been catered for. This was confirmed by the people we spoke with. People did not require much support whilst eating but we observed staff were on hand if required.

Requires improvement

Is the service effective?

People's weights were regularly monitored but risk assessments had not always been effectively conducted where people may have been at risk of malnutrition. For example, one person's nutritional risk assessment did not reflect the significant amount of weight that they had lost over a short period of time earlier in the year which would have placed them in a higher risk category. Whilst the person had subsequently regained some of the weight, the registered manager confirmed that she had not been aware of person losing weight at the time and that no action had been taken to address the issue, for example by monitoring the person's food and fluid intake and supplementing their diet.

This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People had access to a range of healthcare professionals when required and were supported to maintain good health. One person told us they regularly saw a chiropodist and records showed people received treatment from healthcare professionals when needed, including a GP, district nurse and optician. We spoke with a visiting district nurse on the day of our inspection who told us they had no concerns about the care people received in the home at that the registered manager was proactive in seeking support from healthcare professionals for people when required.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the care and level of support they received from the service. One person told us "They look after us wonderfully," and another person said "You get a lot of one to one care; the staff are nice and helpful." Referring to the people using the service, one relative told us "The staff are very patient, know a lot about them and are very caring." Another relative told us their loved one "couldn't be in a better place."

Throughout the inspection we observed staff interacting with people in a respectful and caring manner. We observed and heard staff engaging with people in meaningful conversations which demonstrated a good knowledge of their life histories and of their likes and dislikes. The conversations were relaxed and friendly, and staff worked calmly when offering support to people, taking their time and offering encouragement.

People using the service and their relatives confirmed that they had been consulted about their care needs and were involved in any decisions made about the care they received. One relative told us "They went through everything with Mum and I when she moved in to make sure the care was right, and we can talk about her care plan with the staff whenever we want." Records showed that people's care plans had been discussed them and their relatives on a regular basis to help ensure they remained reflective of their views. Staff we spoke with were aware of people's needs as well as their preferences in how they liked to be supported.

People's privacy and dignity were maintained within the service. We observed staff working in a way which promoted people's dignity, for example by moving close to discreetly discuss their support needs when in a communal area. One person told us "My privacy is always respected and the staff are always polite." A visiting relative told us "If we need privacy as family, there are always options." Staff we spoke with described how they worked to maintain people's privacy and dignity, for example by always knocking on people's doors before entering and ensuring doors and curtains were closed when supporting people with their personal care.

Good

Is the service responsive?

Our findings

People we spoke with told us that they received care and support which met their needs. One person told us of the staff "They know what they're doing and what I need help with". Another person told us "Whatever you want to do, she'll [a staff member] do it for you." A relative told us "The support from staff is great."

People's needs were assessed and care and support was provided in line with their individual care plan. The registered manager undertook an assessment of people's needs before they moved into the home. They told us that people's care plans were developed from these assessments in discussion with them and their family members. People and relatives we spoke with confirmed they had been involved in developing their care plans and that they reviewed them with staff on a regular basis.

Care records contained individual care plans and risk assessments which had been developed to address people's needs in areas including mobility, communication, nutrition and personal hygiene. Care plans included information about the support people needed in order to undertake the tasks they preferred to do for themselves in order to maintain their independence, for example brushing their own teeth if toothpaste was applied to their toothbrush, or washing their own face when being supported to wash.

People's care records also contained some information about their personal history including details of any hobbies, interests, and religious and social needs, although the level of detail was sometimes limited. However, the conversations held throughout our inspection demonstrated that staff were aware of people's preferred daily routines and the things that were important to them. People and relatives told us that the staffing team was small and knew how to meet their individual needs. One relative told us "They [staff] end up being part of the family."

People's need for stimulation and social interaction were met. There was an activities co-ordinator in post whose duties were split across two neighbouring care homes. People told us they were supported to take part in activities which reflected their preferences. One person told us "We play cards, have guessing games and she does your nails." Another person told us "When the weather's good we sit outside and have tea parties". A third person told us they didn't like to engage in activities with the other residents and chose to stay in their room most of the time, although a member of staff accompanied them occasionally on visits a local pub which they enjoyed. We observed staff offering residents a pampering session during our inspection which people responded to positively.

The home had a complaints policy and procedure in place, and information on how people, relatives or visitors could raise concerns was on display in the entrance hall of the home. The complaints procedure included guidance on the process for handling complaints and how any concerns could be escalated. People and their relatives told us they knew who they would talk to if they had any concerns. One person told us "I've never had any problems." A relative told us "If we had any issues, we'd just talk the manager." The registered manager told us that they'd received no complaints about the service and this was reflective of the comments we received from people and their relatives.

Requires improvement

Is the service well-led?

Our findings

Quality assurance systems used within the service were not always effective and therefore did not always drive service improvement or identify issues. A range of audits were conducted by staff within the service, including audits on the condition of the premises, health and safety checks, people's care plans and medicines. However, an audit of medicines in the home which had been undertaken shortly prior to our inspection had not identified the issue we had found with medicines being stored at too high a temperature, despite temperature checks being included as part of the audit process. In another example, we found that a recent audit of people's care plans had not identified the inaccuracies we'd identified in the way the risks to a person had been assessed.

Action had not always been taken to address the issues found as a result of audits. A review of the premises by maintenance staff in October 2014 had noted that there was no radiator cover in one of the bedrooms, and that a cover was to be supplied. A radiator cover had still not been supplied at the time of our inspection, despite subsequently monthly reviews continuing to note this as an issue. In another example, following a care plan audit the provider had highlighted the need for one person's falls risk assessment be reviewed more frequently in line with the guidance provided and the level of risk, but this had not been implemented.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager told us that the provider carried out satisfaction surveys to gain people's views on aspects of the service. However some improvements were required. We reviewed the latest survey results and found that people's responses to some questions were not clearly explained, so we were unable to establish whether the manager needed to follow up on the feedback received. For example, in response to the question 'Do staff have time to listen to you?' 40% of respondents were responses were recorded as 'Other', as opposed to 'Yes' or 'No'. The manager told us that surveys had been conducted centrally by the provider and they hadn't followed this up to see what the detail of the responses had been, but that they would have been given detailed feedback if any concerns that had been raised so that they could take appropriate action.

Staff we spoke with told us that the registered manager was supportive of them in their roles. One staff member told us "She [the manager] is always available to talk things through when I need to, and encourages us to share our views." Another staff member explained that the registered manager had been encouraging them to undertake a further health and social care qualification and that "She [the manager] wants me to develop in my role here." A third staff member told us "The manager's door is always open and she will always try to help if I need her."

People and their relatives told us that the home was friendly and welcoming, and that the manager was available to talk to them whenever they needed. One relative told us "She [the manager] is always happy to talk to us and I know she'd do the right thing if we had any problems." Another relative told us "The manager always lets us know what's going on and if there have been any changes."

Residents and relatives meetings had been conducted regularly within the home and people we spoke with confirmed the manager took action to address feedback. One relative told us "We discuss things and they do take on board what you say." We saw that some suggestions made at residents meetings had being implemented, for example a specific meal request had been catered for and added to the menu, and armchair exercises had been implemented as an activity option as a result of feedback from a recent meeting.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risks to the health and safety of people were not always properly assessed. Medicines were not safely managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

This section is primarily information for the provider

Enforcement actions

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