# Chislehurst Care Limited

# Heatherwood

## Inspection report

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13 June 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

Heatherwood 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 three people.

We carried out an announced inspection of this service on 21 and 22 March 2017 at which breaches of legal requirements were found. We took enforcement action and served warning notices on the registered provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. The provider's systems for assessing and monitoring the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service were not always operating effectively.

We undertook this focused inspection on the 13 June 2017 to check that the provider met our legal requirements. This report only covers our findings in relation to the breaches identified in the warning notices. We will follow up on the other breaches of legal requirements at our next inspection. You can read the report from our last comprehensive inspection, by selecting the link for Heatherwood on our website at www.cqc.org.uk.

At this inspection we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. Risks to people had been identified, assessed and steps were being taken to mitigate them. The provider's systems for assessing and monitoring the quality and safety of the services provided had improved and were operating effectively.

The home had a registered manager in post; however we were advised at the time of this inspection that they had tendered their resignation. The provider was in the process of recruiting a new manager to run the home. The director of care said they would be managing the home until a new manager was recruited. They also told us that a new deputy manager had been recruited and would start working at the home in July 2017.

We found that the provider had addressed the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served.
However the ratings for the key questions safe and well led at this inspection remain 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

## 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**

Improvements had been made to people's safety at the service.

Risks to people using the service were assessed, reviewed and managed appropriately.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

### Is the service well-led?

**Requires Improvement**

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

# 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 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection of Heatherwood on the 13 June 2017. This inspection was completed to check if improvements had been made to meet the legal requirements for breaches to the regulations we found after our comprehensive inspection on 21 and 22 March 2017. We inspected the service against two of the five questions we ask about services, safe and well led. This is because the service was not meeting legal requirements in relation to these key questions and enforcement action was taken.

The inspection was undertaken by one inspector. Before our inspection we reviewed information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We used this information to help inform our inspection.

During this inspection we spoke with the director of care and a member of staff. We also looked at the care plans and risk assessments for three people using the service and records relating to quality monitoring of the service.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection on 21 and 22 March 2017 we found a breach of regulations because risks to people had not always been identified, assessed adequately, or steps taken to mitigate them. Malnutrition Universal Screening Tool (MUST) had not always been completed correctly and therefore did not always identify when people were at risk of malnutrition. These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider requiring them to meet the regulation.

At this inspection, we found that appropriate action had been taken to support people where risks to them had been identified. Risk assessments assessed levels of risk to people's physical and mental health and included detailed guidance for staff in order to promote people's health and wellbeing. Risk assessments were conducted for areas such as falls, nutrition, personal care and medicines. For example where people were at risk of falls there were falls risk assessments and moving and handling care plans in place to support them. Where one person using the service had been prescribed medicine to reduce the risk of blood clotting we saw there was a care plan in place with guidance for staff indicating when medical advice should be sought in particular circumstances including when they had unexplained or severe bruising.

We found that Malnutrition Universal Screening Tool's (MUST) had been completed and placed in people's care plans. Where one person had a MUST score that placed them at high risk of malnutrition we found that appropriate actions had been taken. For example we saw records confirming this person had been referred to their GP and a dietitian, guidance from the dietitian was included in their care file, they were receiving supplement drinks and their weight was being recorded and monitored on a regular weekly basis. The director of care told us that staff had received training on using the MUST tool. They and a member of staff were able to demonstrate to us how the tool was used to accurately to assess people's MUST scores.

We found that the provider had addressed the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection on 21 and 22 March 2017 we found a breach of regulations because the provider had failed to assess, monitor and improve the quality and safety of the services provided to people using the service. The provider had also failed to maintain records of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. These issues were in 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 requiring them to meet the regulation.

At this inspection, we saw reports from service visits carried out at the home by the director of care that included an action plan to comply with the issues identified in the warning notices served by the CQC. The action plan indicated that a staff supervision matrix was in place confirming that staff were receiving regular supervision and an annual appraisal where appropriate. Staff had received training on the Malnutrition Universal Screening Tool and training dates for newly recruited staff had been arranged for June 2017. The fire door for one person's room had been replaced and health and safety and maintenance audits also reconciled the information included in the homes maintenance book.

We also found that people's care plans and risk assessments in relation to their health, safety and welfare had been audited. These audits included action plans confirming that actions had been taken to update people's care and treatment plans. For example one person's fall risk assessment had been updated and observations sheets had been added to another person's care file. We also saw that other audits for example on medicines, wheelchair maintenance and infection control audits were being completed on a monthly basis and evidenced that actions had been taken when required. Our records showed that notifications were submitted to the CQC as required.

The director of care advised us that the current registered manager had tendered their resignation. The provider was in the process of recruiting a new manager to run the home. The director of care said they would be managing the home until a new manager was recruited. They also told us that a new deputy manager had been recruited and would start working at the home in July 2017.

We found that the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.