

# Hastings and Rother Voluntary Association for the Blind

## Healey House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**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 19 people using the service.

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

Quality assurance processes were not always effective in identifying concerns and areas for improvement. People's care plans were not always reflective of people's needs and preferences. Care plan audits had not identified areas that required improvement. Medicine audits did not identify issues found with the safe management of people's medicines.

Improvements had been made to opportunities people received to engage in activities, but further work was needed to embed this practice. People were communicated with effectively by staff. Staff knew people well and how to support people safely.

People, relatives and health professionals were positive about how staff communicated with them. People and relatives told us staff listened when they raised concerns or had suggestions for improvement and took action to implement changes. People, relatives and staff were positive about the registered manager.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 7 November 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. 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 remained requires improvement based on the findings of 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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive 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

This 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.

#### 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 sought feedback from the local authority and professionals who work with 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 spoke to and spent time with 8 people that used the service and 2 people's relatives. We spoke to 5 members of staff which included the registered manager, head of care, chef and care staff. We reviewed 5 people's care plans, risks assessments and daily notes and multiple medicine records. We reviewed audits relating to the monitoring of the service. We also reviewed 3 staff files in relation to recruitment.

# 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 changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Although people had received their medicines there were some gaps in recording on people's medication administration records (MARs). Gaps in recording had not been identified through audit processes. Although only senior staff supported people with their medicines, there was still a risk of people not receiving their medicines in line with their MAR.
- Some people had medicines prescribed to be taken 'as and when needed' (PRN). People had PRN protocols to guide staff on when to offer these medicines. However, some people had protocols for medicines that were not recorded on their MARs, other people had PRN protocols for medicines they were prescribed to take on a regular basis. PRN protocols needed to be reviewed and updated to correspond with people MARs. The registered manager acknowledged these concerns and told us PRN protocols would be reviewed.
- Other areas of medicines were managed safely. People had medication profiles which informed staff how people chose to take their medicines. Staff counted people's tablets when they administered to monitor for any discrepancies. Staff recorded when people were unable or chose not to take their medicines and liaised with the person's GP to review people's medicines when needed.

### Assessing risk, safety monitoring and management

- People's care plans and risk assessment were not always up to date and did not always identify risks to people. For example, for one person who was awaiting a speech and language therapist (SALT) due to issues with swallowing, the person did not have a choking risk assessment. Staff were able to tell us about this person's risk and how they safely managed the person's risk of choking, however improvements were needed to ensure people's care plans were accurate and recorded how staff should support people to manage risks. This has been commented on further in the well-led section of this report.
- Other risks to people were identified, recorded in people's care plans and well managed. For example, some people could experience seizures. Guidance for staff on what seizures looked like for people and what action staff should take to support the person if they had a seizure was clear.
- Where people were at risk of pressure ulcers due to limited mobility, this risk had been assessed and measures put in place to reduce the risk. One person was regularly repositioned by staff to relieve pressure areas when in bed. This person's daily notes showed this was being done by staff in accordance with their care plan.
- 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 management staff carried out regular

environmental checks to ensure people's safety.

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

- People told us they felt safe living at the home and being supported by staff. One person told us, "I do feel safe here, they moved me here because I wasn't safe at home, but I don't have to worry here." Safeguarding concerns had been appropriately identified and reported by staff.
- Staff had a good understanding around safeguarding and knew their responsibilities around reporting. One staff member told us, "I would look out for signs that someone isn't right, notice a change or a difference. I would look for any unexplained bruising and check for any marks on skin. I would tell the manager or report to adult social care or the police if it needed to be reported externally."
- Accidents and incidents were analysed by the registered manager who took action to prevent reoccurrence. For example, where medicine errors had occurred, the registered manager had analysed the incident and sought retraining for staff, discussed the incident in staff meetings and changed medicine processes.

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 mental capacity had been assessed and where required, best interest decisions had taken place in partnership with the person and their representatives. DoLS had been appropriately applied for.

Staffing and recruitment

- There were enough staff to support people safely. We saw staff were not rushed and spent time with people. People's call bells were responded to promptly.
- Staffing levels were regularly reviewed to ensure there were enough staff to meet people's needs. People told us they had previously raised concerns about staffing levels and staffing had been increased as a result. One person told us, "We mentioned to [registered manager] in the monthly meeting about staffing during the day and they increased numbers to three members of staff which has improved things in the day."
- Staff were recruited safely. The provider had carried out checks on new staff including references from previous employers and DBS checks. Disclosure and Barring Service (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.
- 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.

People were supported to have visitors to the home when they chose to.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were holistically assessed and considered the whole person, their wishes, likes and dislikes. People's care plans included information about people's personal histories, friends and family that were important to the person and information on people's hobbies and interests. However, this information had not always been transferred from the person's assessment to their care plan. This has been commented on further in the well-led section of the report.
- People's care plans gave information on what they could do for themselves. Staff told us the various ways they supported people to be as independent as possible. One staff member told us how they supported a person with their oral hygiene. They said, "What people can do we encourage them to do for themselves. Some need a bit of help for example with their oral care. We set them up to go get them ready to go like putting the toothpaste on the toothbrush and passing it to the person to do themselves."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans gave clear details to staff on how to communicate effectively with people. Where people required communication aids such as glasses or hearing aids, people's care plans reminded staff to ensure these were in good repair and worn by the person.
- People told us staff communicated with them in a way they could understand. One person told us, "{Staff} speak clearly so I can hear them. They know I can't see so they are very careful about moving things around and warn me where things are."
- People's representatives also told us that staff knew how to communicate with people. One person's representative told us, "When [person] interacts with staff, staff talk to them, make sure they can hear and have understood what has been said and make sure they have their hearing aids in."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had begun to provide more person-centred activities for people based on what people wanted to do. For example, for one person staff told us attending religious groups was important to them. This person was

supported to attend a weekly bible study outside the home.

- Some people enjoyed going to the Taplin centre (the adjoining day centre open for people from the local community to use if they wished), several times a week to engage in social meetings and outings. People told us this was something they enjoyed. One person told us, "There's enough to do and we don't really get bored, we love going to the day centre and trips out."
- Some people chose to spend most of their time in their bedrooms. Staff told us how they engaged with people who did not enjoy social activities. One staff member told us, "With [person], we will help them have a bed bath or wash and we will make it a sensory experience for them, turn it into a pamper session and have a good chat about their family. They love it."
- The registered manager told us they were taking steps to move away from traditional organised activities and were working towards activities that engaged people's interests and kept them involved in daily life. One person's relative told us the person was encouraged to get involved in chores around the home. They said, "The laundry staff give [person] piles of laundry to fold and napkins to fold, they try and find things for [person] to do." Being involved in activities of daily living and remaining active was important to this person.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel comfortable raising concerns or making a complaint. One person told us, "You can tell the boss man (registered manager) anything, he will listen and fix things if he can." Another person's relative told us, "All staff are really kind and respectful. They listen to everything I ask or want to talk about, they listen to any concerns I have and act upon it."
- Staff kept a clear log of complaints made about the service, this included verbal and written complaints. Each complaint had been addressed appropriately and action was taken where needed. Complaints were discussed in staff meetings to improve staff practice.

End of life care and support

- People's care plans detailed people's wishes about the care they wished to receive towards the end of their lives. This included details personal to each individual such as whether they wanted music to be played and what they wanted to be wearing. People's care plans stated whether people wanted any religious rites performed at the end of their lives.

# 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. 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

- Healey House has been rated requires improvement for six consecutive inspections. The provider had failed to ensure improvements were sustained and embedded into daily practice. At the last inspection we found that care plans did not always reflect people's current needs. Although improvements had been made to care plans, further work was needed to ensure that care plans gave clear guidance on people's preferences and how they wanted to be supported.
- The registered manager was registered with CQC in August 2022 and had also registered as the nominated individual for the provider. There had also been changes to the staff team. Work had been focused on supporting the new staff team to achieve good outcomes for people and ensure people were well cared for. This had impacted on some quality assurance processes and records.
- Improvements were needed to some people's care plans to ensure they were person-centred. Although staff knew how people wanted to be supported and supported people how they wished, people's care plans did not always reflect this. Parts of some people's care plans were generic and did not specify what people's likes and dislikes were. For example, two people's care plans said that the person's likes and dislikes were incorporated in menu planning but did not specifically detail what food and drink the person liked or didn't like.
- Although risks to people had been identified and were being managed safely, improvements to record keeping were needed to evidence that risks were being assessed and managed. For example one person who was a diet controlled diabetic did not have a risk assessment to reflect this risk.
- Quality assurance processes were not always effective in identifying concerns and areas for improvement. Although care plan audits had been completed regularly, the most recent of these had not identified issues found with care planning and risk assessments on this inspection.
- Systems to monitor medicines were not always effective. Although people received their medicines safely, gaps on people's MARs and issues with PRN protocols had not been identified by audit systems. Following the inspection, the provider informed us they had implemented a new audit system to identify these issues.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. The provider 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.

- Some improvements had been made since the last inspection. At the last inspection we found issues relating to the monitoring of people's food and fluid intake and weight loss. At this inspection we found that people's food and fluid charts were accurate, and people's weight was monitored for any changes.

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

- Care and support provided by staff achieved good outcomes for people. One person's relative told us about the positive impact moving into the home had had on the person. They said, "[Person] seems so much better since coming to Healey House and improved very quickly. [Person] is taking their medicines, their mental health, mood and whole demeanour has improved." When we asked what had made this positive difference, they told us, "The home has a small family feel and staff always speak to [person] with respect and make them feel valued."
- People's relatives were positive about the culture the registered manager instilled in the staff team. One person's relative told us, "I took to [registered manager] instantly the day we went to visit, I feel he is very caring and has been right from the start. If ever I visit or phone he always asks how I am and reassures me 'we are always there' if we need anything. Staff think about me as well as [person], all the staff do."
- Health professionals were positive about the registered manager. One told us, "[Registered manager] is a definite asset to the home with his understanding on mental health issues and his ability to communicate with staff, residents and relatives and give clear information to the surgery of any concerns. This makes it easier for the medical staff to make decisions about what medications may be needed or other referrals/actions to manage the health and wellbeing of the residents."

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 and honest.

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

- People told us they felt involved in decisions around the home and were listened to by the registered manager. One person told us, "I feel listened to and my views are heard by the manager. He's easy to talk to and always has time for me."
- People were able to give feedback on their experience of living at the home through regular meetings. People told us that feedback they had recently given about wanting to move the lounge area to another room had been listened to and implemented by staff. One person told us, "One example is that we suggested we didn't want to have our lounge in the room where people walked through to get to the balcony as we were worried about getting cold in the winter. So [registered manager] listened and we moved the lounge into this room which is much nicer and more homely."
- 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.
- Staff received support from the registered manager. One staff member told us, "The registered manager is very supportive, we can go to him with any problems and he is very approachable which is nice."

Working in partnership with others

- Health professionals we spoke to were positive about working with the home. One told us, "I feel we have a good working relationship with [registered manager] and [staff member]. They regularly contact the

surgery between ward rounds if they have any new or urgent concerns. Initially when the ward rounds started in early 2020 and before [registered manager] joined the team, I would find that advice and instructions given were not always followed but now things are much improved."

- We saw staff made appropriate referrals to health professionals when needed. For example, two people had recently been referred to the falls team to provide support with their mobility.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. The provider 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.