

# 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 effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 26 and 31 July 2018 and was unannounced.

We carried out an inspection at Healey House on 30 June and 1 July 2016 when we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not met the regulations in relation to safe medicine practices and had not ensured that new staff completed induction training and had been assessed as competent in their role. The overall rating was requires improvement with one area identified as Inadequate.

At the last inspection on 23 and 27 June 2017 we found there had been significant improvements and the provider had met the regulations in relation to the safe management of medicines and induction training for new staff training. However, there were still areas to improve and embed the improvements into everyday practice. The overall rating continued to be requires improvement although three key questions had been identified as Good.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and confirm it had improved. We found improvements had not been made and there were breaches of regulation. The overall rating continues to be Requires Improvement and only one area has been identified as Good.

Healey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Healey House is part of the Hastings and Rother Voluntary Association for the Blind, a charity set up to support people with visual impairment. The home is registered to provide accommodation and personal care for up to 28 older people and at the time of the inspection 18 people were living there. Some people were independent and required minimal assistance whilst others required assistance moving around the home safely due to visual impairment, frailty, physical disability or medical conditions, such as diabetes and heart failure.

The registered manager was present during the inspection. 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.

Although the quality assurance system had been reviewed and a number of audits developed to monitor the services provided and identify areas for improvement it was not effective. The audits had not identified the areas of concern we found during the inspection; including the care planning process, record keeping and meeting people's dietary needs.

Staff were supported to develop their knowledge and practice through regular supervision and yearly appraisals had been planned. Training had been provided, including fire safety, infection control and moving and handling and staff were required to attend. However, there were no records to show that new staff were supported to develop the knowledge to understand people's needs; or that their competency had been assessed and they had the skills to provide appropriate care.

We recommended that the provider sources appropriate training for staff responsible for giving out medicines to ensure their practice is observed; they have been assessed as competent and follow the guidelines for managing medicines in care homes issued by National Institute for Health and Care Excellence (NICE).

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff said most people could communicate well and if necessary relatives and health professionals provided support. We recommend that the provider seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been requested when needed to ensure people were safe.

Risk had been assessed and people were supported to be independent in a safe way, the environment was well maintained; changes were based on the needs of people with visual impairment and emergency procedures were in place to support people if they had to leave the building. People were supported to be independent and staff offered assistance when people used walking aids to move around the home to ensure their safety.

Feedback was sought from people, relatives and staff about the services provided through regular meetings and people could put comments about the home on the charity's website if they chose to. People were encouraged to keep in touch with relatives and friends and visitors said they were made to feel very welcome.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Staff had attended safeguarding training, but had not always followed current guidance with regard to referrals to the local authority.

Additional training and competency assessments were needed to ensure medicines were administered safely.

Risk to people had been assessed and support was offered to ensure people with visual impairment were able to be independent and make choices.

There were sufficient numbers of staff working in the home and recruitment procedures were in place to ensure only suitable people were employed.

The home was well maintained with effective policies to keep people safe from the risk of infection were in place.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

A training programme was in place, but there was no induction training for new staff to ensure they understood people's needs and were competent in their role.

Supervision was provided to support staff and additional training was available to assist staff to develop professionally.

Staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and people were supported to make decisions about their day to day lives.

People were encouraged to have enough to eat and drink and they chose where they wanted to have their meals.

People were supported to maintain their health and wellbeing and referrals were made to health and social care professionals when needed.

**Requires Improvement** ●

**Is the service caring?**

The service was caring.

Staff respected people's privacy and dignity and offered assistance in a kind and caring way.

Support was based on people's preferences and choices and staff asked for their consent about all aspects of their day to day care.

Relatives and friends were made to feel very welcome and people could have visitors at any time.

**Is the service responsive?**

The service was not consistently responsive.

Care plans contained personal information about people's needs and there was some guidance for staff to follow to meet these. However, the care plans had not been reviewed and updated when people's needs changed and the supporting documentation had not identified areas of concern.

People's needs had been assessed before they moved into the home to ensure they could be met.

A range of activities were provided and people participated if they wished.

The complaints procedure was available to people and their relatives to use if they wished.

**Requires Improvement ●****Is the service well-led?**

The service was not consistently well-led.

A quality assurance and monitoring system was in place, but it was not effective and had not identified areas where improvements were needed.

Feedback about the service provided was consistently sought from people, relatives and staff.

Staff meetings had taken place to inform of any changes and encourage staff to put forward suggestions for improvement.

**Requires Improvement ●**

# Healey House

## **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 checked 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 inspection took place on the 26 and 31 July 2018 and was unannounced. The inspection team consisted of two inspectors 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 care service.

Before our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We took into consideration the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

We observed the care and support provided and interaction between people, visitors and staff throughout the inspection. We spoke with 10 people living in the home and two visitors. We spoke with staff including the provider, registered manager, head of care, care staff, housekeeping staff, maintenance staff and the cook.

We looked at a range of documents related to the care provided and the management of the medicines. These included four care plans, medicine records, three staff files, safeguarding, accident/incidents and complaints.

We asked the registered manager to send us copies of records and policies and procedures following the inspection. These including minutes of residents and staff meetings, the supervision programme, staff training plan, activity programme and four-week staff rota, equality and diversity and whistleblowing policies, the legionella certificate and statement of purpose. These were sent to us as requested.

## Is the service safe?

### Our findings

At the last inspection this key question was rated Good. At this inspection we found improvements were needed with regard to safeguarding and medication and the rating has changed to Requires Improvement.

People were comfortable and said the staff did their utmost to provide the support they wanted. One person told us, "Yes, I feel very safe, especially as I have a bell and bed alarm mat. I call the staff when I need them and they are straight there. They all work very hard." Another person said, "I feel very safe, I can reassure my family." People and relatives said there were enough staff working in the home. Staff said it was busier at the weekend when the day centre was closed, but they also said there were enough staff.

Staff had attended safeguarding training. They were clear about different types of abuse and said they would always report concerns to senior staff or the registered manager and knew they could contact the local authority and CQC. One member of staff told us, "It's not right, we've got to do what's got to be done." A whistleblowing policy was in place and staff said they knew how to use it to keep people safe. One member of staff said, "Would definitely report, elderly people are very vulnerable." However, we found staff had not consistently made referrals to the local authority in line with current safeguarding guidance. For example, one person had scratched their leg against the side of their bed. This had damaged their skin and support from the district nurse was needed to treat and dress the wound. In addition, staff had noticed a haematoma (burst blood vessels under the skin) on the person's other leg; which also required ongoing treatment, but they were not sure when this had occurred. These injuries had not been referred to the local authority as safeguarding and staff were unable to explain why this action had not been taken. The registered manager referred these incidents to the local authority during the inspection.

Staff said accidents and incidents were recorded and were discussed at the time so that they could put systems in place to try and prevent them re-occurring. The registered manager showed audits were used to look for any trends and identify if people were at specific risk. They said if they had to make any changes with people's support this was discussed with the person, their relatives and GP to ensure it was appropriate. However, staff could not assure us that all accidents and incidents were recorded, such as the haematoma (burst blood vessels under the skin), and therefore what action had been taken to prevent a re-occurrence. Records were not clear and overall the care plans, daily records and the handover book were not up to date. These will be looked at in more detail under the responsive question. The management said they would take action to make improvements immediately and they spoke with senior staff during the inspection and with night staff at the end of the first day of the inspection. A senior staff meeting had since been held at the home on 6 August and the minutes from this meeting showed the above issues were discussed and guidance given to staff.

Senior staff were responsible for giving out medicines. Staff had completed on line medicine training in April 2018 and were confident people received their medicines as they were prescribed. Staff supported one person with diabetes; which required regular testing for blood sugar levels and injections of insulin when needed. Staff were aware of the changes to the person's behaviour if their blood sugar was too high or low, such as, "Being shaky or emotional." Staff said if they noticed this they would stay with them to provide

support and call senior staff. Senior staff explained the blood sugar level was tested twice daily and were quite clear when the insulin was needed. However, they had not been assessed by an external health professional to show they were competent to test blood sugar levels and give insulin. The registered manager contacted the district nurses during the inspection to ask them to give the insulin and they took responsibility for this from that evening. District nurses also agreed to assess staff competence; this started shortly after the inspection and the registered manager said they will inform us when this has been completed.

We recommend that the provider sources appropriate training for staff responsible for giving out medicines to ensure their practice is observed; they have been assessed as competent and follow the guidelines for managing medicines in care homes issued by National Institute for Health and Care Excellence (NICE). This states, "Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines."

The head of care was responsible for ordering, checking, storing and disposing of medicines and explained how this was done to ensure medicines were available. People said they were given their medicines when they needed them and if necessary they were supported by staff to take them. For example, staff placed medicine on a spoon and then put it in the mouth of one person with their permission and placed medicine in another person's hand so they could take it themselves. Staff said it depended on each person's support needs. One person told us staff, "Keep it all under lock and key and hand it out to you one by one, which makes it easy as I can't see." There were ongoing checks of the medicine administration record (MAR). Staff giving out medicines checked for errors, such as gaps, each time and signed the form at the front to show this had been done. The MAR contained a picture of each person with information about any allergies and details of their GP and they were completed appropriately. There was guidance in place for people prescribed 'as required' (PRN) medicines. Staff said they asked people if they needed these, such as paracetamol for pain and, we saw staff asking people if they were comfortable and if they needed pain relief.

Staff had an understanding of enabling people with limited eyesight to take risks in a safe way and reviewed any potential changes to the environment with this in mind. A member of staff said, "Most residents can walk around the home on their own. Some use zimmers for support, we help some with their wheelchair and also use hoists for one resident so they are not restricted and can spend time where they want." Risk assessments specific to each person were in place. These included assessment of people's mobility, nutritional needs, communication and waterlow scores to ensure they were protected from pressure sores. Staff were knowledgeable about the risk assessments and how to provide support while limiting risks. For example, using pressure relieving mattresses and cushions to prevent pressure damage. Staff said these were checked and we saw them recorded on the forms kept in people's rooms.

There was evidence that lessons had been learnt and action taken when things had gone wrong. For example, one person had fallen out of bed. Advice had been sought from their GP, occupational therapist and physiotherapist. A sensor mat had been placed by the bed to inform staff if the person got out of bed and the use of bed barriers at night had been agreed with the local authority to reduce the risk further.

Staff had completed training in equality and diversity and knew people's different support needs and preferences. Staff told us, "Each resident's rights are protected, there is no discrimination. Each resident makes different choices and there are no restrictions we help them do whatever they want to do" and, "Residents decide exactly what they want to do, we are here to assist not make decisions for them."

The provider information return (PIR) stated that a robust recruitment system was used to recruit staff. We

found the personnel files supported this and ensured only suitable staff were employed at the home. Information included completed application forms, two references and interview records. There was evidence of residency and right to work in the UK and a disclosure and barring system (DBS) check had been completed to ensure they were safe to work in care. The registered manager said the checks were completed before staff worked at the home and new members of staff agreed with this. People and relatives said there were enough staff working in the home to provide the support they needed. One person told us, "I have no complaints about the staff, everything is done. Look after my plants and will do anything for me. I can't find anything wrong. I'm as happy as a Sandboy." Staff also thought there were enough of them to assist people and we saw they were not rushed and bells were answered promptly.

The home was well maintained. People liked their rooms and said staff kept them clean and tidy and, as one person said, "Keeping everything in the same place so I know where it is." Another person said, "It's spotless, the cleaners are very kind." Records showed that checks had been completed for electrical equipment, water temperatures, the call bell system and emergency lighting. A gas safety record and electrical certificate were in place and checks had been completed on the lifts and hoists. Personal emergency evacuation plans (PEEPs) had been completed and were accessible to senior staff when needed. They included information about how staff should assist people to leave the building or move to a safer area and, the registered manager or head of care were on call for advice and guidance if needed. Fire alarm testing was carried out weekly and there was regular fire training for staff.

Staff said they had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available; we saw staff used these when needed and the hand washing and hand sanitising facilities available throughout the home. Laundry facilities with appropriate equipment to clean soiled washing safely were available.

## Is the service effective?

### Our findings

At the last inspection this key question was rated Good. At this inspection we found improvements were needed with regard to the provision of appropriate training for staff and the rating has changed to Requires Improvement.

The registered manager said all staff were required to complete the training listed on the training plan and were also supported to develop their practice and work towards vocational qualifications. Staff told us they had completed the required training and were aware of their roles and responsibilities. However, there was no structured induction programme to support new staff. This meant there was no evidence that new staff developed appropriate skills and an understanding of people's individual needs and, that their competence had been assessed before they assisted people on their own. The registered manager and head of care said new staff worked with more experienced staff for two to four shifts and were assessed as they worked, but there were no records to evidence this. In addition, experienced staff themselves had not completed training to show they had the skills to assess a new member of staff's competency. Following the inspection the registered manager provided a competency checklist which had been used by previous managers. The registered manager said they would use this to assess each new member of staff and this would only be done by the registered manager or head of care.

Despite the lack of written evidence of induction training we observed new staff provided appropriate support and demonstrated a good understanding of people's needs. For example, one member of staff had worked at the home for four months; we saw they assisted a person to walk across their bedroom safely by saying a little to the left or right, so they did not bump into any furniture. The person felt dizzy and the staff helped them to sit in a wheelchair and reassured them and said they would tell senior staff. The person said they did not want to, "make a fuss" and staff explained why it was important to tell senior staff. The member of staff told us during their first day they were introduced to people and then shadowed other staff for two 12-hour shifts. They had completed face to face training in safeguarding, first aid, continence, moving and handling, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They explained MCA was about helping people make choices and decisions about their lives. One person said "I think the staff get to know you after a bit. They listen and ask my approval. If they are unsure, they will ask seniors and they do have regular training."

The registered manager said new staff with experience in care had started vocational health care courses. One member of staff had started level 2 and staff that had no experience of working in care would do the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff told us they were supported to complete training and were booked to do training specific to people's needs, such as sight awareness.

The provider had equality and diversity policies for staff to refer to and staff had attended or were booked to attend training. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or

belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected. One member of staff told us, "We are all protected by the act, but of course we need to keep it in mind at all times for the residents, their relatives and friends so we respect their choices."

Staff said they had regular supervision with the registered manager, records showed these had been done every two months and appraisals were planned for September/October. One member of staff said, "We can talk to the manager or senior staff at any time really, even when they are not here we can ring them, but we also have supervision and sit down to talk about our work and any issues" and, "I think it is a good idea, we can talk about anything in private."

Staff told us most people living in the home did not have a diagnosis of dementia, although some may be forgetful or had developed memory loss since they moved into Healey House. Staff said, "Residents make decisions about everything we do, we ask them if we can help them and wait for them to tell us what they want us to do." "Residents decide about all of the services provided here, they decide if they want to go to the day centre and this depends on how they feel and changes from day to day" and, "If we thought a resident didn't have capacity we would talk to their GP, relatives and other professionals if we had to, with the resident's permission of course." Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had attended relevant training. We saw people made decisions about all aspects of their daily routine. For example, staff asked people's permission to check on them at night and this was recorded in their care plan. One person asked staff to check only twice, at 9pm and 5am and staff were aware of this and respected their decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process for doing this. The registered manager said a DoLS application had been sent to the local authority and they had agreed to the use of bed barriers to reduce the risk of the person falling out of bed.

People said the food was very good. They were supported to have enough to eat and drink and chose where to have their meals, in the dining room, the lounge or their own rooms. People said, "It's excellent, you have two choices and sometimes a third. I get enough. They do help, some people have to be fed. They tell you where the food is by the clock on the plate." "They make a good show of it. The food is excellent, it's all lovely" and, "The food is plentiful. The cook is very understanding." People were supported to sit with their social group in the day centre or the dining room. Staff told people what the meal was; they explained where the food was on the plate using 'clock' positions and offered help and assistance when needed. One person could not decide where to sit and staff supported them to make a decision as there were a number of choices. Staff asked people if they wanted to use a napkin and asked if they could, "Pop it on for you." Specific dietary needs were catered for, including diabetic diets and soft or pureed meals. The cook said fresh produce was used, people could really have what they wanted and if they changed their mind, "There is always baked potato, omelette or snacks." People were weighed regularly and staff said if they noted any increase or loss of weight they informed the registered manager and advice was sought from their GP.

People were supported to be as healthy as possible and staff contacted health and social care professionals as required. GPs visited the home and referrals were requested for health professionals when needed. For example, the dietician if staff were concerned about a person's diet and the speech and language team (SaLT), if people had difficulties swallowing or were at risk of choking. Records were kept of each visit and

staff said any changes in support were discussed at the staff handover and recorded in their care plan. People told us, "The doctor was here this morning. And I see a chiropodist." "I don't really need to see my doctor. I do go out to have my feet done, my son takes me." "I see a doctor when necessary and an optician, they come out to us" and, "Yes, I see my doctor, dentist and hairdresser."

People's individual needs were reviewed and the registered manager said adaptations to the home had been made to ensure these could be met. For example, large faced clocks had been positioned around the home following the last inspection; as the environment had been identified as an area that needed to improve. To ensure people could use the stairs safely gates were in place at the top of each staircase. This meant people who used the stairs would know when they had reached the top. The gates were not locked and people could swing them open and also use the banister to reduce the risk and walk down them as safe as possible. People said they knew the gates were there and one person told us, "I know I am at the top of the stairs and can walk down ok." One person moved around the home independently using the walls, corners and doorways to guide them to walk from their room to the lift, which enabled them to use the dining room for meals and the day centre. The corridors were kept clear and the registered manager said no changes were planned to the corridor or walls as this may affect the person's ability to move around safely.

## Is the service caring?

### Our findings

At the last inspection this key question was rated Good. At this inspection the Good rating had been sustained.

People were comfortable living at Healey House and said staff provided the support and care they wanted. People told us, "I've been here four years now. I knew it in here because I came to the day centre on Tuesdays. I got my bits and pieces with me. They treat me like family" and, "They are very good, we have a laugh and a joke, like family really." Relatives were very positive about the care provided for their family members. They told us, "The staff are marvellous." "Mum loves all the carers" and, "He gets all the care he would get at home." Staff said they enjoyed working at the home and helping people to be independent and make decisions. Staff told us, "Love it." "We work together as a team. People are happy" and, "We all work as a team that includes the residents and their families, the staff from the charity and care staff."

Staff respected people's equality and diversity. They offered assistance in a caring, respectful and kind way, based on each person's individual preferences. For example, staff asked people if they preferred female or male care staff. This was recorded in their care plan and staff knew which people had a preference. One male member of staff said they could not tell us how staff supported one person with personal care as they preferred female care staff and they respected this. Another person was supported to make choices at lunch. Staff helped them to the dining room in a wheelchair and asked if they wanted to remain in the wheelchair or sit in a chair. They chose to remain in the wheelchair and staff removed the footplates so they could put their feet on the floor and be comfortable.

People's privacy and dignity was protected. A member of staff said, "It's the residents home, we work to make it their home. For example, we don't go into people's rooms without knocking." We saw staff knocked on people's doors, said hello and asked, "Can I come in" and, they waited for a response before they entered. People told us, "The staff always knock when they want to come." "They are so kind" and, "Of course they do. They come and tell me everything will be alright."

People decided where and how they spent their time. Some used the day centre every day, others picked what they wanted to do and some chose to remain in the rooms. One person told staff after breakfast, "I will go back to my room and come down for the quiz later." Another person chose to remain in their room, listening to music and talking books and said, "They look after me well. I would rather be here than on my own."

Staff knew about people's lives before they moved into the home, their interests and hobbies and supported people to keep in touch with family and friends. Conversations between people, visitors and staff were relaxed and friendly and they were on first name terms, with staff using people's preferred form of address. There was an inclusive atmosphere, almost like an 'extended family' feeling about the home. Staff chatted to visitors as they entered the home; they asked how they were and told them where their family member or friend was in the home. People said their family and friends were made to feel very welcome. They told us, "All my family and friends are welcome. The staff are marvellous" and, "My own friends and family are always

welcomed with a cup of tea or coffee." Relatives said, "I can come in anytime I want. Mum has visits from grandchildren and great-grandchildren too, mainly at weekends. We even bring the dog in to see her. They are more than happy with that. We always get offered tea or coffee. I 'm really happy with everything here and so is Mum too" and, "I think they are fabulous."

## Is the service responsive?

### Our findings

At the last inspection in June 2017 this key question was rated requires improvement because additional work was needed to ensure the care plans actually reflected people's needs and the support provided. In addition, concerns had been raised about the lack of activities for people who chose not to use the day centre. At this inspection we found additional work was needed to ensure care plans provided clear guidance for staff; that records reflected people's changing needs and clearly stated the action staff had taken to address them.

People said staff provided the care and support they needed. One person said, "They look after us very well and know how much help we need." Another person told us, "I like it here." Relatives were equally positive and said, "The staff are caring, can't do enough, get all the care she needs" and, "Mum really enjoys it. We have never had to complain, but if we had to, they would sort it out."

The registered manager told us the care planning system had been reviewed following the last inspection and audits had been introduced to ensure records were kept up to date and reviewed when people's needs changed. Staff said they were aware of these audits and their responsibility with regard to reviewing care plans and ensuring records reflected the care and support provided. However, we found care plans had not been reviewed and updated when people's needs changed, which meant there was no clear guidance for staff to follow to ensure people received the care they needed. Staff had not reviewed and updated one person's care plan from when they stayed for respite in 2017 and when they moved into the home on a permanent basis in 2018 or, when they returned to the home following treatment in hospital. The person's needs had not been reviewed before they were discharged from the hospital to ensure the home could meet them. The information in the discharge letter had not been used to update the care plan; staff had not followed the admission procedure and had not observed the person had lost weight until the monthly weights were done four days later.

Staff had not consistently completed the food and fluid charts. Therefore staff did not know if people had had enough to eat or drink and the registered manager and head of care were not aware of the poor record keeping. This was because senior staff had ticked their audit list stating that the charts had been completed, although they had not checked them. Staff did not always record how much people had to eat and drink if they had their meals in the day centre; even if people had lost weight and the records were essential in planning and providing appropriate dietary support. We were told that some people had not been eating all the food provided; one person had lost weight and two people had put food into tissues rather than eat it; so it looked like they had eaten their meals. This information had not been passed on to the registered manager or head of care and therefore there was a delay in obtaining guidance from health professionals.

The handover book that staff used to record how people had spent their day and night, contained only basic comments. Such as, 'Has not slept', there was no evidence that action had been taken to find out why they had not slept or if they had contacted their GP for guidance. In addition, the information in the handover book was not the same as that in the daily records and staff had not taken appropriate action when concerns had been recorded. For example, following a visit by the district nurse staff wrote, in the part of the

care plan for visiting professionals, that a grade two pressure mark had been observed on one person and they advised the use of a pressure relieving cushion. Staff said a cushion was used at that time. Night staff, two days later, noted two grade two pressure marks and recorded in the daily records that a referral should be made to the district nurse. The referral was not made until two days later, because it was the weekend, by which time there were three grade two pressure sores. The lack of understanding about people's changing needs and the limited guidance for staff meant that people were at risk of receiving inappropriate care.

The provider had not ensured that staff had the knowledge, understanding and guidance required to meet people's individual needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and head of care were made aware of our concerns on the first day of the inspection. By the second day they had introduced guidance for staff to follow when writing in the handover book and the daily records. The guidance was quite clear, but it will take additional training and support to ensure all staff record information the same way and inform senior staff of any changes in people's needs when they first notice them.

A complaints procedure was displayed in the entrance hall and the registered manager told us it was included in the information given to people when they moved into the home. People and relatives said they had no complaints about the care provided and were sure if they had it would be addressed. One person said, "I don't have anything to complain about." Another person told us, "I complained about a nurse who came to do my leg, I spoke to the manager. It was sorted out and they don't come any more." Records showed complaints had been made and the registered manager said they had been resolved. However, they had not followed the provider's complaints procedure. There was no record of the response to the complaint and if any action had been taken, such as staff training, or if it had been resolved to the complainant's satisfaction. The registered manager said they would follow the provider's procedure for future complaints.

At the last inspection in July 2017 staff and visitors said there should be more activities for people who chose not to use the day centre. At this inspection people and their relatives did not raise concerns about activities. The day centre was open Monday to Friday and volunteers offered activities at weekends. Staff said they spent time with people who preferred not to use the day centre and supported them to spend time doing activities they liked. One person told us, "I spend my day listening to talking newspapers, books and the radio. And I go to the day centre. We do armchair exercises and silly games. We have people come in to entertain us. He plays the most beautiful music. And we have a raffle every day." Another person said, "I sometimes go to the day centre to the quiz evenings." A relative said, "She now likes talking books" and one of the staff picked out some books for her to listen to. Different activities were provided at the day centre, which is easily accessible for people as it was next to the dining room. These included quizzes, word games, exercises, monthly church visits and fortnightly sing-a-longs with external entertainers. Scrabble, cards and darts were available for people to do at any time. Residents' meetings provided an opportunity for people to discuss activities and put forward suggestions. The minutes from the last three meetings showed that people said they enjoyed the activities in the day centre and agreed that the lounge should remain a quiet room.

People who had moved into Healey House in the last year had done so because they needed assistance with their daily living, due to reduced vision, frailty of age and medical conditions, such as heart failure or diabetes. Their needs had been assessed before they were offered a place to ensure they could be met. One person told us, "I was lucky because social services said I wasn't safe to be on my own, so I came here." Another person said following a bereavement they had decided with their relative that the home was the

best place for them as, "I knew this place before, I had stayed here and am quite happy." Some people had been involved in writing their care plan. One person said, "I don't need to change my care plan, the staff are pretty good." A relative told us, "Mum has seen the care plan and we haven't needed to request any changes." Another person said they did not know anything about their care plan, they left, "the negotiating" to their relatives and, people had signed to show they agreed with their care plan when they first moved in. People and relatives were equally positive about the support they received and one relative said their family member's health had improved since they moved in.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff said most people could communicate well and others were supported by their relatives, who were very involved in decision about the care provided. Staff said they had not heard about AIS. We recommend the provider seeks advice and guidance from a reputable source to ensure staff are aware of their responsibilities.

Staff were aware that people may be reluctant to talk about their end of life care or their wishes and they respected this. One member of staff said, "Most residents have decided before they move in, but if they haven't we do talk to them and their relatives so that we have their preferences recorded and don't have to bring it up if their health deteriorates." End of life care plans had been written in the care plans we looked at. These included do not resuscitate forms that had been signed by the person and health professional and medicines were available to ensure people were comfortable if their health deteriorated.

## Is the service well-led?

### Our findings

At the last inspection in June 2017 this key question was rated Requires Improvement because additional work was needed to ensure records reflected people's needs and care was planned to promote good health and well-being. At this inspection we found the same improvements were needed. The quality assurance system was not effective and there was no managerial oversight of the services provided.

A quality assurance system to monitor the services provided at Healey House was in place and a number of audits were carried out regularly. These included food and fluid charts, accident and incidents, safeguarding, complaints, care plans and records. However, the audits did not accurately reflect the support offered to people. For example, food and fluid charts were a useful way of recording if people had enough to eat and drink and assess if people were at risk of dehydration and weight loss or increase. We found staff had not consistently completed people's charts. This meant staff had not identified if people were at risk and needed additional support and concerns were not passed on to senior staff. Charts showed that one person, who had lost weight and had poor diet, rarely ate all the meals provided. For one 24 hour period they had no food and there were no records for the meals they had in the day centre. Staff working in the day centre told us they had noticed this person putting food into tissues, to give the impression they were eating their meals, and they had told care staff in the home about this. As part of the audit process senior staff were required to check that the food and fluid charts were completed and they had a form to tick to show they had done these checks. The registered manager then looked at this form when they did their audit and, "assumed that seniors had checked the charts".

The same issues were noted in the audits for accidents and incidents, safeguarding, care plans and supporting records. This meant audits had not identified that staff failed to complete the relevant forms for all accidents and had not made safeguarding referrals when needed. In addition, that care plans had not been reviewed and updated as people's needs changed; that staff had not recorded areas of concern in the handover and daily records and there was no evidence staff had taken action to address these. We found there was an overreliance on records being correct and up to date when they were not. There was no oversight of the audit system to ensure each member of staff had the skills needed to participate in the process or that they were aware of their responsibilities. This resulted in the provision of inappropriate care and support and failed to promote people's health and well-being.

The provider had not ensured that an effective quality assurance system was in place to monitor the services provided and drive improvements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware that improvements were needed; they had introduced the audits as a way of identifying these whilst also involving staff so they could see where change was needed. They and the provider agreed these had not been as effective as they expected and they would need to start with reviewing all records to ensure they were all correct and up to date. The head of care had started to update care plans by the second day of the inspection and, the registered manager said they and the head of care would check food and fluid charts at the end of each shift.

The registered manager had been responsible for the day to day management of Healey House for nearly six months and had registered with CQC as the manager in May 2018. Staff told us the registered manager was very approachable, they felt supported by the management and there were clear lines of accountability at the home. Staff told us, "We have had three managers in just a couple of years and each time they start they change everything and we have to try and keep up. I think everything has settled down now" and, "It hasn't been easy, they want to change everything their way, when really we should be asking the residents what they want. I think she is doing that by taking things slowly and we hope she stays."

Regular staff meetings kept staff up to date with different aspects of the services provided in addition to people's care needs. These included discussions about medicines, complaints and compliments, training, maintenance, household issues and any other business. Actions to take forward from the meeting were allocated to the relevant staff and picked up again at the beginning of the next meeting. Staff said the meetings were a good opportunity to catch up with colleagues, any changes and they were encouraged to put forward suggestions.

The policies and procedures were being reviewed and updated and staff were given some policies when they first started working at the home, such as confidentiality. The registered manager had introduced 'Policy of the month', so that staff read one new policy each month and signed to show they had done this. Staff said they were reminded when policies changed and during the staff meetings.

The registered manager said they kept people informed about everything that occurred at the home under Duty of Candour. This is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. They said, "We are open about any changes or any issues. They know that you found some concerns on the first day and we have answered their questions the best way we can until we have the report. There are no secrets here, this is their home and we have to be open." The provider said they had nothing to hide and if improvements were needed then they would make changes so that they met the regulations. People and relatives said the registered manager asked them if everything was ok and if they needed anything every day. They were informed if there were any changes during the residents meetings, which included details of new staff and when they were starting work at the home.

The registered manager was aware of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. They said additional guidance was being sought and training would be included in the training plan.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that staff had the knowledge, understanding and guidance required to meet people's individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.