

# Central England Healthcare (Cannock) Limited

# The Heathers Nursing Home

## Inspection report

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Date of inspection visit:  
08 February 2022

Date of publication:  
11 March 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Heathers Nursing Home is a residential care home providing personal and nursing care for up to 47 people. At the time of our inspection there were 33 people using the service. The service provides support to people across two adapted floors some of whom are living with dementia.

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

People were supported by staff who were trained to recognise and report on harm or abuse. Risks to people were assessed and managed effectively and their medicines were managed in line with policies and procedures. Staff were safely recruited to ensure their suitability to work at the home. There were effective infection, prevention and control procedures in place and systems to maintain and review accidents and incidents.

People's needs were assessed, and their care was delivered in line with their preferences. People were supported by staff who were trained and knew their individual needs. People were supported to maintain a balanced diet and access healthcare services as and when required. 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.

People were supported and treated well and were involved in their care. Staff respected people's privacy and dignity and promoted their independence.

People received personalised care which included their choice and preferences. People's communication needs were met, and the provider followed the Accessible Information Standard (AIS).

The home manager was aware there had been a reduction in activities, however they had employed a new activity lead to support increased activities for people. People were supported to maintain social relationships. People and their relatives did not have any concerns, although they knew how to raise them. The home manager reviewed and investigated any complaints they received. People's future wishes were detailed in their care plans.

Systems were in place to monitor the quality and safety of the service. Staff promoted a positive person-centred culture, where staff were open and honest, and they understood their roles and responsibilities. People were supported by passionate staff and the home manager considered the views of staff, people living in the home and their relatives. Staff worked together with health and social care professionals.

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

This service was registered with us on 17 August 2020 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement (published on 20 June

2020).

#### Why we inspected

This inspection was prompted by a recent outbreak of COVID-19 and due to a review of the information we held about this service.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Heathers Nursing Home

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by two inspectors.

#### Service and service type

The Heathers Nursing Home 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. The Heathers Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service also had a home manager who was in the process of applying to register with us to take over the role of the registered manager.

#### Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

### 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 with two people who used the service and three relatives about their experience of care provided. We spoke with nine members of staff including the registered manager, the home manager, the trainer, office staff, nursing and care staff and a kitchen assistant.

We reviewed a range of records including four people's care plans in detail and extracts from a further two and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found at the site visit. We reviewed records including the training matrix and spoke with an external professional who regularly worked with the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to recognise and report abuse to help protect people from harm. Staff we spoke with confirmed the processes they would follow if they had any concerns. One staff member told us, "Everyone is safe and clean."
- People and their relatives felt people were safe living at the home. One person told us, "I am very happy here." One relative told us, "[Person's name] is safe and comfortable, they are happy."

Assessing risk, safety monitoring and management

- The provider had effective systems in place to assess, monitor and manage potential risks to people's safety. These included risks relating to people's mobility, skin, eating and drinking.
- People's risk assessments had been regularly reviewed with people's input to ensure they remained accurate and appropriately in place.
- Risks associated with the environment and equipment were reviewed and regular checks were carried out to support people to keep safe.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work in the home. The provider completed pre-employment checks and references to ensure the suitability of staff.
- Nursing staff had regular checks of their personal registration number which is assigned by the NMC (Nursing and Midwifery Council). This check was completed on a monthly basis and documented with expiry dates.
- The home manager had worked hard to reduce the number of agency staff they used and to recruit permanent staff, whilst some agency staff were still required, the home manager ensured people were supported by consistent staff.
- One agency member of staff confirmed the support they received from permanent staff members. They knew people's needs and where to get further information if required.

Using medicines safely

- People's medicines were managed effectively. They were received, stored, administered and disposed of safely and people's medicine administration records (MAR) were completed.
- When people required medicines on an 'as and when required' basis, clear protocols were in place for staff to follow. For people who required their medicines to be given hidden in food or drink (covertly) there were covert medication care plans in place to direct staff.
- One person told us how staff supported them with their medicines, which was helpful as it meant they did

not have to worry about forgetting to take them.

- We found one discrepancy with one person's medicine, we found no impact and when raised, the home manager took action to investigate and explored lessons learnt with staff. The medicine audit had not yet been completed for this month, however we saw the audit from the previous month which had identified errors and action was taken.

#### 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 meeting shielding and social distancing rules.
  - 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 accessing testing for people using the service and staff.
  - 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.
- At the time of our inspection the home was experiencing a COVID-19 outbreak. The home manager ensured their visiting approach was in line with government guidance. This meant the home was open to essential care givers and visitors for people receiving end of life care. Relatives we spoke to confirmed window visits were also in place. Processes were in place to ensure people's safety when visiting during this time.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The home manager had systems in place to maintain and regularly review any accidents and incidents to identify themes and trends.
- The processes in place ensured reasons were explored when things went wrong, and actions were taken to reduce the risk of it happening again. For example, we saw where fall care plans and sensor mats were put in place following incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and used to formulate a plan of care.
- People's care plans were very detailed and reflected their current needs and choices. They provided clear information and guidance for staff to meet their individual needs.
- We saw small details were captured in people's care plans to make a difference to people receiving care. For example, one person's behaviour support plan detailed a three-step process in response to their identified triggers.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training. A training record was kept to alert staff of any required updates.
- Staff completed refresher mandatory update courses to ensure they were delivering best practice. Staff we spoke with confirmed they had the right training to support and meet people's needs.
- One member of staff told us they had not previously used a piece of equipment used at the home, they were trained regarding this and observed before using it by themselves.
- Staff across all roles knew people well and were aware of their individual needs and preferences. People's relatives confirmed this, one relative told us the staff were, "Brilliant." One staff member told us, "Staff know people really well."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a balanced diet. People's nutritional needs were assessed, reviewed and documented in their care plans.
- Staff were aware of people's nutritional requirements and any updates were shared with staff. One member of kitchen staff told us, "We are informed of people's dietary needs, their likes and dislikes, we know people well."
- People confirmed they liked the meals and drinks and snacks were available throughout the day. People's intake was recorded and monitored, and further support was sought when required.
- People were supported with their meals if required. The home manager told us how they supported one person who was visually impaired, staff placed items of food in an arrangement on the persons plate so they knew what they were eating and could eat independently.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with a range of health and social care professionals to ensure people received

consistent, effective and timely care.

- Staff made referrals to relevant professionals as and when required to meet people's needs. These included, General Practitioners (GP), Speech and Language Therapists (SaLT) and dieticians.
- We spoke with an external professional who worked regularly with the service. They confirmed staff communicated well and always raised concerns when there was a change in a person's need or condition. The professional told us how staff acted on information and guidance they provided and liaised with other professionals as required.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs. The provider had recently invested in a whole home refurbishment to improve the design and decoration to meet people's needs.
- People had personalised items in their rooms which reflected their choice and preferences.
- The home manager told us they needed to redisplay memory boards which had been taken down to enable the home refurbishment. They also had plans in place to make the home more dementia friendly and to support people to orientate easier around their home. This included menus in larger prints and easy read signs to be displayed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and staff sought support as and when required.
- Staff were aware of and monitored people's health and wellbeing, for both their physical and mental health. We saw one person's care record detailed multidisciplinary involvement to support with a change in their need.
- People's care records included a detailed hospital admissions pack which contained clear information of their needs and preferences. It also included detail such as their sleep pattern.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider made required DoLS applications and had systems in place to review and meet any recommendations.
- Assessments of people's capacity to consent to aspects of their care and treatment had been completed and any best interest decisions were clearly recorded with relevant professional involvement.
- People's care plans detailed where they made decisions about their care. For example, where staff supported people to choose their own clothes to wear.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and well treated by staff. Staff spent time with people getting to know them and listening to them. We observed positive interactions between people and staff. One member of staff told us, "In our spare time we spend it with residents."
- Staff were passionate about the care people received and people confirmed they were treated well. One person told us, "Staff are kind, they are lovely, I have never seen anyone not receive good care."
- People's equality and diversity was respected. One relative told us how their loved one was religious, and staff supported them with displaying religious statues in their room.

Supporting people to express their views and be involved in making decisions about their care

- People had input in their care and were involved in decisions made. People's care records documented where they had made decisions about aspects of their care. One person also told us, "I make my own decisions."
- We observed people's interactions with staff and could see how well staff knew people and their individual needs. We saw one staff member asked a person if they were happy with the current television programme and provided them with alternatives which were of interest to them.
- When supporting people, staff involved them and asked for their permission before delivering care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence was promoted. We observed staff knocking before they entered people's rooms.
- People's care plans contained information which guided staff on aspects of people's care they could achieve themselves, this encouraged people's independence. For example, where people could comb their own hair.
- Staff promoted people's dignity. We saw one person's care record, which discretely stored staff documenting their shower use.
- One relative told us, "[Person's name] always seems so clean and tidy." Another relative told us when staff delivered personal care, if they were of the opposite sex, they asked if they were happy to be supported by them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care which met their needs and preferences. The home manager was also starting to introduce further additional information to make people's care even more person centred. This included the about me tool to reflect individual details.
- One member of staff told us they ensured to support one person to sit with their body to the left side of the table as this became their stronger side.
- People's care plans included details of their likes and dislikes and information which was of importance to them.
- People and their relatives were involved in their care planning. One relative told us they were asked for details including their loved one's background and life story, they also received a copy of their care plan.

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.

- The home manager understood the accessible information standard and told us information could be produced in different formats for those who required it.
- People's communication needs were assessed and met, and staff were aware of people's individual needs.
- People and their relatives were involved in the planning of people's care to ensure their communication needs were met. People's care records documented their needs to guide staff to meet people's needs.
- We saw where people were sitting in communal areas, televisions had been set with subtitles on to enable people to understand what was being said.

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

- The home manager confirmed there had been a reduction in opportunities for people to have social stimulation, they had however recently employed a new activity lead to support people with activities that were of an interest to them. We found some people wanted to stay in their rooms and did not want to sit in the communal areas. Other people were happy with one to one staff interaction.
- Staff confirmed they currently spent more time with people on a one to one basis than in a group

environment. One relative told us how their loved one stopped staff as they were walking by and staff always spent the time to stop and chat to them.

- One relative told us how important the current window interactions were with their loved one, "[Person's name] has been a lot better the last few months, you can see it in their face." Another relative told us the home manager facilitated a visit for their loved one's birthday, and staff baked them a cake. The relative told us it meant a lot to them as well as their loved one.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they did not have any concerns or complaints to raise, however, they knew who to go to report any issues if they had any.
- The home manager kept a record of any complaints or concerns raised which were responded to in a timely manner, included an acknowledgement and action taken.
- We saw a recent complaint which included relevant professional involvement as part of the outcome.

End of life care and support

- For people who were receiving end of life care, staff worked closely with specialist services to ensure people's future wishes and preferences were met.
- People's input was included in the information detailed, which was updated as their needs increased.
- One relative told us the provider put them in contact with the specialist service, to ensure all requirements were in place for their loved one.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff across all areas shared a positive culture which ensured people achieved good outcomes. Staff were passionate about their roles and delivering good care. One staff member told us, "People have a good quality of life, and we work to make their day better."
- People's relatives confirmed the positive impact on their loved ones since living in the home. Two relatives described the care as, "Excellent". One relative told us, "Staff cannot do enough for you."

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 home manager investigated incidents and identified actions to improve people's care.
- People's relatives confirmed staff informed them of any incidents or any updates of their loved one's care. One relative told us, "We are in regular contact with staff, they are really positive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and were able to discuss them through regular supervisions.
- Staff we spoke with confirmed how supported they were from team members and management. One staff member told us, "We have a lot of support, seniors are really supportive and the management."
- The provider understood and demonstrated compliance with regulatory and legislative responsibilities. We received notifications about significant events which occurred in the home, which providers are legally required to inform us of.
- The registered manager and home manager acted immediately to investigate and action anything we raised on the day. For example, the medicine error we found. We also found a broken lock on a sluice room door, we raised this, and it was fixed immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had different processes in place to collate people's views, their relative's views and staff input about their experiences of the service.
- Staff attended team meetings where they had the opportunity to provide suggestions to improve the care people received. We saw staff raised concerns at a meeting about the number of over the bed tables available to people, the home manager had actioned this and ordered further tables in response.

- People's relatives confirmed they regularly provided feedback to make improvements to the service. One relative told us they provided feedback through a questionnaire, another informed us when they visit, staff ask them if there is anything more, they could be doing.

#### Continuous learning and improving care

- The provider had systems in place to monitor and improve the quality of the service. These included regular checks and audits of the home and analysis of accidents and incidents.
- Staff across different departments completed regular audits for their areas. The home manager carried out reviews of their audits and allocated tasks as well as oversight audits which identified actions to make changes to the home.
- The home manager told us they completed a daily report for the provider which included an up to date overview of the service and people's experiences. It also detailed any identified actions or improvements made.

#### Working in partnership with others

- The provider worked with other health and social organisations to make improvements to the service people received. These included the local authority.
- Staff were open and worked together to meet the needs of people living in the home.