

Pearl Care (Norwich) Limited

Heatherside Care Home

Inspection report

Scures Hill
Nately Scures
Basingstoke
Hampshire
RG27 9JR

Tel: 01256762233

Website: www.pearlcare.co.uk

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22 March 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heatherside Care Home is a residential care home providing personal care to up to 34 people. The service provides support to people aged 65 and over. The care home accommodates people in one adapted building over two floors. At the time of our inspection there were 26 people using the service.

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

People told us they were happy and safe living at Heatherside Care Home. Relatives told us their relatives felt safe, had no concerns over medication, and that the home was clean and well maintained.

We found the provider ensured people were supported safely. There were sufficient numbers of suitable, motivated staff, and recruitment files met the requirements.

Processes and procedures were in place to store and administer medicines safely. We were assured appropriate infection prevention and control measures were in place to protect people against the risk of COVID-19 and other infections.

The service was well led. The staff team told us they felt supported by the registered manager. People who used the service and staff were involved in how the service was managed. The registered manager had processes in place to monitor and improve the quality of service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heatherside Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heatherside Care 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 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

One inspector and one Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heatherside Care 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. Heatherside Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 March 2022. We visited the location's service on 18 and 22 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with four people and four relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and five members of staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records sent to us by the registered manager. These included care plans and supervision documentation.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe and safeguarded from abuse in the home. When asked if they felt safe, one person told us, "Oh very safe and secure" and one relative said, "[Relative] says that she is safe, and they treat her well."
- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect instances of abuse. Staff were confident if they were to raise a concern it would be dealt with appropriately.
- The provider had suitable policies and processes to keep people safe. This included procedures on safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- The provider had processes to identify, assess and manage risks to people's individual safety and wellbeing. These included risks associated with health, falls, skin integrity and medication. One relative told us, "There is enough equipment, every time I visited there was a new piece in his room, chair risers, riser on the toilet seat, padding on his seat and wheelchairs around for if he did need one."
- Health and safety checks of the building were completed effectively with documented maintenance records. Maintenance and repairs were carried out by a dedicated person at the home.
- Fire risk assessments were done annually by an external company, with the 2022 one booked in for later that month. All actions from the 2021 risk assessment had been completed with evidence available to support this. Fire extinguishers had been recently serviced and fire drills using horizontal evacuation were taking place frequently. People had individual evacuation plans in the event of an emergency where they had to leave the home.
- The provider assessed and managed risks associated with the environment in which people lived. These included infection control risks during the COVID-19 pandemic.
- The provider took into account the risk of legionella, a potentially fatal infection, with an external risk assessment. Actions from the risk assessment had been completed with evidence of work undertaken. Regular checks were done to ensure this was maintained.

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. Consent to care had been obtained by the provider and this was recorded in the person's care plan. Staff were observed obtaining consent before administering medication.

Staffing and recruitment

- There were sufficient numbers of staff to support people safely and in line with their needs. Although some people told us they wanted to see more staff, we did not observe any negative impact on people during the inspection. One person said, "Night time is when I felt the most security, [staff] come round and check."
- The provider's recruitment processes met the requirements. This included appropriate checks as to their suitability to work with vulnerable people. 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. DBS checks were done before staff started employment with the provider.
- Staff had suitable training as part of their induction. This was regularly updated to ensure staff had the required knowledge to perform their job roles.

Using medicines safely

- People received their medicines safely and in line with their prescription. The provider had an electronic system for administering medication which reduced the likelihood of medication errors happening. Hard copy versions of MAR (Medication Administration Record) charts were available as a backup in case the electronic system was unavailable. These had been tested and worked well.
- Staff who administered medicines had appropriate training and their competency was checked. Medicines records were complete and up to date. We observed staff administering medication appropriately and safely. Staff we spoke to knew the medication needs of the people they supported well.
- Staff managed and stored people's medicines safely and securely. There were appropriate guidance and protocols, including for medicines to be taken "as required" (PRN). One person had their tablets crushed to make the medication easier to swallow. This had been agreed with the GP and pharmacy, and was clearly marked on the medication box and electronic system. The person told us, "If tablets they can crush them and take them easier."

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance, including regular audits in the home. Processes and procedures were updated in line with COVID-19 requirements.
- 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 personal protective equipment 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.
- The provider allowed visits to the care home in line with government guidance. There was an outdoor pod

to allow visits to take place whilst reducing the risk of infection to the rest of the home. Indoor visits were also taking place where appropriate. When it was not possible for relatives to visit, people were supported to keep in touch via video calls. This had worked well during the height of the pandemic, and had continued to be used where people wanted it.

Learning lessons when things go wrong

- Staff understood the need to report accidents and incidents. The reports were followed up by the registered manager to identify any learning to improve people's care and support. This included analysis of falls to better understand and reduce the risks to people.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the previous inspection the provider had failed to assess, monitor and mitigate the risks relating to the safety of the service and this had placed people at risk of harm. The provider had also failed to maintain accurate records including those related to staff employed, medicines and management of the premises. This was a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager carried out audits of various elements of the service. These audits had actions for items identified and there was clear evidence of these being followed up. For example, audits relating to fire safety and legionella risk management had identified actions that had been resolved. This included replacing unsuitable pipes to reduce the risk of legionella.
- There was good oversight of the registered manager with provider audits highlighting areas of improvement. This included finding that some care plans had not been reviewed in line with the provider's required frequency. This prompted the registered manager to achieve this, although care plans had still been reviewed regularly over an appropriate time period.
- The registered manager kept up to date with current guidance and standards through local professional forums, online resources and the provider's line manager calls.
- The registered manager analysed the time that falls were happening to identify trends. The registered manager then put staff in place during the identified times to better support people at risk of falls.

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

- There was positive feedback about the registered manager. Relatives said the registered manager was approachable, easy to talk to and had built a good team. One relative told us, "It's like a big family." A person said, "If we have got a problem we can speak to them."
- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the home. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff said, "I do feel very supported", and "If any issue I can ring [the registered manager] if [they are] not here."

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 was aware of the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives. One person's relative said, "I have not worried about the home; they would contact me if they needed to."

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

- Staff were clear about their roles, people's risk assessments and how to report issues. One staff member told us they would feel comfortable reporting any issues to their (registered) manager if they had concerns.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. This included quality audits to check the home and people's care continued to meet their needs.
- The manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic. These included regular updates on people's testing and vaccination status. The provider had arranged for district nurses to come to the home to ensure people were vaccinated and protected from COVID-19.
- The provider's recruitment policy met the requirements. Although the provider was not using many agency staff, they were unaware of the requirement to gain the same recruitment assurances for agency staff. The agency only provided a one-page profile of each worker which did not meet the requirement. This was discussed with the registered manager and administrator during the inspection who said they would ensure that the agency supplied the information needed to meet the requirement.

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

- The provider involved people who used the service and their families where they could. There were resident's meetings where people at the home could influence what happened there. There was good evidence of this with the change in menu which had gone down very well with people.
- Staff felt engaged and involved. There were regular staff meetings with ones being held over video call having good attendance. Staff said that the registered manager listened to what they had to say and that things changed as a result.
- Although staff felt supported, staff supervisions were not always happening regularly for all staff. Supervisions are opportunities for two-way conversations. The registered manager and their deputy worked to ensure that staff who hadn't had a recent supervision had one after we raised this.

Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with the district nurses who maintained people's skin integrity. The home had also received good support from the clinical commissioning group and had implemented RESTORE2 which was working well. RESTORE2 is a physical deterioration and escalation tool for care/nursing homes.