

Key inspection report

Care homes for older people

Name:	Healey House
Address:	3 Upper Maze Hill St Leonards-on-sea East Sussex TN38 0LQ

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
June Davies	2 6 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Healey House
Address:	3 Upper Maze Hill St Leonards-on-sea East Sussex TN38 0LQ
Telephone number:	01424436359
Fax number:	01424720616
Email address:	healeyhouse@googlemail.com
Provider web address:	

Name of registered provider(s):	Hastings and Rother Voluntary Association for the Blind
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	0
Additional conditions:		
The maximum number of service users to be accommodated is 28.		
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP)		

Date of last inspection									
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Brief description of the care home
Healey House is owned and managed by the Hastings and Rother Voluntary Association for the Blind, a registered charity. The Home is not purpose built but enjoys the advantages of being a detached property set in its own grounds some distance from the road. The Home provides twenty-six single bedrooms and one double room, currently used as a single. Twenty-four of the rooms have en-suite facilities. The Home has level access throughout the building, with a passenger lift to all floors. There are handrails to accommodate visually impaired residents. Two sitting rooms, a music room and dining room provide communal space. The Home has its own dedicated

Brief description of the care home

activity centre adjacent to it and structured weekly activities are organised in-house. Details of fees charged can be obtained by application to the home.

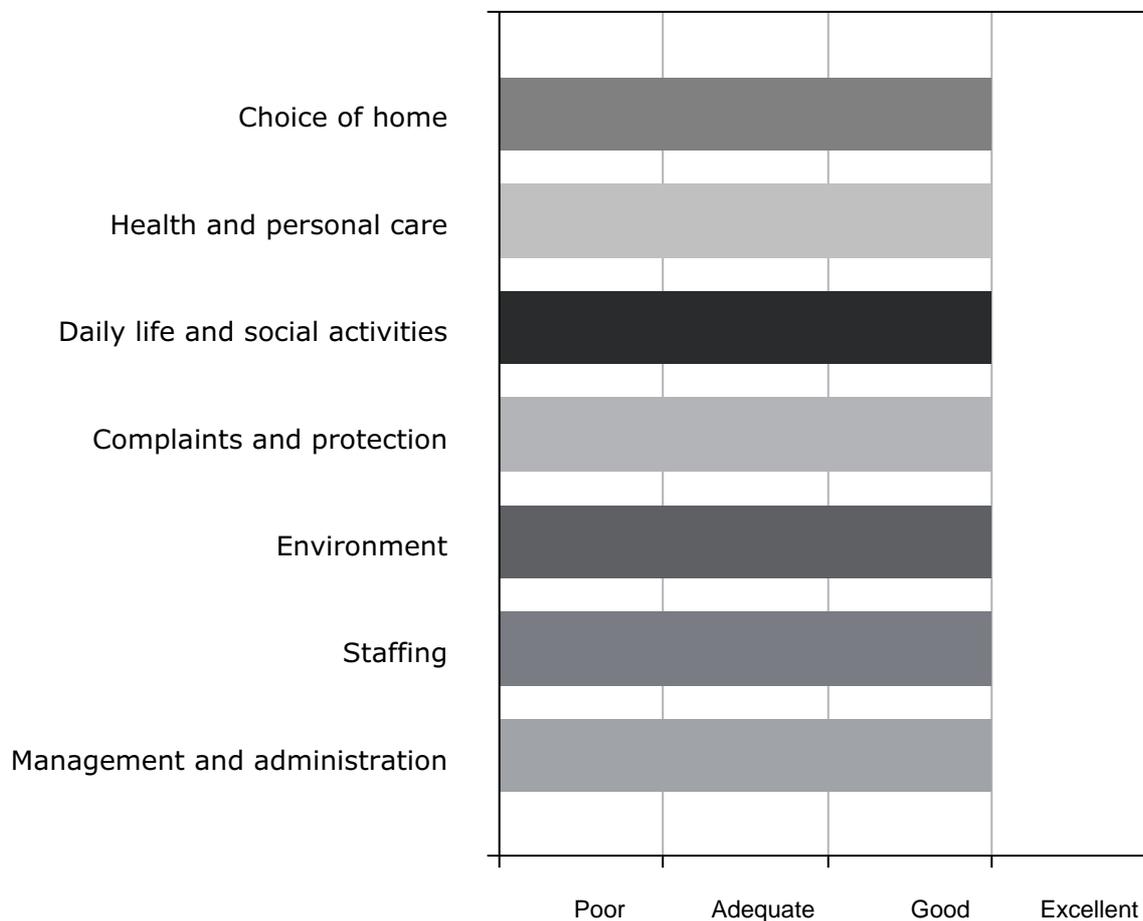
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection took place on Tuesday 26th January 2010 over a period of seven hours. During the inspection the inspector spoke with the Registered Preferred Individual, the Head of Care, care staff and six residents. Documents relating to the key standards inspected were also viewed, a short audit was carried out of medication procedures. Observations were made in relation to residents privacy and dignity being upheld and the environment.

What the care home does well:

People who express an interest in moving into Healey House are provided with helpful information both written and in audio format. Thorough pre-admission assessments are carried out to ensure that the home can meet with the prospective residents needs. Care plans show that residents are protected from harm by good risk assessments and that their health care needs are understood and supported by both the staff team and external health care professionals.

Residents living in the home are able to make choices in regard to the daily living lifestyles and have the opportunity to join in with daily activities as well as maintaining links with the local community.

The meals in the home are good offering residents choice of nutritious and appetising food.

There is good evidence that resident living in the home know that their complaints will be listened and acted upon to improve their quality of care.

What has improved since the last inspection?

The care planning format has been completely changed and now provides staff with user friendly information that is easily accessible so they are able to offer individual care to the residents.

Medication in the home is well managed and protects residents from harm.

The environment has benefited from a long programme of maintenance and refurbishment work, with major decorating and new carpets being laid in communal areas as well as residents bedrooms. Residents now benefit from a comfortable and warm home that is well maintained.

Staff morale within the home has improved and there is now more a sense of team working and the home being run in the best interests of the residents.

What they could do better:

Discussion took place with the head of care in regard to the regular checking of residents nutrition especially where care plans highlight the fact that there may be a problem.

Mealtimes need to be more relaxed for the residents and again this was discussed with management in the home where they have agreed to rethink the mealtime process, so that residents who need assistance receive this from staff who respect their dignity.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People expressing an interest in the home are given up to date information on which to base their decision about moving into the home.

Pre-admission assessments obtain detailed information which helps to ensure that prospective residents needs can be met by the home.

Evidence:

The statement of purpose and service user guide (also provided on audio tape) provide people with up to date information on which to base their choice in regard to moving into the home.

All prospective residents are visited in their own home or hospital by the Head of Care who will complete a pre-admission assessment in relation to their physical, health, personal and social care needs. This pre-admission assessment is then used to determine if the home can meet that prospective residents needs.

Evidence:

The home does not offer intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans provide detailed information so that staff can ensure they meet each individual residents care needs while at the same time taking into account the residents preferences.

Generally staff respect the residents rights to privacy to dignity.

Medication in the home is well managed and does not place residents at risk.

Evidence:

Care plans are initially based on the pre-admission assessment. Three care plans were found to be detailed in content, and mainly showed the residents preferences, choices, likes and dislikes had been taken into consideration. There was good evidence in care plans that residents have access to a variety of external health care professionals as and when required. The inspector did note that the personal hygiene matrix is not always completed for the residents, and in one case on the nutrition chart a note stated that weight must be regularly monitored due to the residents weight loss, this resident had not been weighed since September 2009. This was discussed with the

Evidence:

registered preferred individual and Head of Care who were able to assure the inspector that staff would be reminded of the importance of recording information on the care plans.

The receipt, storage, administration, return of unused medication to the pharmacy is well managed in the home. There were no gaps on the Monthly Administration Records. All liquid medication, eye drops and eye ointments were dated on the bottle/tube on the day of opening. All medication was seen to be stored appropriately and securely. Unused medication is returned to the pharmacy on a regular basis. Policies and procedures are up to date and provide staff with clear guidelines on the handling of medication. An up to date list of medication trained staff together with signatures and initials is available in the front of the Monthly Administration Record folder. The inspector did note when looking at care plans that in one care plan, an entry on the medication list stated 'stopped by staff'. A discussion in relation to this entry took place with the Head of Care, who was able to assure the inspector that in future staff would not stop a medication without first seeking advice from the residents General Practitioner or out of hours SeaDoc.

Generally staff were observed talking to residents in a friendly and professional manner and the staff respected the residents rights to privacy and dignity while personal hygiene care was being carried out. Further reporting on this will be included under standard 15.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are able to make choice in relation to their daily lifestyles and activities they wish to be involved in.

While food offered to residents in the home is good, further improvements could be made to ensure that residents experience a more relaxed atmosphere, and to ensure their dignity is preserved.

Evidence:

Residents are able to maintain choice over their daily lifestyles. There is evidence in individual activity sheets that residents are able to choose from a variety of activities within the home and are also able to visit local day centres and clubs. One resident in particular is at the present time involved in training with Guide Dogs for the Blind and is looking forward to getting his own guide dog in the near future, this will help him to get out and about into the local community. Management and staff within the home help residents to maintain contact with the religion of their choice. A vicar from the local Church of England visits the home regularly to carry out a short service and communion for those residents who wish to participate.

Visitors are welcome into the home at anytime but if they wish to visit after eight

Evidence:

o'clock in the evening they are asked to telephone the home first, this is to ensure security for both residents and staff.

The inspector had lunch with the residents on the day of this key inspection. Mealtimes need to be organised in a more user friendly manner, to ensure that those residents who need help with eating receive this assistance in a discreet and respectful manner, that mealtimes are rushed by removing plates while other residents are still eating. Residents need to be reminded where their food is on the plate and that food is not removed from residents without first reminding them that they have left food on their plate. There are sufficient staff on duty at mealtimes to enable residents to experience a relaxed and unrushed mealtime. This issue was discussed with the registered preferred individual and head of care who will ensure that residents mealtimes are looked at and improvements are made in the way mealtimes are arranged for the residents. Menus showed that residents are offered a good choice of nutritious and wholesome food. Specialised diets can be catered for as and when required.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents know that their complaints will be listened to and acted upon.

Staff in the home have a good knowledge of Safeguarding Vulnerable Adults, helping to ensure residents are not placed at risk of abuse.

Evidence:

The home has an up to date complaints policy and procedure that is displayed in the home and included in the service user guide. The complaints file showed many compliments that had been sent to the home during 2009. In the last twelve months the home has received sixteen complaints in all. There was evidence in the complaints file that these had been recorded, investigated and feedback given to the complainant within the timescales set out in the complaints policy and procedure.

In the last twelve months the home has had one safeguarding vulnerable adults referral to East Sussex County Council, Safeguarding Vulnerable Adults Team. This has been investigated and has now been closed. The home has up to date policies and procedures for the safeguarding of vulnerable adults as well as the Sussex Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults. Out of thirty three staff employed by the home - twenty one staff have received Safeguarding Vulnerable Adults training. From viewing staff personnel files there is evidence that all staff undergo Criminal Records Bureau and Protection of Vulnerable Adults checks.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Healey House provides residents with a warm, comfortable home in which to live.

Infection control procedures in the home are good helping to protect residents from the risk of cross infection.

Evidence:

Residents live in a well maintained and comfortable home. There is evidence that there is an ongoing maintenance and renewal programme in place. When a residents leaves the home the bedroom they occupied is redecorated for the next new resident. At the back of the home there is a patio area with ramp and handrail leading down to a well maintained garden area.

Infection control procedures are well managed in the home, staff are supplied with protective clothing. All communal bathrooms, toilets, the sluice room and laundry room have hand washing facilities with provision of liquid soap and paper hand towels. On the day of this inspection the home was clean throughout with no offensive odours.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing levels at the present time are appropriate to meet residents assessed needs.

Staff working in the home have the skills, knowledge and qualifications to care for residents in a professional and safe manner.

Recruitment procedures in the home are robust helping to ensure that residents are not placed at risk of abuse.

Evidence:

On the day of the inspection sufficient staff were rostered on duty to meet residents needs. The Head of Care is aware that staffing numbers need to be kept under review to ensure that as more residents move into the home there are sufficient care staff on duty to meet their needs. Sufficient ancillary staff are employed for cooking, laundry, cleaning and every day maintenance.

Fifty per cent of care staff have achieved their NVQ Social Care Qualification at level 2 or above. Further staff are about to be signed onto an NVQ course.

Recruitment procedures in the home are robust ensuring that staff are appropriately vetted prior to being employed to work in the home. The inspector did note from

Evidence:

looking at staff personnel files that application forms do not always give a full employment history and there is no explanation in regard to gaps in employment on file. This was discussed with the registered preferred person, who said that in future she would scrutinise applications form and ensure that applicants give a full employment history.

Improvements have been made in regard to mandatory training and there is good evidence that the majority of staff have received most of their mandatory training with the exception of Infection Control and while there is a course booked in February 2010 a further course needs to be booked to ensure all care staff receive this training.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The appointed manager is in the process of applying to Care Quality Commission for registration.

A good quality assurance system has been developed and with an annual summary of quality assurance checks will show that the home is actively interested in providing a good quality of service to its residents.

Health and safety issues are treated with high importance to help ensure that residents live and staff work in a safe and secure environment.

Evidence:

At the present time the home does not have a registered manager. The appointed manager has made application to The Care Quality Commission and is awaiting her interview date. At the present time the appointed manager is supported in her role by the Head of Care. There is evidence that both the appointed manager and head of care have good working relationships with the staff team, and while they appreciate

Evidence:

that there is still room for improvement, they are confident that the staff team will support them.

The home has developed a quality assurance system, whereby the views of residents, relatives and professional visitors are gained. The registered preferred individual carries out regular monitoring of the systems used in the home together with monthly recorded regulation 26 visits. Regular residents and staff meetings are held and it is in this forum that ideas and suggestions can be put forward to improve the quality of care in the home. Discussion with the Head of Care found that while she carried out visual checks she does not record her findings. The home has regular risk assessments carried out for fire, health and safety. The home has an annual development plan set out by the committee of Hastings and Rother Voluntary Association for the Blind who are the owners of Healey House. Further work required for quality assurance is for the home to produce an annual summary of its quality assurance findings.

Some residents have requested that their personal allowances are kept safely and securely in the home. Each resident has their own finance sheet where incoming and outgoing money is logged. Where expenditure is made on the residents behalf a receipt is obtained and kept in the residents money wallet. Finance sheets and money is kept securely in the the home.

There are robust health and safety policies and procedures in the home. There is evidence that all equipment used in the home has up to date maintenance certificates. Regular checks are carried out on fire call points, emergency lighting and hot water temperature delivery. The inspector did note that hot water temperatures are often delivered below forty degrees centigrade when the appropriate hot water temperature should be 43 degrees centigrade.

All accidents and incidents are recorded in the accident book, the registered preferred individual monitors these incidents and accidents, to see what time of day they are occurring and if the resident needs to be referred to their general practitioner for further investigations.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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