

# 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?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Healey House is part of the Hastings and Rother Voluntary Association for the Blind, a charity set up to support people with visual impairment. It is a residential care home providing personal and nursing care to 28 people with visual impairment. At the time of the inspection 18 people were living at the home. Some people were independent and required minimal assistance while others required assistance moving around the home safely due to visual impairment, frailty, physical disability. Some had more complex needs, such as diabetes and others required additional support as they were living with dementia.

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

People were positive about the support provided at Healey House and said they felt safe and comfortable. People and relatives said the registered manager was very approachable and the staff were excellent. Staff knew people very well; they had a good understanding of their individual needs and how to provide the support they wanted. Risk was identified and recorded with clear guidance for staff to reduce it as much as possible and people were assisted to access healthcare services when needed.

The quality assurance system had improved. However, additional work was needed to ensure that the monitoring process identified people's changing needs and action taken promptly to provide appropriate support. Activities needed to be reviewed and changes made so they reflected the interests and preferences of people living in the home.

Since the previous inspection improvements had been made to the care plans and supporting documentation and staff training. Competency assessments had been introduced for new staff as part of the induction and for senior staff responsible for administering medicines. The care plans had been personalised and reviewed regularly to reflect people's needs, and records showed how staff provided the support and care people needed.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the home. People were protected from the risks of harm, abuse or discrimination because staff had completed safeguarding training and knew what actions to take if they identified concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement with two breaches of regulation. (Published 13

September 2018) 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

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Healey House

## Detailed findings

### Background to this inspection

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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and was unannounced on the first day.

Healey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection because they had previously sent one in. This is information we require providers to 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care workers, housekeeping staff, the chef, chief executive of the charity and two trustees. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, supporting documentation and medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at minutes from meetings, training and quality assurance records. We emailed four professionals who regularly visit the service and received a response from three.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection we identified that staff had attended training in safeguarding people but had not made referrals to the local authority in line with current guidelines.
- At this inspection records showed the provider had effective safeguarding systems. Safeguarding referrals had been made to the local authority as needed. Staff were confident if they had any concerns they could raise them with the registered manager and action would be taken.
- Staff had completed relevant training and had a good understanding of abuse and how to protect people from harm, abuse or discrimination. One member of staff told us, "We have done all the training, the number for the safeguarding is on the notice board and we have all the policies including the whistleblowing one." Another member of staff said, "I would talk to the manager, deputy or senior if I had any worries. I haven't had to do that, but I am sure they would deal with it." The contact details for the local authority were displayed on the notice board.
- The registered manager was knowledgeable about making referrals to the local authority and had made a recent referral. They had taken appropriate action to address the concern raised and were waiting for a response.

Using medicines safely

- At the last inspection we found staff had completed medicine training and followed the providers policies when managing medicines. We also identified staff competency for the administration of specific medicines had not been assessed by an appropriately qualified professional. For example, insulin for people with diabetes. After the inspection the registered manager said they had arranged relevant training.
- At this inspection we saw staff had completed the relevant training and their competency had been assessed by an external health professional. Staff demonstrated their understanding of supporting people with diabetes safely and there were clear guidelines in place for them to refer to. For example, the range of blood sugar levels that were acceptable for each person and when the GP should be consulted for advice.
- People said staff gave them their medicines at the right time and took account of their individual needs. Such as placing them in a person's hand or on a spoon and helping them take them. One person told us, "Yes I can't do it myself, so they help me."
- Health professionals said staff were responsive to training and guidance and worked together to ensure people had the medicines they needed.
- Medicine administration records (MAR) showed people had their prescribed medicines and staff checked the MAR each time they gave out medicines, to ensure there were no errors. Such as gaps. This was supported by weekly and monthly audits by the registered manager.

- There was clear guidance for staff to follow when offering and giving out 'as required' medicines. For example, a sedative if a person became upset. We saw staff asked people if they were comfortable and one person told us, "They are all very good, they always ask if everything is ok and if I need anything for pain."

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- At the last inspection we found staff had not always recorded incidents and accidents when they happened, and they were unable to show if action had been taken to prevent a re-occurrence.
- At this inspection records showed that incidents and accidents had been recorded and audited by the registered manager to identify any themes. Staff said they discussed each incident or accident at handover and team meetings, so they could learn from them and prevent a re-occurrence as much as possible.
- People said they were very comfortable living at Healey House. They told us, "Yes couldn't ask for more." "I am happy here, I like my room and the staff are very good." "They look after us but let us decide what we do, yes very happy" and "I like to be independent but can't see so they always guide me to use the lift and to the dining room. I like to have lunch there."
- Relatives were equally positive. One relative told us, "I know the staff understand how to look after residents and make sure they are safe."
- Where risk had been identified, there were appropriate assessments and management plans for staff to reduce the risk as much as possible. For example, risk of falls. A health professional told us staff knew people very well, they understood their needs and were keen to learn about the risks that cause falls and introduce assessments to reduce the risk.
- We saw as people moved to and from the dining room using the lift staff ensured people walked around safely, using walking aids or walking independently. They told people when they were near a doorway or needed to turn to go around the corner. So that they did not bump into the wall, doorframe or each other.
- Staff had completed moving and handling training. A hoist was available to transfer people who were unable to stand safely. Staff said they did not have to use the hoist to support anyone at the time of the inspection.
- The fire alarm was checked weekly and fire equipment maintained to ensure it was available and safe to use. Staff attended regular fire training; people's personal emergency evacuation plans (PEEPs) were kept in the office. Staff knew where they were kept and how to support people if they had to leave the building in an emergency.
- Records showed equipment was serviced regularly. This included the hoist, lift, call bells, the gas and electrical systems and tests for legionella ensured the water was safe to use.

Staffing and recruitment

- There were enough staff working in the home to support people and provide the care they needed.
- People said the staff were always available if they needed assistance. One person told us, "Just have to ring and they come quite quickly. No problem with that."
- Robust recruitment processes made sure only suitable staff were employed. These included application forms, two references and relevant checks. For example, Disclosure and Barring (DBS) check, which is a police check.
- Staff told us, "Yes there are enough staff here, but if we needed more, like if someone was ill the manager would organise extra staff."

Preventing and controlling infection

- The home was clean and well maintained and people were protected from the risk of infection. Staff wore gloves and aprons, personal protective equipment (PPE) when needed.
- Staff said they had completed training including infection control, food hygiene and control of substances hazardous to health (COSHH). One member of staff told us, "We need to do the training, so we can prevent

any infection and keep people safe."

- There were hand washing facilities and hand sanitisers throughout the building and appropriate systems to launder bedding and clothing.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we found there was no structured induction programme for new staff. They had worked with more experienced staff for two to four shifts before they supported people on their own; but there was no evidence that they had been assessed as competent or that the staff supporting them had the skills to assess them.
- At this inspection we found the registered manager was using a competency checklist to assess new staff. This included observations of their practice as they provided care and support and were completed by the registered manager or head of care. They said staff were only able to look after people on their own when they had demonstrated a clear understanding and knowledge of people's needs and how they could be met. One member of staff said, "Yes I did the induction. I thought it was very good, made me think about each resident and how to care for them."
- People and relatives said the staff were knowledgeable and knew how to support them without restricting them. One person told us, "Oh yes I think they do all the training they need to. They know how much help I need; some residents need more, and they are always around when you need them." A relative said, "The staff are excellent. They definitely have the knowledge and I can see they know exactly how to look after each resident. All different."
- Staff were required to do the care certificate when they had completed their induction training. A member of staff said, "I am working through that at the moment." The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were encouraged to work towards vocational qualifications. A member of staff had started level 2 and other staff had completed levels 3, 4 and 5.
- There was an ongoing programme of training that all staff were required to complete. This included equality and diversity, first aid, health and safety, dementia awareness and specific training linked to people's individual needs. Such as, sight awareness. A member of staff said this was very good, "We wore glasses so that we could experience how residents can be affected. Like if they have glaucoma. I have a lot of respect for the residents."
- Staff said there was regular one to one supervision. A member of staff told us, "Yes we all have supervision and it is a two-way conversation, we talk about the work, residents needs and if we need any support with anything." Another member of staff said, "We talk one to one every couple of months I think, we can also talk about anything at handover or the team meetings. I think it is very open here and we can talk to the manager any time, even at weekends, if we need to."

## 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 Act 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.

- People made decisions about all aspects of their lives. One person said, "I decide whatever I want to do. I like to go to the lounge for dinner and when the weather was good we sat out on the veranda." Another person told us, "Yes, I choose what I do, sometimes go to Taplin's (the attached day centre), sometimes for a ride in the van."
- Staff had completed MCA training and had a good understanding of ensuring people had choices about the support provided. Staff said, "It is our job to make sure residents do what they want to do, it is their home and we are here to assist them" and "Residents decide what they want to do, we always ask for their permission to help them and if they say no that is fine."
- Staff asked people if they needed assistance, where they wanted to spend their time, have their meals and if they wanted to join in activities.
- Applications for DoLS had been made to the local authority. People's capacity had been assessed by external assessors for the DoLS and when appropriate they were agreed. Any conditions required to meet the authorisation of a DoLS, were being met.

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

- People's needs had been assessed before they moved into Healey House. The registered manager said this was to ensure staff had the skills and knowledge to provide the support and care people needed. One person told us, "My sister found it for me, I like my room and they are all very nice." Another person said, "My family helped me find this home, they looked at a few and thought this was the best for me. They were right, the staff all know how to support me as I can't see."
- The care plans were developed from the information collected during the assessment. People were aware they had care plans; they said staff talked to them about their needs and how they could provide the right support. There was evidence that people, and their relatives if appropriate, had reviewed their care plans and they had been updated when people's needs had changed.
- We saw staff knew people very well and offered the support each person wanted. Staff said each person's needs varied day by day, "It depends on how they feel at the time, always changing, bit like us."

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

- People told us the food was very good, they chose where to have their meals, with most using the dining room for lunch. They sat together in groups chatting and socialising with each other and staff.
- People said, "I can have what I want." "It is very good, always choices. I changed my mind and had something else" and "I like the buffet, I like all the food."
- Staff assisted people with their meals, cutting up their food if requested and explaining where the food was on their plate using the numbers of a clock; which enabled people to be independent.
- The chefs had a clear understanding of people's likes and dislikes as well as specific dietary needs and

meals were provided accordingly. For example, for people with diabetes. One of the chefs said people could have what they wanted and there were no restrictions about mealtimes.

- People said if they went out for appointments or with family and missed a meal it was kept for them, and drinks and snacks were available at any time. We saw that hot and cold drinks were offered throughout the inspection and staff offered choices at morning and afternoon teatime.
- Staff observed how much people ate and drank and recorded this on the food and fluid charts. People were weighed monthly and more frequently if staff had any concerns. Staff told us if they thought someone was not eating or drinking enough they would contact the GP and ask for a referral to the dietician. We found staff had not always completed the charts correctly or raised concerns when a person lost weight. We have looked at this in more detail in well led.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support;

- People had support from appropriate health and social care professionals to maintain and improve their health and well-being.
- People said they were supported by staff to attend appointments and they could see their GP or other professionals when they needed to. One person told us, "The nurse comes to see me about my bag (catheter) and I have seen my GP because I have been poorly. But getting better now." Another person said, "We have visits from some, the chiropodist comes every few weeks, which is very nice, but I can go to the GP with help."
- Staff made referrals depending on each person's needs. For example, the diabetic nurse for advice about the most appropriate diet for people with diabetes and the district nurse to support people with catheters.
- Records were kept of each professional's visit and any changes in support and care was discussed during the handover at the beginning of each shift. Staff said this meant the support and care provided was focused on each person's needs and was provided in such a way that people were independent and in control of their lives.
- The registered manager was aware of the need to ensure people had good oral health; appointments with dentists were arranged as required and we saw people had their own toothpaste and brushes. Staff said people were able to look after their own teeth and if they needed support or prompting staff assisted them to keep their mouth, teeth or dentures clean.

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

- People said they were able to move around the home as they wished, and staff were available if they needed assistance. One person told us, "I know where the lift is and how to get down to the dining room, so I can move around by myself, which is what I want." Another person said, "I need help sometimes, trying to get up and get walking takes a few minutes, but the lift is just there, and staff come quickly when I call."
- Staff said there had been no changes to the layout of the communal areas of the building as people were used to it and they did not want to increase risk of falls. People's bedrooms had been arranged as people wanted them, to ensure they could move around safely with no trip hazards and with their own furniture and personal possessions.
- The gates across the top of the stairways were in place so that people knew when they had reached the top of the stairs. They did not restrict people as they were easily pushed open and we saw people used the banister to walk up and down safely.
- One of the staff had suggested changing the colour of bedroom doors and using raised plaques or door numbers so people would be able to feel their door. The registered manager told us they would be looking at any changes to make the home better for people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; equality and diversity

- People and relatives said they were happy with the care and support provided at Healey House. People told us, "They are all lovely, couldn't ask for anything else." "I think they are very kind." "I like them all, very good, let me do what I want to do" and "The staff are all brilliant."
- Staff clearly knew people very well and provided support that met their individual needs. Communication between people, relatives, visitors and staff was relaxed and friendly, with a lot of laughter and banter.
- Staff showed a clear understanding of dignity, equality and diversity and provided flexible support based on people's individual preferences and choices. Staff told us, "We know the residents want to have different types of support, not only because their physical needs are different but because they have different likes and dislikes and we respect that" and "Some residents need more support than others, but we treat them all the same and I think they know that. We might suggest things, like something different rather than cereal every day for lunch, but we respect their choices." One person's choice was often cereal for lunch with other snacks during the day.
- People were supported to maintain their spiritual and religious choices. Staff said they would take people to services if they wanted to attend or arrange for them to receive spiritual/religious support at the home.

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

- Staff asked people for their opinions or comments about the support provided throughout the inspection as they asked people if they were comfortable, if they needed anything else and if they were happy with their meal or did they want something different.
- People were supported to maintain relationships that were important to them and relatives said they could visit at any time. A relative told us "I think everyone is always made to feel very welcome, I visit most days and they always seem pleased to see me, which is very nice." Staff said relatives and friends were part of the 'family' and were important to people living at the home. One person told us, "I think they welcome everyone, I know my family are very happy to visit."
- People knew which member of staff their keyworker was. One person said, "They make sure I have everything I need, like soap and things, I can't see when things run out, so it works well." A member of staff told us, "We check they have enough toiletries and if they need new clothes or things. We can go to the shops for them, some people like to go shopping or we might tell their relatives. Depends really what they want to do."
- Staff were aware of the importance of confidentiality and documentation was kept secure in the staff

room or manager's office.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their privacy and dignity. People told us, "Oh yes, I can't really see but I know they are very careful when they are helping me. I am quite confident they always knock and say who they are, and can they come into my room. I think that is very nice" and "I don't think we can fault them." A relative told us, "I think the staff are very respectful, not only to residents but to us too. I don't think we could find anything better than this."
- Staff asked people discretely if they needed assistance or wanted to use the bathroom and they knew when it was appropriate to ask people with memory loss, because of changes in their behaviour. Staff asked one person who was walking to and from the lounge, "Shall we pop along to your room to make you more comfortable" and the person became more relaxed and walked with them to the bathroom.
- People had been asked if they preferred male or female care staff. Their preference was recorded in their care plan and staff knew that some people preferred female care staff only. A member of staff said, "Most female residents prefer female carers and we respect that some also do not want to be checked at night. It is all recorded in their care plan."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement with a breach of regulation. At this inspection improvements have been made and the provider was meeting the regulation. Additional work was required to ensure the improvements were part of day to day practice, and we identified another area where improvement was needed.

This meant people's needs were not always met.

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

- At the last inspection we found 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.
- At this inspection improvements had been made to record keeping. The care plans reflected people's individual needs; they were personalised and included clear guidance for staff to follow so that people had the care and support they wanted. For example, if a person was forgetful there was information in the care plan about how staff could support them to make choices. This included how to distract the person if their behaviour changed and they became unsettled.
- People told us staff provided the support they wanted and were very comfortable with the care provided. One person said, "I don't think it could be better than this. They know exactly what they are doing and do it very well."
- Relatives also felt the staff assisted people with their health and care needs, while enabling them to be independent and make decisions about their day to day lives. One relative told us, "He could hardly move around last year and now he is walking around with a zimmer. I visit nearly every day and see him laughing with staff. I think it is all excellent."
- The registered manager had found during monthly audits that records had not always been completed correctly, which could have a negative effect on people's health and welfare. We look at this in more detail in well led. To limit this as much as possible care plans and supporting documentation were being transferred to an online computer-based system.
- Staff were positive about the introduction of the online recording system and explained they would be able to complete the daily records, food and fluid charts and update the care plans immediately. One member of staff told us, "It should be much better, we will have mobiles and can fill them in at the time rather than later." Another member of staff told us, "I think it will make record keeping easier and correct. We might get called to help another resident and then have to go back and do the charts and we might forget some things."
- The registered manager said the new system would flag up any changes in people's needs, such as weight loss, on the main computer. They told us, "We needed a recording system that assists staff rather than make it more complicated. This simplifies everything, and I don't expect to have any issues with records when it is up and running."

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

- At the last inspection we found that people enjoyed the activities provided at the adjoining Taplin (the day centre open for people from the local community to use if they wished), and feedback during resident's meetings had not identified any concerns.
- At this inspection we found that people's needs had changed and people who had moved into the home since the last inspection had different needs and interests. These changes had not been reflected in the range of activities provided. The expectation from management was that people would continue to attend the Taplin and join in games, quizzes and art/craft activities, if they wanted to. Although these activities were based on the needs of people living in the community rather than in Healey House. At the time of the inspection no activities had been arranged in the home itself, although staff said volunteers did some activities at the weekend.
- The feedback from people varied. One person said, "I can't see so I don't want to play games or throw things at skittles." Another person told us, "I'm bored," when we asked if they had any hobbies or interests and how they spent their time. Other people joined in the activities in the Taplin and said they were good.
- There was positive feedback from people about the recent trip out for lunch at a local pub and there were requests for more trips like this. Staff told us they had arranged for people living in the home to have this trip because a similar trip had been arranged for people using the Taplin who lived in the community. "We don't want them to miss out and they needed care staff to go with them so had not been invited as part of the group going from Taplin."
- Since the inspection the registered manager sent us information about the action they had taken, so that activities were based on what people living in the home would like to do. A monthly activity plan had been developed, which was subject to change depending on what people wanted to do. The activity on one day was exercises but people asked to do a quiz instead and this was provided.
- They said people had been asked what they would like to do, and records had been kept of all the activities they joined in since the inspection. The registered manager said the activity plan will be put on a computer stick so people who have limited eyesight can listen to what is planned. The registered manager informed us the new activities had been a real success and people had been enjoying them.
- This is an area where improvements are needed to ensure activities meet people's individual needs and preferences, including people living with dementia, and are an integral part of the support provided.

Improving care quality in response to complaints or concerns

- At the last inspection we found that when complaints had been made they had been resolved, but staff had not followed the provider's complaints procedure. There was no response to the complaint and it was not clear if they had been resolved to the complainant's satisfaction.
- At this inspection staff told us there had been no complaints since the last inspection and they encouraged feedback, from people and visitors to the home, so that any concerns or issues could be resolved when they occurred.
- People told us they did not have anything to complain about and if they did would talk to the staff. One person said, "No I have no complaints, I am very happy here." Another person said, "Can't think of anything we would complain about, if we don't like something, like lunch we can have something else."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us their relatives or staff help them when they have appointments. One person said, "They

know if I have an appointment and need help to get there, I only see shadows, but I can manage. We usually go and have a cup of coffee and cake afterwards, which is very nice." A relative said, "I deal with all the appointments and let the manager or staff know so we can arrange transport. Never been any problems."

- Staff told us, "Most residents can tell us what they need, and we know from watching people's behaviour how to support them if they can't tell us verbally." "We know who uses aids, like glasses and hearing aids, we encourage residents to use them, but it is up to them" and "Each resident's communication needs have been assessed and are included in the care plan and we talk about any changes during handover."
- We found people's different communication needs were recorded in the care plans and staff had a good understanding of these. They were aware of AIS and said most people could communicate well.

#### End of life care and support

- No one was receiving end of life support at the time of the inspection. Staff spoke about people they had supported when their health needs changed. They talked about keeping people comfortable; preventing skin damage by using pressure relieving mattresses; respecting their wishes and contacting health professionals for support and advice. Such as the GP and district nurses, "To ensure residents are pain free and comfortable."
- Staff had completed end of life training and it was clear that as far as possible people were supported to remain at Healey House at this time.
- Care plans showed people had discussed their end of life wishes and where appropriate, do not resuscitate forms had been agreed with the individual, their relatives and health professionals. If people preferred not to discuss their preferences staff respected this.

# 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 the last inspection this key question was rated as requires improvement with a breach of regulation. At this inspection improvements have been made and the provider was meeting the regulation. Although additional work is needed to ensure the improvements are part of day to day practice.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Understanding quality performance, risks and regulatory requirements

- At the last inspection we identified improvements were needed in the quality assurance and monitoring processes. We found care plans had not reflected people's needs and there was no clear guidance for staff to ensure people had the support they wanted. Food and fluid charts and daily records had not reflected what people had eaten and drunk, and staff had not followed current guidelines for safeguarding and accidents/incidents.
- At this inspection records reflected people's individual needs and the care and support provided. Care plans had been reviewed and personalised to reflect people's individual needs. They were discussed with people and/or their relatives and reviewed monthly and when people's needs changed. Referrals had been made to safeguarding as required and records showed that lessons were learnt from incidents and accidents, to reduce the risk of re-occurrence.
- We found additional training and support was needed, to ensure staff accurately recorded the support and care provided and were part of their day to day practice. For example, food and fluid charts had not always been completed correctly. Staff had not identified that a person's eating habits had changed, and despite being weighed weekly they had not raised any concerns about a person's significant weight loss.
- There were several checks in place that should have picked this up. Care staff were expected to complete the food and fluid charts and senior care staff were required to check these were correct. We found there continued to be an overreliance on records being correct and up to date, rather than checking them to ensure they were. This was identified as an area for improvement at the last inspection. It was also not clear why staff, who provided personal care, had not raised any concerns about the weight loss as they assisted with washing and dressing.
- The registered manager found the weight loss when doing the monthly audit of weights and had reviewed the person's care plan and made changes. This included encouraging the person to eat their meals in the dining room and prompting them to eat, which had resulted in a small increase in weight.
- The registered manager said when the online system was in use any changes in people's needs would be flagged up on the main computer, and action would be taken when first noted.

Managers and staff being clear about their roles; continuous learning and improving care

- There was a clear management structure, with lines of responsibility and authority for decision making.
- The registered manager was responsible for the day to day management of the service and was supported

by the deputy manager. Senior care staff allocated work to care staff and took responsibility for medicines, doctor's visits and raising any issues or concerns with the registered manager or deputy. Care staff provided support and care and reported any changes or concerns to senior staff.

- It was clear that staff were aware of their own roles and responsibilities and all staff said they worked very well together as a team. A member of staff told us, "I think we work very well as a team. I feel more confident the longer I work here, and everyone has been supportive. I am allocated residents to support each day and really enjoy working here."
- Staff said they were encouraged to continue to learn and they expected to have additional training added to the training programme as the service developed. One member of staff said, "I think more training has been arranged and we have been asked if we want to be champions of particular areas, like medicine and infection control."
- Staff meetings provided an opportunity for management to update staff about any planned changes; areas where improvements were needed and encouraged them to discuss any issues and put forward suggestions for improvements.
- At the staff meeting in May they discussed pay, staff vacancies and annual leave, as well as staff practice and areas where improvement was needed. In September they discussed the inspection and the feedback. A member of staff said the meetings were good, "They keep us up to date about everything and if we think something needs to improve we can talk about it, although I think we can do that at any time."

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

- People were positive about the management of the service and praised the changes the registered manager had made. People told us, "I don't think it could be any better" and "The manager is very good, she knows what is going on and always asks how we are and if we need anything." Relatives were equally positive and said, "It has got much better over the last year. I can't think of anything they could improve, and I know they have resident's meetings to discuss what is happening. I think they talk about the food a lot" and "I think all the staff are excellent, the manager, carers, cooks and cleaners."
- People said they were kept up to date with any changes. The minutes from resident's meetings show that staff discuss all developments at the service with the people living in the home and their relatives. In September people were reminded about the new shower room that was being fitted and two people said they were looking forward to using it. In the minutes we looked at it was clear that people were informed about staff recruitment and the use of agency staff to cover leave and sickness; they discussed the menus and put forward suggestions and were clearly involved in the discussions.
- We saw outcomes for people were good, they made decisions about the support provided and all aspects of their day to day lives.
- The registered manager was aware of their responsibilities under duty of candour and said, "We are open and honest about everything. There is no point in not being clear about what happens, then we can learn from it and improve things."
- People, relatives and staff said they manager was available to talk to at any time. A member of staff said there was an open-door policy and a relative told us they were always informed if there were any changes.

Working in partnership with others

- Staff at Healey House worked in partnership with the local community, other services and organisations.
- A health professional confirmed that staff worked effectively with them and had provided positive feedback about the training they had provided to support people with medicines.
- Links with the local community were encouraged. They had recently won the blue token for charities at a local supermarket, which enabled them to buy garden furniture, a water feature, wind chimes, new umbrellas and stands, and they had plans to buy more lights.

- Assistance with gardening on a voluntary basis was also provided by a local insurance company.
- Staff had a good working relationship with the local authority and they sought feedback from the safeguarding team, to ensure they were following current guidance.