

Review of compliance

Heathfield (Horsham) Limited Heathfield (Horsham) Limited	
Region:	South East
Location address:	88 Hurst Road Horsham West Sussex RH12 2DX
Type of service:	Care home service without nursing
Date of Publication:	October 2012
Overview of the service:	<p>Heathfield (Horsham) Limited is registered with the Commission to provide accommodation for persons who require personal care for up to 36 people.</p> <p>Mrs. Jennifer Backelandt is the registered Manager for this service. The nominated individual is Susan Worsell.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Heathfield (Horsham) Limited was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke with told us that they were very happy living in the home. People told us that that they were well cared for by staff that were friendly and helpful.

One person said, "I would not want to live anywhere else".

Another person said, "I am very happy here, I like the staff and I am able to choose what I want to do"

What we found about the standards we reviewed and how well Heathfield (Horsham) Limited was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs however the lack of detailed care planning places people at risk of inappropriate and inconsistent care.

The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider

had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting with this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The provider was meeting with this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

The provider was meeting this standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

The people that we spoke with were all positive about the care that they received at the home.

One person said, "Staff always come straight away when I call for help".

Another person said, "I couldn't ask for better care".

Another person said, "I am very happy here, I like the staff and I am able to choose what I want to do"

Another person said, "I cannot find fault with the staff, they are always cheerful and helpful"

One person told us that they enjoy the entertainment in the home. We were told that this had included a regular visit from a musician, board games and quiz activities.

Another said that the food was very good, there was plenty to choose from and staff respected their choices.

A relative told us that they home has been very supportive and responded promptly to the changing needs of their family member.

Other evidence

We looked at the records for four people who use the service. Each record contained assessment document which detailed the needs of each person. We were told that a plan of care would be written involving both the person and if appropriate a family member or a representative. The records we looked at confirmed that people had been involved in planning their care and support.

We looked at four care records during our visit. We saw that peoples' needs were assessed and care and treatment was planned but there was little detail in describing the actions staff should take to meet the identified needs.

For example all records we saw identified if the individual was at risk of falls. We saw a record of falls and this was up to date but there was no documented plan of action to reduce the risk and support the person.

The deputy manager told us that the cause of one person's falls had been identified and there were certain times that the risk was increased however the plan did not contain this information. This meant that the plan did not make proper provision for the delivery of safe and appropriate care.

During our inspection we observed that bed rails were in use for people. The deputy manager confirmed this. When we looked at the record for one person who used this safety equipment we found no risk assessment or plan of care to reflect the use. The deputy manager told us that none of the people who use this equipment had a risk assessment or an assessment of capacity in relation to the decision to use such equipment. This means that the person is at risk of inappropriate or unsafe care.

Plans contained risk assessments for moving and handling, pressure care and malnutrition. We saw information on how to support people with eating and drinking.

There was evidence in the care records we looked at that demonstrated they had been reviewed and updated each month. At the time of our visit to the home the deputy manager was in the process of reviewing two of these records.

We observed residents and staff interacting in a positive manner. Staff were attentive to residents needs. We saw that residents appeared to be relaxed and comfortable in their surroundings.

Our judgement

People experienced care, treatment and support that met their needs however the lack of detailed care planning places people at risk of inappropriate and inconsistent care.

The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One person told us that if they were concerned about anything they would speak to the manager or deputy manager. They told us that they had confidence in the provider.

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that staff had been trained in safeguarding. This training included recognising potential or actual safeguarding situations, and the correct way to deal with any safeguarding concerns.

We discussed safeguarding with two members of staff during our inspection and found that they had a good understanding of what constituted abuse and their responsibilities with regard to safeguarding. Both members of staff told us that they had read the homes safeguarding policy.

We saw that the home had a whistle blowing policy in place. The members of staff that we spoke with demonstrated a good understanding of whistle blowing.

We looked at records of actions the provider has taken in response to allegations which demonstrated that they have taken appropriate steps to safeguard vulnerable people.

The provider may find it useful to note that staff had not been trained on the Mental Capacity Act and Deprivation of Liberty. This was evident when speaking with staff as they were unclear on their responsibilities when someone is unable to make a decision for themselves.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting with this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

People told us that they received their medicines at the times they expected them.

One person said, "I rely on staff to make sure I have my tablets. They always make sure I have what I am prescribed. The doctor visits regularly and I see him when I need to."

Other evidence

We saw that the home had a policy in place for the safe and appropriate administration of medicines. We were told that this policy had been read by staff.

We saw that all prescribed medications, dressings and creams were prescribed for individual use and were recorded on the persons MAR sheet.

We were able to see that medications were stored in locked cupboards and a trolley. We saw that the medicine fridge was locked and that the temperature of the fridge was recorded by staff daily.

We saw that the controlled drugs (CD) were stored in a separate locked cabinet and that a record of medicines was recorded in the CD register. We found a partially completed entry in the register for one person. The amounts of the medicine matched the record but this did not explain the incomplete record. The deputy manager and staff member responsible for medicine management could not fully explain the error.

We saw that each Medication Administration Record (MAR) sheet contained a name and a photograph for all residents. We saw that the MAR sheet was legible however there had been changes to the times medicines were to be given that had not been evidenced with confirmation from the prescribing GP. The deputy manager said these changes had deviated from their agreed practice. They provided us with a letter faxed by the GP for one of the previous changes to an individual's medicine as an example of the home's usual practice.

We saw that medicines for one person that were prescribed daily had not been recorded as given. The staff told us this was because the individual did not want to take this medicine. The medicine had not been reviewed with the person's GP in order to amend the prescription and there was no record of the refusal.

We also saw that 'when required medicines' and medicines with a variable dose were not supported with guidelines or administration protocols to ensure a consistent approach from staff.

We saw the training records for all staff responsible for administering medications. We were told that staff were assessed by the manager and passed as competent before being left to administer medications independently.

The manager provided information following our visit to show that they audit the medicine management records monthly however September's audit had not been undertaken at the time of our inspection. We were shown that the home was last audited by the pharmacist in 2010.

Our judgement

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with seven people who use the service during our visit to the home.

People told us that they were very happy with the layout and facilities in the home.

One person said, the home is comfortable and homely".

Another person said, "I have been able to have my own furniture and personal belongings to make it feel more comfortable."

Other evidence

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

The home was found to be in a generally good state of repair, comfortable and homely in appearance.

We noted that the carpets in the hallway on the ground floor are showing signs of wear. We observed refurbishment work underway on the first floor, carpets have been replaced and the area had been repainted and redecorated.

We observed that people accessed and made use of all areas of the home during our visit.

We had the opportunity to see people's bedrooms and these were in good order and

decorated to reflect individual's wishes.

We were provided with evidence that the homes safety equipment, hot water/heating and fire systems were serviced regularly.

We saw a record that demonstrated the manager carried out a health and safety check of the premises on a monthly basis.

Our judgement

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The provider was meeting with this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People told us that staff were kind, helpful and responded promptly to they requests for support.

One person said, "You couldn't find a better group of staff."

Other evidence

Staff received appropriate professional development.

We looked at the training records of four staff and found that they were supported to attend training relevant to the care setting. Training is monitored by the nominated individual who is also the home's administrator.

Some of the training was in need of updating and this had been highlighted by the administrator who is arranging for updates. The home used a combination of in house and external training.

The provider may find it useful to note that staff have not had training in the Mental Capacity Act and this was evident in their knowledge of what actions to take when supporting people who have reduced capacity to give consent to treatment.

We saw records to confirm that the home had a supervision programme to support staff. Staff told us that they had been provided with a wide range of training to carry out their role. Staff told us that the supervision programme was working well and they received regular support from their supervisor.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We spoke with people who lived at the service but their comments did not relate to this outcome area.

Other evidence

When we last inspected the service a compliance action was set as people were not protected from the risks of unsafe or inappropriate care and treatment due to inaccurate and incomplete records.

The provider sent us a report dated 23 November 2011 that informed us of steps that would be taken to achieve compliance. These included ensuring people's records were accurate.

At this inspection we found that steps had been taken as per the providers report.

People's personal daily records including medical records were accurate and fit for purpose. The new 'falls' monitoring record that had been introduced and we saw that this was in use and up to date.

The provider may find it useful to not that the evaluation record was not being completed. The manager acknowledged this in a report sent to the commission following the visit and stated that this will be updated monthly.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We sampled four staff records, equipment servicing records and found all to be in good order.

Records were kept securely.

Our judgement

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

The provider was meeting this standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People experienced care, treatment and support that met their needs however the lack of detailed care planning places people at risk of inappropriate and inconsistent care.</p> <p>The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.</p> <p>You are in breach of regulation 9 b of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p> <p>The provider is not meeting this standard. We judged that this had a minor impact on people using the service and action is needed for this essential standard.</p>	

	You are in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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