

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Heathfield (Horsham) Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Enforcement action taken
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Heathfield (Horsham) Limited
Registered Manager	Mrs. Jennifer Backelandt
Overview of the service	This location is registered to provide accommodation and personal care for up to 36 people. The location provides a service to older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our visit we spoke with eight people using the service and one of their relatives. People's comments included,

"I don't think there could be a better place."

"It's great. Staff are friendly and helpful."

We also gathered evidence of people's experiences of the service by indirectly observing the care they received from staff. We observed staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

We also spoke with the administrator, manager and three care staff.

We were concerned that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. For example, we found recording errors which meant it could not be confirmed that medicines had been administered correctly.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have taken enforcement action against Heathfield (Horsham) Limited to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the care files of four people using the service. Records contained no evidence that an assessment of capacity had been undertaken. We discussed this with the manager who told us it was unnecessary as everyone using the service had capacity to make decisions.

One person's file contained a 'Do not attempt resuscitation' (DNAR) order completed by the person's GP. We saw evidence that the decision had been discussed with the person and their relatives. The manager showed us several other DNAR orders completed by GPs, which also recorded that decisions were discussed with the person involved and their relatives.

We spoke with three members of staff about their understanding of consent. All demonstrated understanding of this. For example, one staff member said, "It's quite simple; we ask people if it's ok when we're offering assistance. If they say no, we respect that, we don't do it." During our inspection we observed staff asking people if they wanted assistance and waiting for their response before taking any action. People using the service told us staff asked permission before undertaking any tasks.

We saw training records showing that staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, the provider might find it useful to note that three staff we spoke with told us they did not understand what the MCA and DoLS meant. Their comments included, "Matron deals with those sorts of things" and "I'm just a carer, I don't deal with that, it's left to the seniors".

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we inspected this service in September 2012 a compliance action was set because the lack of detailed care planning placed people at risk of inappropriate and inconsistent care. At this inspection we found that steps had been taken by the provider and the compliance action was met.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care records for three people.

Each person had a care plan, daily records and monitoring records. Care plans were available for the identified needs of each person. They gave staff information about the actions they needed to take to make sure people got the care they required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw evidence of the use of risk assessment tools for falls, nutrition, mobility and pressure sores. We saw that care plans were developed to minimise identified risks. For example, we saw a care plan for a person identified as having a high risk of developing pressure sores. The actions included the use of a pressure relieving mattress, which we saw in use.

Records showed that people were weighed regularly to monitor their nutritional well being. The records we looked at showed people had sustained their weight or gained some since their admission.

There were 29 people using the service at the time of our inspection. We spent time in the lounge and dining room observing people's experience. We spoke with eight people using the service and one of their relatives. We saw that some people chose to sit in the lounge while others preferred to spend time in their room. One person told us, "I can come and go as I please around the place."

The people we saw had been effectively supported to maintain their personal appearance. One person told us that staff helped her to choose "matching clothes" when she got dressed each morning. We saw that people wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. We observed personal hygiene needs were supported. For example, people's fingernails were trimmed and clean, men were clean shaven and people's hair was clean and groomed.

The eight people we spoke with were satisfied with the service they received. Their comments included,

"It's very good. They do everything I need."

"They're pretty good at answering the call bell."

Records in people's care files demonstrated they were supported to access other health care professionals such as GP, optician, dietician, speech and language therapy and chiropodist. There was evidence that staff were observant of changes in people's health and made appropriate referrals to other health professionals. The care plans for one person with a specific medical problem contained sufficient detail to make sure staff monitored their condition effectively to promote their health.

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

When we inspected this service in September 2012 a compliance action was set because people were not protected against the risks associated with medicines. At this inspection we found evidence of continued non compliance.

A 'monitored dosage' (blister packed) system was in use. Medicines were secured in a locked trolley which was stored in a locked storeroom. The manager told us the storeroom temperature was not monitored or recorded. This meant the provider could not be certain that medicines were stored at the recommended temperature to retain their stability.

A medicines fridge was available for medicines requiring cold storage. Daily records were maintained to demonstrate the fridge temperature was within recommended limits.

The facility for storing controlled drugs (CD) was satisfactory and complied with legislation. We checked the number of controlled drugs (CD) stored in the home and found that receipt and administration of controlled drugs were not always accurately recorded in the home's CD register.

We audited the medicines of four people by comparing the quantity in stock against the signatures on the medicine administration records (MAR). We found three recording errors which meant it could not be confirmed that medicines had been administered correctly.

The manager told us that there was no system in place to monitor the number of medicines 'in stock' in the home. Medicines were delivered to the home each month and their receipt was recorded on people's individual MAR sheets. A record of unused, 'carried forward' medicines was not kept. This meant the provider did not have an accurate audit trail to check on the receipt, administration and disposal of medicines.

We saw no evidence of competency checks for staff administering medicines. The staff we spoke with told us they undertake training in the safe administration of medicines, but there was no evidence that staff were observed administering medicines to check they were competent.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work because there were effective recruitment and selection processes in place.

The administrator told us about the organisation's recruitment process. This included obtaining an employment history, references, forms of identification, information about criminal convictions if any and evidence of qualifications.

We were told that people using the service were involved in the recent selection process to recruit a chef for the home. Candidates were invited to the home to prepare a selection of food and people using the service were able to express their opinion of the food.

Appropriate checks were undertaken before staff began work.

We looked at the personnel files of three recently employed staff. Each file contained evidence that satisfactory pre-employment checks such as Disclosure and Barring checks and references were obtained before staff started working with people who used the service.

The staff we spoke with confirmed that they had not commenced work at the home before records relating to their previous employment had been obtained.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place, which included shadowing an experienced worker until the care worker was deemed competent.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw copies of the complaints procedure displayed in the corridors.

People were given support by the provider to make a comment or complaint where they needed assistance. Staff told us about "one to one" meetings they held with people using the service each month. People were asked if they had any concerns about the service they received. We saw evidence of these meetings recorded by staff.

We looked at the record of complaints and concerns maintained in the home, which documented the action taken by the home regarding each issue raised. Evidence was available to confirm that concerns raised verbally were taken as seriously as more formal, written complaints.

We observed that people using the service felt confident to approach staff and make requests about their preferences.

One person told us they would tell their family if they had any concerns so they could "sort it out with the manager." Another person said, "I'd go to the office and speak to matron; she's the person in charge." People we spoke with all agreed they felt confident that action would be taken if they raised a concern. One person said, "Oh yes, I'm sure they'd listen and do something about it."

People's complaints were fully investigated and resolved where possible to their satisfaction. Records we looked at showed the provider made a timely and objective response to concerns raised and the outcome was recorded. For example, one person complained that the cauliflower cheese served at one meal time had "too much sauce and not enough cauliflower". We saw evidence that this was discussed with the chef and action was taken.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 05 June 2013	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safe keeping, safe administration and disposal of medicines used for the purposes of the regulated activity.Regulation 13.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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