

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

Heath House

Elstree Road, Bushey, WD23 1GH

Tel: 02089010900

Date of Inspection: 27 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
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Meeting nutritional needs	✓	Met this standard
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Staffing	✓	Met this standard
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Details about this location

Registered Provider	Quantum Care Limited
Registered Manager	Miss Ionie Pusey
Overview of the service	Heath House provides accommodation for up to 62 people with residential and dementia needs. It does not provide nursing.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Heath House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Staffing

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 27 September 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

Following our previous inspection carried out on the 15 and 16 July 2013, the provider was found to be non-compliant with Regulations 9, 14 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

On the 13 August 2013, the provider submitted an action plan as to how and when they would become compliant with the regulation. On our follow-up inspection we found the provider to be compliant with those regulations.

We saw that care plans had a summary sheet that staff used daily to ensure that they were providing appropriate and safe care to people who used the service. Yearly reviews had been undertaken however, these did not always provide sufficient information and/or demonstrate that people were given the opportunity to be involved with the decision making process. Fluid and food charts were completed regularly and concerns were escalated to appropriate medical professional for advice.

People were given a choice of foods and the soup of the day was served at a safe temperature. Where people required assistance this was done in an appropriate manner and at a pace suitable for the person. Fluid and food charts were completed regularly and concerns were escalated to appropriate medical professionals.

Staff we spoke with felt that there was enough staff available to ensure that people's needs were met. The rotas reviewed showed that an additional member of staff was available to assist on two units during the morning shift.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at five typed care plans which had all been signed by either the person or their relative. Each care plan contained a summary which staff could use as a guide. We noted that in some care plans, where information had been updated, this was done in pen and there was a lot of crossing out of information and dates. This made some care plans hard to read. We pointed this out to the manager who told us that the home was in the process of having each care plan typed up to ensure that information was legible. We also noted that annual reviews were brief and did not provide sufficient information about the meeting held with people and their relatives. The provider may wish to note that annual reviews need to demonstrate that people's and/or their relative's views have been taken into account and where an action plan is required this should be documented with time lines and details of the person responsible for the required action.

We looked at two people's 'turning chart' and we were able to see that people were repositioned appropriately according to their assessed needs. This was documented on the turning charts.

The manager provided us with evidence that heads of units were required to review at least two care plans a week and to submit the results to them. This was to ensure that care plans were accurate and in good order. Where this had not been done by a unit manager, this was discussed in their supervision.

During our tour of the home we saw that most bedrooms had call bells available and were readily accessible for people to use. The manager told us that those people who did not have call bells had been risk assessed and had either been provided with a sensor floor mat and/or were checked by staff at regular intervals.

We checked the risk assessment for several of the people who did not have call bells in their bedrooms and we were able to see that risk assessments had been undertaken and clear instruction had been documented in connection to how often the person should be

checked by staff.

We asked the manager how they ensured that staff were following the 'checking' instructions and we were told that staff were required to press the 'call monitoring' systems which were located in peoples bedroom, this in turn would record the time they entered a person bedroom. The results of these calls were printed out daily and monitored by the manager.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at people's food and fluid intake charts, we were able to see that these were completed daily. The manager told us that each unit manager was responsible for checking that the food and fluid charts were completed daily and they were required to sign to demonstrate that the checks had been done. We saw evidence that where people had not had the minimum amount of fluids in a three day period in order to remain hydrated, the home would contact the persons GP for advice and/or speak with the homes chef.

We observed tea time at the home on two units. We were able to see that people were offered a choice of foods which included soup, bread and butter, sandwiches and salads. We noted that the soup was served at a temperature that was safe for people to consume. Where people required assistance this was done by staff who sat next to them and assisted them at a pace which was suitable. We noted that staff spoke with people during the meal and offered them a choice of drinks.

People we spoke with said that they enjoyed the meal and often enjoyed the food served by the home. People told us that they felt comfortable enough to ask for an alternative meal choice if they did not like what was on offer. They told us that staff were always willing to provide them with an alternative meal. People also told us that they had enough to eat and drink at the home.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the rota's covering a four week period and we were able to see that an additional member of staff was on duty during the morning shift. We were told by the manager that this was to help with people's personal care in the mornings to ensure that people who wanted to be up and dressed in the morning were assisted to do so at a reasonable time.

Staff we spoke with told us that the additional member of staff had 'really worked well'. All staff we spoke with felt that there was enough staff to provide a good and safe service.

Staff we spoke with told us that they were able to approach the manager with any concerns they may have about staffing and other issues. They were happy that the manager often walked around the home and felt that this resulted in the manager having a better insight as to what staff did daily, what worked well and what needed improvement.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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