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| **Name of Home** | **The Heathers** | **Name of Auditor** | **Shobha Kapoor** |
| **Location of Home** | **Quarry Road****Chipping Sodbury****BS37 6AX** | **Location of Auditor** | **Harley House Care Home** |
| **Name of Home Manager** | **Currently interviewing for position of Home Manager** | **Date of Audit** | **10/6/2021** |
| **Date of Last CQC inspection****Produce copy of report** | **27th May 2021****Awaiting feedback** | **Date of Last Council Inspection****Provide copy of report** | **N/A** |
| **Time of Arrival** | **07.50** | **Time of Completion** | **14.30** |
| **Feedback given to Care Manager** | **Feedback given to Aneesh Nath (Clinical Lead)** | **Feedback given to Managing Director** | **Julie Shave** |

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| **Observation, Perception and Opinion** |
| **A beautiful, listed building however the exterior presentation could be improved. The home is currently going through an extensive refurbishment programme. Outdoor visting has been erected which is in keeping with the building. There is an impressive testing pod and hand wash station at the entrance to the home. The Home is currently awaiting new signs.** |
| **Welcome Received** |
| **On arrival I was met by Basil (Night RGN). He asked about my covid test I explained I had taken one prior to arrival and showed him the result. He checked my temperature and completed a covid questionnaire. He then showed me to the office and offered me a cup of coffee. As staff came into the office for handover at 8am they were polite and courteous to me.**  |
| **Staff on Observation** |
| **Staff were observed to be wearing correct uniform; however, all staff were not observed to be wearing name badges, possibility of lanyards was discussed. Staff were not observed to be wearing any jewellery.**  |

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| **Staff on Interaction** |
| **Staff were observed to be polite and respectful when they were interacting with residents. They addressed residents appropriately. Staff were observed during handover, they interacted with the nurse, they were observed reading the handover notes on their handset.** |
| **Outside Facilities** |
| **Unfortunately, The Heathers has limited outdoor space and it is only at the front of the building as previously mentioned the area could be improved.** |

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| Area for Review | Observations and Findings | Recommendations | Individual to implement recommendations | Timeline for completion |
| 1. **Well led**

Audits (check) | In the absence of a Manager, Aneesh is currently completing the audits. Medication audit, Managers Audit, Kitchen Audit, Infection Control Audit, KPI audit, Maintenance Audit all checked and well completed. | None |  |  |
| Survey feedback (check) | Staff survey was completed in 2020. The home is currently asking relatives to complete a feedback form as unable to complete a survey at the moment. The Home has received some incredible positive feedback. | None |  |  |
| Culture and vision (discuss) | Julie vision is to create a home which is personal to the residents and also eco-friendly. As the home is going through a refurbishment programme, she has some inspiring ideas to create the home she wants. Aneesh would like the home to be part of the community and support local businesses. | None |  |  |
| IIP/Leadership (discuss) | The Home currently has a vacancy for a registered Manager. Julie and Aneesh are currently sharing responsibility and are doing a great job. Having spoken to several staff they feel the have no concerns with the Home is currently being run  | None |  |  |
| Staff meetings (check) | A yearly planner is in place for staff meetings. Next Meeting due in June. Minutes of previous meetings were read and have good content. | None |  |  |

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| Area for Review | Observations and Findings | Recommendations  | Individual to implement recommendations | Time for Completion |
| 1. **Safe**

Staff understanding of safeguarding (discuss) | Spoke to 2 staff. They were very clear on how they would report any issues regarding abuse.  | None |  |  |
| Staff training in safeguarding | Planned for November. | None |  |  |
| Reporting to council/CQC | All up to date. The Home has had 2 x safeguarding concerns this year both investigated and subsequently closed. | None |  |  |
| Incident reporting | All incidents and accidents are reported via the PCS system. Several incident forms were checked, and they were completed well and had good content. | None |  |  |
| Documentation | The Heathers has moved over to the PCS system, documentation appeared to be completed well with good content. | None |  |  |

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| **Safe - continued**Medication safe systems | Mar charts Checked and completed correctly. Resident photos present. Staff signature sheet present. Control drugs checked and correct. All relevant policies and procedures in place. | Recommended Checking control drugs daily as currently checked once a week as per guidelines from Boots.Recommended daily checking of patches in case patch should come off |  |  |
| Equality and diversity | Training completed in April. The Heathers has a diverse group pf staff. | None |  |  |
| Emergency plan in place | In place. There is a grab bag containing emergency information in the event of an emergency.PEEPS in place on the back of the resident’s door. | None |  |  |
| Whistleblowing policy |  In place. Staff were aware of how to raise concerns outside the Home if they felt they were not being listened to. | None |  |  |
| Sufficient staffing (check rota) | Sufficient staff observed on duty. There were 6 care staff in the morning and 5 care staff in the afternoon. They are supported by Nurses, activities co-ordinators and ancillary staff. There are several vacancies which the Home is actively recruiting to. | None |  |  |
| Premises safety of the building | There are 2 entrances to the building which were secure. There did not seem to be any safety concerns. | None |  |  |

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| **Safe – continued****Safety of:**GardensOverall perception of home | Unfortunately, The Heathers does not have any garden space, they have a patio area at the front of the Home which is utilised by the Residents. A beautiful, listed building which is currently going through an extensive refurbishment programme. | None |  |  |
| Laundry equipmentlifts | Maintenance programme in place.Next inspection due July 2021.Last serviced 12/03/2021. Loler check due 25/06/2021 | None |  |  |
| Kitchenuse of maintenance book/log | Currently rated 5 star.Inspection was due in May however this was postponed. Kitchen checked clean and tidy. Maintenance book in place. | None |  |  |
| Equipmenthealth and safety (discuss) | No issues, all equipment serviced as per recommendations. Hoists and Slings last inspected 04/06/2021.Mattresses observed in stairwell advised these could be a potential fire risk | Mattresses to be removed from Stairwell. |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| 1. **Effective**

Staff training plan in place | Training planner in place. | None |  |  |
| Recruitment and induction | The Home currently has a vacancy for a Home Manager, 2 x care staff, and a domestic. The Home has a robust recruitment and Induction programme.  | None |  |  |
| Care Certificate | There are currently 3 staff who are undergoing the Care Certificate. | None |  |  |
| Training plan, meetings plan, understanding, practice and training MCA, consent, best interest | All in place. Best interest decisions are on the PCS system and having been completed for residents who lack capacity. | None |  |  |
| DOLS in place where necessary | All in place and up to date. | None |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| **Effective – continued**Supervision/appraisal | Yearly appraisals are currently taking place. Since the beginning of the year supervisors have changed to group supervisions however these may not capture all the staff. Minutes of meeting read and there is some good content. | 1:1 supervisions recommended to ensure all staff have at least 6 supervision a year  |  |  |
| **Eating and Drinking Including:**Presentation of food, taste | Menu board on display. Meals to residents were presented well. Plate guards used appropriately. Staff assisted residents appropriately. | None |  |  |
| Temperature of foodChoice of meals | All records maintained by Kitchen staff -checked and correct.Choice of meals offered on menu on day of inspection – Roast Chicken or Jacket Potato followed by Strawberry Whip and Fresh Strawberries. | None |  |  |
| Availability of snacksAvailability of drinks, tea, coffee | Discussed with Chef – there is always a plentiful of drinks and snacks. These were also observed around the Home on the day of the Inspection. | None |  |  |
| Record keepingTraining | Record Keeping all up to date as checked on PCS system and hand devices.Training planner in place. | None |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| 1. **Caring**

Observations of staff interactions | Staff were observed to be polite and respectful when they were interacting with residents. They addressed residents appropriately. | None |  |  |
| Practice according to MCA | MCA completed for residents who lack capacity, and these are on the PCS system. Staff I spoke to were aware of MCA and how it relates to residents in a care home. | None |  |  |
| Compliments/complaints received | The Heathers have received some positive feedback which is a testament to the staff.No recent complaints |  |  |  |
| Surveys | Staff survey was completed in 2020. The home is currently asking relatives to complete a feedback form as unable to complete a survey presently. The Home has received some incredibly positive feedback. |  |  |  |
| Resident involvement | Last resident meeting May 2021. Minutes checked good content. |  |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| **Caring – continued**Documentation check listCare plans | The Heathers has fully moved over to the PCS system. Resident LT care plan was checked and was completed well with good content. Care Plans had been reviewed in a timely manner. |  |  |  |
| Fluid charts | Staff have handsets to document fluid intake; a member of staff was able to show me how this is completed. I was also able to check fluid intake of residents over a 24-hour period on the PCS system. |  |  |  |
| Handover notes | Staff were observed reading their handover notes on their handsets as the nurse went through handover with them. |  |  |  |
| Personal care records | Checked on PCS system and completed well. |  |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| **Caring – continued**Activities timetable | Weekly planner in place providing meaningful engagement. |  |  |  |
| Entertainment timetable | On the day of the inspection there was a guitarist at the home. The home is now welcoming outside entertainers. |  |  |  |

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| Area for Review | Observations and Findings | Recommendations | Individual to Implement Recommendations | Timeline for Completion |
| 1. **Responsive**

Care plans person centred and evaluated monthly | LT care plan checked it was relevant to her care needs and person centred and had been evaluated monthly. |  |  |  |
| Individual files | 2 x staff file (AN and SS) checked and contained all relevant information.  |  |  |  |
| Pre assessment/admission | Currently being carried out over the phone by Aneesh. |  |  |  |
| Response to concerns | Staff are fully aware of how to report concerns. |  |  |  |

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| **General Comments**Please comment on any areas which you have seen but have not been covered above.It is also very important to comment on any area that you feel/felt was outstanding including staff. |
| The Heathers is a lovely Home which I cannot wait to visit again once the refurbishment programme has been completed. Julie and Aneesh are doing an excellent job in the absence of a manager and should be proud of this. Julie has some innovative ideas, and I am sure with the right Manager she will be able to implement these. The staff are clearly caring and are aware of their residents needs and how these needs should be met.  |
| **Ratings****Please rate the key areas below** | 1 - poor | 2 – requires improvement | 3 - good | 4 – very good | 5 - outstanding |
| Is the service safe? | 1 | 2 | 3 | 4 | 5 |
| Is the service effective? | 1 | 2 | 3 | 4 | 5 |
| Is the service effective? | 1 | 2 | 3 | 4 | 5 |
| Is the service responsive? | 1 | 2 | 3 | 4 | 5 |
| Is the service well led? | 1 | 2 | 3 | 4 | 5 |