

Mr. Gordon Phillips

Heathvale House

Inspection report

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Date of inspection visit:
23 November 2021

Date of publication:
08 February 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heathvale House is a residential care home for people with complex mental health needs, substance abuse and/ or acquired brain injury. The service provides personal care to up to nine people. At the time of the inspection there were nine people receiving care from the service.

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

People received the right support in relation to risks, such as those relating to their mental health needs and any complex behaviours used to communicate needs. There were enough staff to support people safely and the provider checked staff were safe to work with people through suitable recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE), to reduce the risk of COVID-19 transmission. Staff supported people to manage their medicines as expected. The provider carried out the necessary health and safety checks of the premises.

People were supported by staff who received the training and support they needed to meet people's needs. People were supported to maintain their mental health and staff monitored key indicators of people's physical health. People received food and drink of their choice. The service was adapted to meet people's needs. 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.

People were comfortable with the staff who supported them and staff knew them well. People received consistency of care from staff who knew them well and checked their care was meeting their needs. Staff treated people with kindness, dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints and a suitable complaints policy was in place. Staff supported people to develop their living skills so they could live more independently in the future.

The registered manager understood their role and responsibilities, as did staff. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff felt well supported by the registered manager. A system of audits was in place to check people received a good standard of care and the home was run in line with the regulations and best practice. The registered manager notified CQC of significant events as required by law.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

At our last inspection in October 2017 we rated the service Good.

Why we inspected

The service was selected to be inspected as part of our programme to monitor how low risk service are affected by our new inspection programme. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heathvale House

Detailed findings

Background to this inspection

The 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

Our inspection was completed by one inspector.

Service and service type

Heathvale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was announced. We called the service just before our inspection to check the COVID-19 status of people and staff. The inspection activity started on 23 November 2021 and ended the same day.

What we did before the inspection

We reviewed the information we had received about the service including any statutory notifications received and the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with the registered manager, three people and two staff. We reviewed a range of records including care and staff records and those relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to support people safely. Staff told us shifts were always covered. The provider was currently recruiting for new staff to increase staffing capacity. Staff told us shifts were always covered.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. However, the provider had not ensured one staff file had a full employment history which was an oversight. The registered manager told us they would improve this going forwards.

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

- The provider identified and assessed risks to people, such as those relating to their mental health and any behaviours which challenged the service. They put guidance in place for staff to follow in reducing the risks.
- Staff understood how to respond to accidents and incidents, including how to de-escalate challenging behaviour, and had received training in this. The registered manager reviewed all records of incidents and challenging behaviour to identify patterns and reduce the risk of reoccurrence.
- The provider carried out checks of the premises and equipment. These included checks relating to the general environment, fire, electrical, gas and water safety. A person told us, "If something breaks they repair it quickly."

Using medicines safely

- People's medicines were managed safely. The provider assessed risks relating to medicines management and put guidance in place for staff to follow, including for 'as required' medicines.
- Only staff who had received suitable training administered medicines to people. The registered manager carried out annual medicines competency checks on staff to check they retained the right skills and knowledge.
- Staff recorded medicines administration appropriately and the registered manager regularly checked people received their medicines as prescribed. Medicines were stored safely. The registered manager told us they would improve temperature checks to ensure medicines would not be damaged by hotter summer temperatures.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them.
- Systems were in place to protect people from the risk of abuse including frequently training staff to recognise abuse and take the right action. Our discussion showed staff understood their responsibilities in relation to safeguarding.

- The registered manager understood their responsibilities to take action to keep people safe in response to allegations of abuse, including reporting to the local authority safeguarding team in line with guidance.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a good level of support with regular training in key topics such as mental health awareness and health and safety.
- Staff received regular supervision from their line managers to support them in meeting people's needs. Staff felt well supported by the registered manager.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

- People's mental health and physical health needs were understood by staff and were recorded clearly in people's care plans for staff to refer to.
- People were supported to see the mental and healthcare professionals they needed to maintain their health including their care coordinators, specialist healthcare professionals and their GPs. Staff monitored people's health through talking with them and monitoring key signs like unexpected changes in weight.
- People were positive overall about the food they received and told us they had choices based on their preferences. Food was served hot and people told us the quantities were enough for them. A person told us, "The food is ok, usually it's fine."

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

- The service was adapted to meet people's needs and preferences. For example, an outdoor centre was available in the garden where people practiced everyday life skills like cooking.
- People were encouraged to personalise their rooms with things that were important to them and people were proud to show us how special their rooms were to them.
- People who had capacity to leave the home safely by themselves could leave at any time.

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

- Staff assessed whether people's care met their needs through meeting frequently with them both informally and formally.
- The provider updated people's care plans as their needs and preferences changed to ensure staff had sufficient guidance to meet those needs.

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, 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.

- When people were suspected to lacked capacity in relation in relation to their care the registered manager followed in the MCA. They ensured MCA assessments were carried out and decisions were made in people's best interest's, consulting with relatives and professionals. The provider had applied for DoLS authorisations appropriately.
- Our discussions with staff showed they understood the MCA and their day to day responsibilities in line with this, as did the registered manager.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support in line with their preferences, for example how they spent their leisure time, daily routines, their food and drink and how they liked to receive their personal care, how they spent their days and their food and drink. Staff knew people's preferences well.
- Each person had a keyworker who checked people's care needs were met by working closely with them.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed good relationships with people and were kind, caring, respectful and patient. Comments included, "The staff are excellent...I like it here!" and, "Staff are friendly and they understand me. They do listen to me."
- People received consistency of care from staff who knew them well.
- Staff were not rushed and had time to engage with people meaningfully. We observed people were comfortable to approach staff freely to express their needs.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. People were provided with food from their own cultures where they wanted this and to attend local cultural centres.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's confidentiality through training and staff respected people's privacy and dignity, including ensuring doors and curtains were closed when providing personal care.
- People were encouraged to develop their independent living skills so they could live independently in the future if they wanted to. A person told us, "I like to cook and do other things myself."

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 good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The provider ensured staff had reliable information to follow about people by keeping their care plans up to date. Staff knew people's individual needs and preferences well through working closely with them and referring to their care plans.
- People's care plans were personalised with details of their health needs, backgrounds, personalities, people who were important to them and how they preferred to receive their care.
- Each person had a personalised activity programme in place based on their interests and staff supported people to do the activities they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people were encouraged to raise concerns or complaints. Although no formal complaints had been received in the last year the registered manager understood how to respond to them.

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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager was planning to support people who wanted to develop their advanced end of life care plans through a project with the local hospice.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was experienced in managing this type of service and understood their role and responsibilities well. A person told us, "The manager is very good, he always listens to me."
- The registered manager was supported by a senior support worker and each shift was led by an allocated staff member.
- The provider had a system of audits to check people received a good standard of care and the service met regulations. These included checks of all care records, the premises, health and safety and training. Recruitment checks could be improved as these had not identified one staff file did not contain a full employment history. Checks were not always available at the service which made it difficult for the registered manager to check they were meeting the regulations. The provider forwarded the necessary records to us after the inspection.
- The registered manager notified CQC of significant events and the most recent CQC rating was on display in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager had an open-door policy and encouraged people and staff to speak with them at any time. The registered manager encouraged a person-centred approach where staff understood and met people's individual needs through regularly interacting with them and gathering their feedback. They communicated well with staff about any developments at the service and also asked their views in staff meetings.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The provider worked in partnership with relatives, external health and social care professionals such as care coordinators, mental health professionals, specialist nurses, GPs and speech and language therapists to ensure people received the care they needed.