

Heritage Care Limited

12 Hillcroome Road

## Inspection report

12 Hillcroome Road  
Sutton  
Surrey  
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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

The inspection took place on 11 December 2017 and was unannounced. This was the first inspection of this service since it was re-registered with the Care Quality Commission on 30 November 2017 under a new provider Heritage Care Ltd.

12, Hillcroome Road is a supported living service that provides rehabilitative care and support for up to 11 adults living with mild to moderate mental health needs. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were nine people living at the service when we inspected it. The accommodation was provided by another organisation and as 12 Hillcroome Road is not registered for accommodation with the CQC, the premises and related aspects were not inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were enough staff on duty to meet people's needs and there were always additional staff able to cover in the event of staff absence.

Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were supported to be independent with the management of their medicines and there were regular audits by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were sufficiently trained, supervised and appraised. The service liaised with other services to share ideas and good practice.

The provider ensured people's nutritional needs were met. People planned their meals, shopped for

ingredients and cooked their own food with the support of staff.

People's healthcare needs were met and staff supported them to attend medical appointments.

People lived in a comfortable environment which was clean and free of hazards. They were able to personalise their bedrooms as they wished.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

Throughout the inspection, we observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities in the home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

There was a clear management structure at the service, and people and staff told us that the registered manager was supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, they were addressed promptly.

## 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. There were appropriate numbers of staff on duty to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Risk assessments to do with the person and for the environment were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep the person safe from injury and harm.

Medicines were stored safely. Processes were in place to ensure people were given their medicines safely.

### Is the service effective?

Good ●

The service was effective. People were actively involved in decisions about their care and support needs and how they spent their day.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received care from staff that had received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

### Is the service caring?

Good ●

The service was caring. People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy and dignity.

The staff were kind and helpful and knew the people they were

supporting.

### Is the service responsive?

Good ●

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements and aimed at increasing people's independence. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

### Is the service well-led?

Good ●

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

# 12 Hillcroome Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 December 2017. The inspection was unannounced and was undertaken by one inspector.

Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who used the service, two members of staff and the registered manager. We looked at three people's care files and three staff files which included staff recruitment, staff training and supervision. After the inspection we spoke with two relatives of people and two health and social care professionals.

## Is the service safe?

### Our findings

All the people we spoke with told us they felt safe living at Hillcroome Road and trusted the staff who supported them. One person told us, "Oh yes I do feel safe here. The staff are nice, friendly and help us when we ask them to." We observed people were supported to be as independent as they could whilst remaining safe. One person said, "We do our own shopping and planning of meals. We make our own meals but sometimes need support so the staff help us." All the people living at the service had their own front door key and a key to their own bedroom, therefore they were free to come and go as they pleased. One person told us, "I am going out to meet my friend this evening."

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to describe to us what constituted abuse and the action they would take to protect people if they had a concern about a person. Staff told us they would speak with the registered manager and were confident any concerns they had about a person's safety would be dealt with quickly. Staff were able to give us examples of how they had helped to protect people and keep them safe. One example was where a person was mixing with people outside of the home involved with criminal behaviour. Staff set up, with the person's agreement, new arrangements in the community that enabled the person to avoid contact with them. The registered manager was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

All the people we spoke with told us they had regular sessions with their key worker where they were able to discuss their care and support plans as well as any concerns they might have. We saw documented evidence of this on people's care files. During the inspection two people told us they attended a key worker session on the day of the inspection. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people.

The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. Each area of support was detailed with a risk assessment, including daily routines, activities, exercise, socialisation, mobility and personal health. The home's environment was checked for safety also through a risk assessment. Both these measures helped protect people and staff from identified risks in the home and helped to ensure staff were working and caring for people in a safe environment. Our discussions with staff demonstrated they took seriously their responsibility for ensuring the home environment stayed safe.

All the records we inspected including people's care files and staff files as well as other of the home's records were well maintained, filed logically and securely and they were easy to access. This helped staff to support people safely.

We inspected the provider's policies and procedures manual and we saw there were policies in place for staff whistleblowing, how to make complaints and for reporting incidents and accidents. Staff told us they were required to read these policies and work within them. From the discussions we had with staff we saw

they were familiar with these policies and procedures and knew what to do to ensure they were carried out as required.

People were supported by sufficient numbers of staff. People, staff and relatives told us there were enough staff deployed to meet people's needs. Rotas showed the staff numbers each day were in line with the numbers of staff the registered manager told us were necessary. The registered manager varied the numbers of staff on shift according to the activities planned for each day to ensure there were enough staff to support people. For example, the registered manager told us that due to an increase in people's needs over the last few weeks especially at night, a waking night staff member was in place. This was evidenced on the rota we were provided with. On the day of our inspection we observed there were sufficient staff to support people in the service as well as to support people with their various activities in the community, including attending college, carrying out voluntary work and attending health appointments.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People told us they received their medicines as required and as prescribed. The registered manager told us the aim of this service was to enable all the people living at Hillcroome Road to manage their own medicines effectively. They explained the staged process in place designed to assist people to achieve this goal, an important step towards their independence. On inspection of the records we saw people were at different stages of this process. We saw people received the support they needed to reach the point where they were able to manage their own medicines.

Our checks demonstrated medicines administration records (MAR) were completed appropriately and there were no gaps in staff signatures. There was a policy and procedure in place for the management of medicines and staff were aware of these. The registered manager undertook frequent medicines audits and we saw evidence these were thorough. Competency assessments for staff were undertaken annually by the registered manager and we also saw evidence of these checks. This helped to ensure that where people were assisted with their medicines by staff this was done safely and appropriately.

The registered manager told us people living at Hillcroome Road as well as being supported by staff were also supported by community mental health teams. Staff from these teams supported people to maintain good health and have appropriate access to healthcare services. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care plans. We could see people had regular appointments with health care professionals such as their consultant psychiatrist, community psychiatric nurses and GPs. This information was recorded in their health care plans.

Risks to people relating to infection control were well managed by the provider. We inspected the premises and saw they were safe and clean. People told us they shared the responsibility of ensuring the premises were clean and took part in a cleaning schedule. We saw there was a range of audits that the provider used to check the cleanliness of the premises.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The manager told us they reviewed the records



to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

# Is the service effective?

## Our findings

Our inspection of people's care files evidenced people's care and support was assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people were involved in discussions about their care and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with told us they completed an induction process that included shadowing more experienced staff members. They told us they felt well supported by the registered manager. One staff member told us, "I shadowed a more experienced member of staff when I started. I got a lot of support."

Staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, safeguarding and the Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs and conditions of the people who used the service which included working with personality disorders, substance misuse, challenging behaviour, mental health and sexual trauma. One staff member told us, "We get a lot of good training. I have completed training in a wide variety of courses that have really helped me with my work."

Most staff had obtained a nationally recognised qualification in care. Records showed that staff training was up to date and refreshed annually. This helped to ensure that staff employed by the service were sufficiently well trained and qualified to deliver the care to the expected standard.

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I have regular formal supervision with the manager, roughly every two to three months. I find it really helpful." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

The provider recognised the importance of good food and healthy nutrition and diet in the contribution it makes towards people's wellbeing. This included good mental health and was seen by staff as an important aspect of people's daily life. Staff worked with people with the aim to assist them to reach independence in planning and preparing their own meals. Some of the people we spoke with told us they were mostly independent in this respect, others said they were supported to shop for their food and cook their own meals if they wanted to. One person told us, "For some meals when we eat together we help to choose the menu and then go out shopping with staff." One staff member said, "On Sundays, we sit together and decide on the planning of meals for the week. Everyone cooks and takes turns." The registered manager told us that if a person needed it when they first moved to the service, a risk assessment would be completed to ensure their nutritional needs were met and that they had a healthy diet.

People told us the staff supported them with their health needs. One person said, "We can make our own

appointments and go by ourselves. Sometimes if we need some support staff come with us too." The care plans we looked at contained individual health action plans. These contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

People lived in an environment that was comfortable and free of hazards. People showed us their bedrooms and we saw that these were personalised and reflected people's individual taste and choices.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. We were told that every person using the service had capacity and we saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

## Is the service caring?

### Our findings

People were complimentary about the care and support they received and said that staff treated them with kindness and respected their views and preferences about their care. One person said, "Staff always knock on the door when I am in my room, that's nice because it shows staff care about my privacy." Someone else said, "Staff do their best to help us if we ask for some support. They support us to get better at doing things for ourselves where we can."

One person living at Hillcroome Road was not so positive about living there. The registered manager explained that they were aware of this and were discussing several options with them and the relevant professionals. We saw evidence of this in the care records we looked at.

Our inspection of people's care files evidenced a thorough assessment process was carried out before people moved into Hillcroome Road. Comprehensive referral information was provided by referring agencies and the provider worked with people to gain good information about their life stories. This all helped to ensure staff knew about people as much as was as possible and helped people to feel they mattered and were important.

Observations we made of interactions in the home between staff and people demonstrated that staff talked respectfully with the people they cared for. We saw staff gave people time to respond and interact with them in their own way. Staff talked of valuing people and respecting their human rights and diverse needs. One member of staff said, "I love my work with the people here and it's rewarding to see them gaining the ability to move on towards independence successfully." Another member of staff said, "I try to help the people here reach their maximum potential so they can move on and live the lives they want. So it's about being kind and understanding and making sure the residents know we are here to help and support them when they need it."

People were consulted during regular monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service, what activities they wanted and where they would like to go on holiday.

Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate well verbally and staff involved them in house meetings and individual discussions. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

## Is the service responsive?

### Our findings

People told us they were fully engaged in their care plan and in the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw that the method used to structure people's care was person centred and placed the person at the centre of their care plan. People were asked to identify their strengths, dreams, aspirations and the resources that were available to them. They were also asked what areas of their lives they wanted to address and this was set out in a "my recovery action plan" that we saw formed part of the overall person centred care and support plan. We noted that the care planning process used to assist people with their recovery was a creative way of planning what was important for the person both at the time and in the future. It built on people's strengths and focussed on their preferences for the future which in most cases was an expressed wish to live successfully in the community.

All the care plans we inspected were comprehensive in that they covered people's physical, mental, emotional and social needs. They were written in the first person and they were all signed by people to demonstrate their agreement with what had been written in their care and recovery plans. We saw that people's ability to gain independence and improve their quality of life was an important part of the care planning process. An example of this was the staged process for helping people to become independent in taking their medicines. Another example was how people were encouraged and assisted appropriately to plan and prepare their own meals. Both these examples provided people with the essential skills, knowledge and confidence to manage for themselves when they eventually moved back into the community.

We saw that each person had a wide and comprehensive variety of activities that involved them both within the service and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included attendances at a further education college, swimming, going to the cinema, shopping and seeing family and friends. Supporting and developing people's independence was a theme we noted in the range of people's activities. Certainly people we spoke with really enjoyed this because they said it helped them to be more independent. One person told us they enjoyed their activities and were able to choose what they wanted to do. They said, "Each week I go to college one day, attend college another day and I also do some voluntary work". Everybody we spoke with said they wanted to move on to more independent living and they seemed enthusiastic to engage in activities that not only met their interests but also helped them increase their skills to manage independently. The registered manager told us activities were tailored to meet specific individual needs.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the main hall that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

## Is the service well-led?

### Our findings

When we spoke with staff they told us they felt included and consulted with. Staff spoke positively about working at Hillcroome Road. They told us they felt valued and that the registered manager was very supportive and helped to create an open culture where staff felt able to speak and contribute to the development of the service. Comments we received included, "This is a nice place to work, friendly and helpful", "The management is good. Very supportive", "The manager is very supportive in terms of any issues I want to discuss", "If I have a problem or a concern I can speak with the manager anytime.", "We work as a team, we have been short staffed in the past but that's been addressed. It's better now" and "Everybody gets treated equally and fairly here."

From our discussions with the registered manager we saw they were clear about their aims and objectives. They told us this was to ensure that the service was run in a way that supported people to gain independence through the most effective rehabilitation process possible.

The registered manager was in post for several years with the previous provider and had gained good management experience. We saw they had relevant and appropriate qualifications to manage this service. The registered manager told us they attended regular meetings with the local authority and kept abreast of developments within the social care sector by attending provider forums and conferences.

The registered manager told us they were well supported by their line manager. He said, "I am well supported by my manager and I receive regular supervision. We have regular managers meetings where we share information with other managers."

We saw a wide range of policies and procedures in place at the service. These gave staff clear information about current legislation and good practice guidelines. We saw they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them. Staff displayed a good understanding of their roles and responsibilities when we spoke with them. We saw documented evidence that staff signed and read the policies and procedures for the service. This was a good way of ensuring staff were aware of these important guidelines.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the service. We saw documented evidence that showed the service had effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a keyworker systems check, a review of complaints and of accidents and incidents. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.

People were complimentary about the registered manager and the staff team and told us they thought the service was well run and organised. One person said, "It's a good service that has helped me to get to the point now where I will soon be able to move on. I am really happy about that because I didn't think that was possible once." Another person said, "I came here to learn how to live more independently and staff have helped me to do it. That's why I am happy."

Staff informed us they had regular meetings with the registered manager and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions.

People were consulted about a comprehensive range of aspects of the care they received through quality assurance questionnaires. We viewed questionnaires sent out in August 2017 indicating people were very positive with the service. Some of the comments we saw included, "I have been given 100% support from all the staff" and "Staff are always happy to help me and give me advice" and "Thanks to staff believing in me and supporting me, I got into my first choice university and I start in September."

Staff and relatives were also consulted and issued with quality assurance questionnaires to obtain their views of the service and their feedback showed an overall satisfaction. The registered manager told us that any issues or concerns were discussed with their senior managers and escalated to the director of the company who ensured that appropriate action was taken.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.