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Heathfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Heathfield House is a care home providing care and support for up to 10 people who have a learning disability and/or mental health needs. At the time of our inspection 10 people were living at the service. People received support from staff for 24 hours a day. The service is owned by an individual who also owns three other adult social care services in North London.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Some of the practices at the service presented a risk to the health and safety of people who lived there. Medicines were stored in a room which became very hot during the day and the temperature exceeded the recommended range for safe storage. Some of the risks people were exposed to had not been clearly recorded and there was a lack of guidance for the staff about these.

We spoke about the above concerns with the registered manager, who took immediate action to rectify these issues.

People using the service and their relatives felt the service was good. They liked the staff, who they described as kind and supportive. They felt their needs were being met. People were supported to learn independent living skills and regularly accessed the community.

The staff were well supported. They enjoyed working at the home. They spoke about training they had undertaken which had been useful. They worked closely as a staff team and shared information, so they could work in a consistent way. There were suitable procedures for recruiting the staff.

Care had been planned with people who used the service and was regularly reviewed to make sure this met their needs and preferences. People were involved in household activities such as planning menus,

shopping, cooking and cleaning. They had access to a variety of foods and drinks throughout the day. The staff supported people to access other healthcare services and make sure they understood about healthcare appointments and what they needed to do to stay healthy.

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.

The registered manager had worked at the service for a number of years and knew people's needs well. People using the service and staff liked them and felt they were easy to speak with, and the service was well managed. There were appropriate systems for investigating when things went wrong, monitoring the quality of the service and making improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection

The last rating for this service was good (published 27 April 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathfield House on our website at www.cqc.org.uk.

Follow up

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Heathfield 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

The inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

What we did before the inspection

Before the inspection we looked at all the information we held about the provider. This included notifications of significant events and the previous inspection report. We looked at public information about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and staff on duty who included two support workers, two senior support workers and the registered manager. Following the site visit we contacted relatives of people who used the service and professionals for their feedback. We received feedback from the relatives of three people and one external professional.

We observed how people were being cared for and supported.

We looked at the care records for five people, records of staff recruitment for four members of staff, information about staff training, supervisions and support, records of accidents, incidents, complaints and quality monitoring undertaken by the provider and others. We also looked at the environment and how medicines were managed.

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 now deteriorated to requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider did not follow best practice guidelines for the storage of medicines. The medicines cabinets were kept in a room which became very hot during the day. They had tried to counteract this by installing fans in the room, but these did not reduce the temperature of the medicines cabinets. The provider had not recognised the extent of the problem because the staff always monitored the temperature of the cabinet early in the morning. We checked the temperature at 1pm on the day of the inspection and found it significantly exceeded recommended storage temperatures. This could mean that medicines were damaged and unsafe or ineffective to use.
- One person was prescribed an emollient cream which the pharmacist had recorded was highly flammable. The guidelines for application of the cream for the person included applying the cream to their face, arms and legs. The person regularly smoked. This presented a serious risk which the provider had not assessed. There was general information about flammable creams and lotions but not specifically for this person.
- Following the inspection, the registered manager contacted the pharmacist to find out whether any medicines had been damaged by high temperatures. They purchased a cooling unit for the medicines cabinets. They also agreed to obtain a thermometer which showed maximum and minimum temperatures reached so they could monitor this and not just the temperature at the time. They also told us they would contact the GP for the person prescribed the emollient creams to discuss possible alternatives and they carried out an assessment of the risks regarding this.
- Other aspects of medicines management were suitable. Medicines were stored securely and there were appropriate protocols for administration. The staff had been trained so they could safely administer medicines and their competencies had been assessed. They completed accurate records of administration and there were audits of medicines records and tablet counts.
- The supplying pharmacist had carried out an audit in May 2019 and had not identified any areas of concern.

Assessing risk, safety monitoring and management

- Whilst the provider had assessed risks associated with people's care and lifestyles, some of the information was not consistently recorded. For example, one person had been assessed as requiring texture modified food and drinks by a speech and language therapist in November 2018. There was information

about this, however, sometimes information was inconsistent. For example, their plan stated their food should be mashed with a fork, although it also stated they ate biscuits. The registered manager told us that the person softened their biscuits in tea, although this was not specified on their plan. This lack of detail could mean staff provided biscuits without tea and therefore the person would be placed at risk of choking. Whilst the staff knew the person well and had all worked at the service for at least one year, they had not had specific training in texture modified diets. One senior support worker told us this training had been arranged for shortly after the inspection.

- One person had been diagnosed with two conditions which impacted on their breathing. Their care plan and risk assessment did not contain detailed guidance about these conditions or care to support the person. The registered manager explained that guidance was displayed in their bedroom and both the staff and person were familiar with how and when to use inhalers to alleviate symptoms associated with the conditions. They agreed to make sure information was also clearly recorded in the person's care plan and risk assessments.

- The staff had assessed the risks associated with people's health, wellbeing and lifestyle. The assessments included plans for minimising risks and harm. The assessments were reviewed and updated each month, or more often if needed. They had been created and reviewed with the person using the service.

- The provider had assessed the risks within the environment and made sure there were regular checks on the safety of equipment, utilities and the environment in general. These checks were recorded, and the provider had taken appropriate action to mitigate any identified risks. There were procedures for keeping people safe in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives felt it was safe. One relative told us, "The staff are very conscious of keeping my relative safe."

- There were suitable safeguarding procedures. The staff were familiar with these and were able to tell us what they would do if they had concerns someone was being abused. There were posters about how to recognise and report abuse displayed for people using the service, staff and visitors. The staff discussed safeguarding with people during 'resident meetings.'

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The staff told us they felt there were enough of them. People explained they did not have to wait for care and had the staff support they needed. The provider did not use agency staff and all staff absences were covered by the existing staff team. The staff told us they felt this arrangement worked well and the registered manager worked alongside them to cover any work which needed to be done.

- The provider's recruitment procedures included a number of checks on staff to make sure they were suitable and had the skills needed to work at the service. There was evidence of these checks within staff files. New staff completed an induction and were assessed to make sure they were competent.

Preventing and controlling infection

- There were procedures for preventing and controlling infection. The service was clean and there were audits of cleanliness and infection control. People using the service and staff used protective clothing, such as gloves, aprons and disposable hats when cleaning and preparing food. The registered manager had

discussed the flu vaccination with people and they were able to make a choice about whether they wanted to have this.

Learning lessons when things go wrong

- There were procedures for learning from accidents, incidents and complaints. The staff recorded these and the registered manager explained they had reflective practice sessions where they discussed what had happened and whether changes needed to be made to prevent these from occurring again. People using the service had opportunities to talk about when things had gone wrong for them and any action they or staff could take regarding these.

- The registered manager analysed all adverse events, looking for trends or any areas where improvements could be made.

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 the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had carried out assessments of people's needs and choices before they moved to the service. People had lived there for a number of years, but the provider kept assessments up to date, reviewing care to make sure their needs were still being met.

Staff support: induction, training, skills and experience

- The staff had training, support and supervision so they could provide effective care. New staff completed an induction, which included a range of training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities. The staff told us they received regular training updates and also had opportunities to discuss specific topics as a team. The registered manager kept a record which identified when staff training needed to be updated so the staff could be booked on this. The staff told us they were able to request specific training if they had an interest or felt they needed this.

- Some staff had undertaken additional vocational qualifications, or were working towards these.

- The staff took part in regular team and individual meetings with the registered manager to discuss the service and their work. Team meetings included discussions around national guidance, legislation and specific policies and procedures, as well as opportunities to discuss the needs of people using the service and any ideas the staff had. Individual meetings focussed on developing the staff and making sure they had the skills and knowledge they needed.

- There was a range of information for the staff available in records and on display. The staff explained this was useful and they were able to request more information in any area if they needed. They told us the registered manager was responsive to their requests.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. They were involved in planning and preparing meals. They told us they enjoyed this and were able to request specific food. The kitchen was accessible for people to help themselves to drinks and snacks. There was a planned menu each week, although people were able to request individual meals if they wanted. The staff were aware of people's specialist dietary needs and catered for these.

- People's nutritional needs had been assessed and planned for in care plans. Their weight and dietary intake were monitored so that any changes or concerns could be responded to. Where people had been identified as at nutritional risk, the staff had referred them to healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and recorded in care plans. The staff had information about specific healthcare conditions and how to support people with these. The staff recorded when people had healthcare appointments and any actions from these. We saw that people were supported to attend appointments as needed.

- The staff had created hospital passports for each person. These recorded people's needs and any special requirements they would have, such as anxiety or communication needs, when attending hospital or healthcare appointments. This information was shared with other professionals to make sure people had the care and support they needed. The service had signed up to the 'red bag scheme', an NHS initiative to make sure care homes shared important information with other professionals and that people had the support they needed if they were admitted to hospital.

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

- The building and equipment were suitable to meet people's needs. Each person had their own bedroom and en suite facilities. They had personalised their bedrooms. The provider was in the process of redecorating and refurbishing communal areas. The kitchen was due to be replaced shortly after our inspection. The registered manager had made arrangements to minimise disruption to the service when this happened.

- The staff used posters and notice boards to share information with people using the service, so that they were aware of important guidance, such as keeping hydrated, as well as events within the service, like planned activities.

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, and some hospitals, 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.

- The staff had assessed people's capacity to make specific decisions. People were involved in making decisions about their every day life and care. They had signed their consent to their care plans, and had regular meetings with key workers to discuss whether they wanted any changes to their care.

- The registered manager had applied for DoLS for people who lacked the mental capacity to make some decisions. They had a record of DoLS authorisations and the conditions associated with these. We saw they

met the conditions and kept the assessments under review to make sure they were still relevant. There was evidence of meetings where specific decisions had been discussed with people's representatives to make sure decisions were being made in their best interests.

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 the same.

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

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

- People told us that the staff were kind, caring and met their needs. Some of their comments included, "They are nice to me", "They look after me" and "They are totally kind and careful." Relatives also commented that the staff were kind and respectful. One relative told us, "The staff have a laugh and a joke with [person] and a good relationship." Another relative commented, "They are all very caring towards my relative."

- We witnessed gentle and caring interactions where staff listened to people and showed them respect. There was a calm and positive atmosphere at the service. Staff sat together with people in different communal rooms and involved them in what was happening. They took their time when communicating with people and offered choices.

- The staff demonstrated a good understanding of people's individual needs. They told us they had undertaken training in equality and diversity. There was information about good practice and respecting diversity on display for the staff to access. The registered manager told us, "We always support people's different perspectives." People living at the service came from different cultural and religious backgrounds. They had opportunities to access places of worship and live lifestyles which reflected their individual identities.

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

- People were involved in planning their own care. Each person had an assigned key worker who met with them regularly to discuss their care and any changes they wanted. These meetings were recorded. People were also involved in every day decisions about what they ate and how they spent their time. The registered manager had also recently introduced informal weekly coffee mornings. These were an opportunity for people to discuss the service and how they felt. The registered manager told us these had been very popular and successful.

- There were regular meetings for people living at the service. These included making decisions as a group and the registered manager also used these to inform people about specific areas of guidance or procedures which may interest them. People were involved in staff recruitment interviews, asking their own questions and helping to make decisions about the staff who were employed. Their role in this was recorded

within staff files.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. They had their own rooms with en-suite bathrooms, so care could be provided in private. They were asked if they had a preference for the gender of the staff who supported them and this was respected. We saw the staff knocking on doors and addressing people respectfully.

- People were supported to develop independent living skills. They were involved in cooking, cleaning and planning for the home. Where they wanted to learn a new skill this had been recorded so they could work towards this. Some people attended college to develop their independence and one person had a voluntary job.

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 the same.

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

- People were cared for in a way which reflected their needs and choices. The staff had created care plans which outlined how they should be supported. These were reviewed each month with the person to make sure they were accurate and relevant. One external professional who gave us feedback about the service told us, "I have no concerns about the support they provide to clients. They operate from a person-centred approach and are always willing to go the extra mile so clients achieve their recovery goals."
- There were examples of how the service had responded to individual needs. For example, one person had been experiencing pain. The staff had arranged for health care professional input, but this had not resolved the problem. They had looked at alternative approaches and had arranged for regular massage therapy, which had helped relieve the person's pain. In another example, a person liked flowers. The staff had arranged that fresh flowers were delivered to the person regularly so they always had some in their room.
- The staff supported people to take part in yoga and breathing exercises to help them relax and reduce anxiety. The registered manager told us they had seen the positive impact of this working alongside traditional interventions from mental health specialists.
- The registered manager was aware of the CQC recent review into oral healthcare in care homes. They had been proactive in seeking best practice guidance and had implemented oral healthcare plans for each person to make sure these needs were identified and being met.

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 staff had created communication care plans for each person which outlined specific needs they had. The staff knew people well and were able to understand and respond to their non verbal communication. Some people had sensory impairments. The provider had made reasonable adjustments to make sure their needs were being met and they were kept safe.

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

- People were supported to maintain relationships outside of the service and with their families. Relatives told us they were made welcome and were well informed about changes in people's needs.

- People accessed the local community most days, visiting local shops, cafes and parks. They also went on trips further afield, including days out to places of interest and an annual holiday. Some people attended college and voluntary work. There was some structure to planned activities, although these were largely based on what people wanted to do each day. Some people told us they would like different opportunities to do more activities. We discussed this with the registered manager.

Improving care quality in response to complaints or concerns

- There was an appropriate procedure for making complaints. This was displayed on notice boards around the service. The procedure included information about how the provider would respond to complaints and concerns.

End of life care and support

- The staff had discussed people's wishes for care at the end of their lives and any specific requirements for after death, with both the person and their relatives. These were recorded in care plans. This meant that the staff had information they needed should people become unwell or unexpectedly pass away. No one was being cared for at the end of their lives at the time of the inspection.

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 the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service, their relatives and staff were happy with the service. They felt they were valued, listened to and were able to contribute their ideas. People were involved in planning and reviewing their own care and had regular meetings with their keyworker and the registered manager to discuss the service. They were involved in the recruitment of new staff so they could discuss what they felt was important about the staff employed to care for them. One relative told us, "The service is excellent and I know they look after my relative well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies regarding complaints and acting on duty of candour. The staff received training in this and discussed this at team meetings and in individual supervision with the registered manager. There was evidence the provider had taken action when things had gone wrong and communicated openly with people using the service and their representatives so they felt involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was qualified in health and social care management and had worked at the service since 2011. They had a good understanding of their roles and responsibilities. They kept themselves updated through regular training and making sure they were aware of changes in legislation and good practice guidance.

- The staff said they felt well supported by the registered manager and told us they had learnt from them. Some of their comments included, "My manager is very good and so nice and always supportive and here so much of the time", "The manager is very hands on and very good, I can't fault him – he is supportive" and "I have learnt from the manager – the more I learn the better I feel I am to do my job." People using the service and relatives also commented positively about the registered manager, with one relative telling us, "I've got every respect for him. I think he is amazing, and we have a very good relationship."

- The provider carried out monthly monitoring visits to the service where they reported on different aspects

of the service and areas which needed improvement. The staff told us the provider visited more often and was also available if they needed to contact them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and staff took part in regular meetings where they discussed the service and whether they wanted any changes. The provider also invited them and other stakeholders to complete annual satisfaction surveys. The results of these were analysed and used to help inform the provider's action plan.
- Feedback from stakeholders from the last survey was positive with comments including, "It is a well-run care home and a safe place to live", "I would like to stay here my whole life", "My relative is well looked after" and "A happy home where residents are well cared for and the staff are lovely."

Continuous learning and improving care

- We identified improvements were needed with regards to medicines management and assessments of risks at the inspection. We fed this back to the registered manager who took immediate action and told us what they had done to make improvements.
- The provider had systems to monitor and improve the service. The staff, registered manager and provider carried out audits of different aspects of the service to make sure people were receiving a safe and quality service. The registered manager had created an action plan to show how improvements would be made following the findings of the audit and feedback from stakeholders. The action plan at the time of the inspection included making improvements to the kitchen and garden as well as looking at organising more social events.
- The registered manager monitored accidents, incidents and adverse events so they could identify any trends and take appropriate action to reduce the likelihood of them reoccurring. The staff reflected on their practice and discussed people's needs so they could improve this and provide consistent care.

Working in partnership with others

- The staff worked closely with other healthcare professionals to support people to have holistic care. They also worked in partnership with local sports and activity providers. The registered manager attended workshops and provider meetings organised by the local authority.