

Care UK Community Partnerships Ltd

Heavers Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Care UK Community Partnerships Ltd are registered to provide accommodation, personal care and/or nursing care for up to 60 older people at Heavers Court. The service specialises in supporting people living with dementia. However they are only contractually obliged by the commissioning local authority to provide personal and nursing care to people. Another organisation maintained the premises and equipment, provided the cleaning and laundry service and the catering provision. Notwithstanding this arrangement, as the registered provider, Care UK Community Partnerships Ltd retains overall responsibility for ensuring all the legal requirements are met in relation to the accommodation, care and support provided to people. At the time of this inspection there were 58 people using the service.

At the last Care Quality Commission (CQC) inspection in December 2014 the service was rated 'good' overall. However in the key question 'Is it well led?' we rated the service 'requires improvement'. This was because the service did not have a registered manager in post and we identified some concerns about the lack of continuity in leadership at the service and the quality of management communication with staff.

At this inspection we rated the service 'requires improvement' overall. The service demonstrated they met the regulations and fundamental standards. But under the key question 'Is it effective?' we rated the service 'requires improvement'. This is because we found the current provision of the mealtime service did not enable staff to tailor this aspect of the service to meet people's individual needs. We also found some aspects of the environment were not tailored to support people living with dementia.

Under the key question 'Is it responsive?' we rated the service 'requires improvement'. This is because we found, at times, there was not enough for people to do to meet their social and physical needs. We saw the range and quality of activities on offer was variable. Senior managers were already aware that improvement was needed to this aspect of the service and were taking steps to address this at the time of our inspection.

We also rated the service 'requires improvement' under the key question 'Is it well led?' This is because we found the provider and the other organisation did not always work as well as they could to ensure people experienced good quality personalised care that met their needs. Some aspects of the service provided were not being driven by the needs of people using the service.

We did identify that improvements had been made since our last inspection. A registered manager and deputy manager had been appointed at the service. People, relatives and staff were positive about the managers and said they were open, transparent, accessible and supportive. Staff told us communication with managers had improved and staff were now kept up to date.

Although people said the provision of activities at the service needed to improve, they were generally satisfied with other aspects of the service. The provider maintained appropriate arrangements to deal with people's complaints and concerns if they were dissatisfied with any aspect of the service.

People continued to be safe at Heavers Court. Staff knew how to protect people from the risk of abuse and followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff deployed to keep people safe. The provider had arrangements in place to check the suitability and fitness of all staff to support people.

The provider had arrangements in place to monitor the premises and equipment to check these did not pose unnecessary risks to people's safety. The environment was clean and clear of slip and trip hazards.

People had a current care plan which reflected their choices and preferences for how their care and support needs should be met by staff. These were reviewed regularly by senior staff. Staff received relevant training and were well supported by senior staff to help them to meet people's needs effectively. Staff knew people well and had a good understanding of their needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services when needed. Medicines were managed safely and people received them as prescribed.

Staff were patient, considerate and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to retain as much independence and control as possible with daily living tasks. People were encouraged to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and staff were encouraged to provide feedback about how the service could be improved. Regular checks and reviews of the service continued to be made by senior staff to ensure people experienced good quality safe care and support at all times.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement ●

Some aspects of the service needed to be improved. The mealtime service was not always tailored to meet people's individual needs. Some aspects of the environment were not tailored to support people living with dementia.

Staff received training to help them meet people's needs. They were supported in their roles by senior staff. Staff were aware of their responsibilities in relation to the MCA and DoLS.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

Some aspects of the service needed to be improved. There was not always enough for people to do to meet their social and physical needs.

People's support plans were current and reflected their choices and preferences for how they were supported. These were reviewed regularly by senior staff.

People were generally satisfied with the support they received. The provider maintained arrangements for dealing with people's complaints appropriately.

Is the service well-led?

Requires Improvement ●

Some aspects of the service needed to be improved. The provider and organisation responsible for maintenance and facilities did not always work as well as they could to ensure people experienced care that met their needs.

Managers were supportive, open and transparent. They monitored the service to check the quality of care and support provided.

People, relatives and staff could feedback their experiences and suggestions for how the service could be improved.

Heavers Court

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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'good' at least once every two years. The inspection took place over 2 days on 5 and 7 September 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to 16 people who lived at the home and four visiting relatives. We spoke to the senior staff team which consisted of the registered manager and deputy manager. In addition we spoke to the regional operations manager, a registered nurse, two activity co-ordinators and six care support workers. We also spoke to a manager from the service provider responsible for maintenance at Heavers Court, which included the cleaning and laundry service, and the catering provision.

We looked at records which included six people's care records, medicines administration records (MARs) for 12 people, staff training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said they were safe at Heavers Court. One person said, "Yes, I feel safe...they [staff] remind me to use my stick." Another person told us, "While I am here I have not seen anything untoward."

Since our last inspection, staff continued to be supported to protect people from abuse or harm. Training in safeguarding adults at risk was provided to all staff and refreshed annually. This helped staff to stay alert and aware to signs of abuse or harm. Staff were encouraged to raise any concerns they had about working practices or behaviours they felt could harm people, during individual supervision (one to one meeting) or in staff team meetings. Records showed when staff had concerns about people they reported these promptly to senior staff. We saw the registered manager worked proactively with the local authority safeguarding team and others involved in people's care to ensure people were sufficiently protected.

Staff were also well supported to minimise risks posed to people's health, safety and welfare. Assessments undertaken by senior staff continued to address a wide range of risks posed to people. There was current guidance for staff on how to minimise identified risks. For example there was a detailed plan for how to meet one person's dietary needs whose medical condition could be triggered by certain foods. Staff supporting this person were aware of this risk and told us how they minimised this when supporting the person with their meals. For another person who was at risk of developing pressure ulcers, their care plan prompted staff to be observant to changes in their skin condition, to regularly reposition them in their chair or bed and to ensure they stayed well hydrated. We looked at current food and fluid and turning charts maintained by staff for this person which indicated staff were following the guidance set out in the person's care plan.

Senior staff monitored and reviewed risks posed to people by their healthcare needs through monthly reviews of people's care and support, clinical meetings and analysis of accidents and incidents in the home. This helped them to identify any changes to the level of risk posed to people or new and emerging risks to people as their needs changed. People's care plans were updated when information about identified risks changed to keep staff up to date with the latest guidance on how to support people stay safe.

The provider had arrangements in place to monitor the premises and equipment to check these did not pose unnecessary risks to people's safety. Senior staff assessed risks posed by the environment to people's safety. The registered manager met regularly with the service provider responsible for maintaining the premises and equipment to seek assurances that appropriate measures were in place to manage these identified risks. We observed the environment was clean and clear of slip and trip hazards so that people could move safely around.

There were enough staff deployed to keep people safe. Staff rotas showed senior staff took account of the level of care and support people required each day to plan the numbers of staff needed to support them safely. During the course of our inspection we observed staff were present and providing appropriate support and assistance to people when this was needed.

The provider continued to follow robust recruitment processes so that any new staff employed to work at the service were suitable and fit to support people. In addition criminal records checks on all existing staff had been undertaken so that the provider could be assured of their continuing suitability to work at the service.

People were supported to take the medicines prescribed to them. The provider maintained appropriate arrangements for safe medicines management. We saw improvements had been made since our last inspection to records maintained by staff when applying topical medicines such as creams. Staff now signed the topical medicines application record when they did this so that there was a clear record for when and how these medicines were administered. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were administered by staff who were all suitably trained. Their competency to safely administer medicines was regularly assessed by senior staff. Medicines were stored appropriately and securely in the home.

Is the service effective?

Our findings

The provider was only contractually obliged by the commissioning local authority to provide personal and nursing care to people. Another organisation had been commissioned to maintain the premises and equipment, provide the cleaning and laundry service and the catering provision. Notwithstanding this arrangement, the provider retained overall responsibility for ensuring all the legal requirements were met in relation to the accommodation, care and support provided to people. We found at this inspection the provider and the other organisation did not always work well effectively to meet the needs of people using the service.

The current provision of the mealtime service did not enable staff to tailor this aspect of the service to meet people's individual needs. We observed in one cluster during the lunchtime meal, staff told people that their food would be arriving 'soon' and seated people in the dining area. However it took over 15 minutes for the food to arrive in the cluster. Staff told us lunch could arrive at any time within a 30 minute window but people needed to be seated before this. They told us there were no arrangements in place between the provider and the other organisation to provide staff with specific notice or timings for when the lunchtime meal should arrive in the cluster. This meant people could sit for some time waiting for their meal which might create confusion and anxiety for some people. We saw one person forgot why they were seated in the dining area, got up and walked away.

A relative told us they felt their family member was being woken far too early in the morning by staff for breakfast when they may have preferred to stay in bed longer. Staff told us due to the timings of the breakfast service set by the other organisation they felt they needed to have people up and ready for breakfast so that they would not miss this. One staff member said they had been told breakfast meals could not be left with them to give to people later, which they thought were due to "health and safety reasons" but couldn't be sure.

However we did observe staff prompting people to eat and drink sufficient amounts to meet their needs. Staff encouraged and supported people to eat their meals and throughout the day made sure people had access to plenty of drinks to help them to stay well hydrated. Staff were well informed about people's individual dietary needs including their specific likes and dislikes as set out in their care plans. Where people had food allergies or required special diets due to their healthcare, cultural or religious needs, this was catered for. Staff recorded what people ate and drank. They used this information along with monthly nutritional risk assessments to check that people were eating and drinking enough. Where any concerns about this were identified they sought specialist support from the relevant healthcare professionals.

We noted some aspects of the environment were not tailored to support people living with dementia. For example there was little signage to help people orientate around the building. However personalised pictures and photographs were on people's bedroom doors to help people remember and locate their room. Menus were written up on boards but didn't use pictures to describe meals thereby excluding people who would have difficulty reading the board.

We discussed our findings about the mealtime service and the environment with the senior staff team who told us they were already working with the other organisation to improve these aspects of the service. They acknowledged these aspects of the service required improvement and said they would seek ways to work more effectively with the organisation responsible for maintaining the environment and the catering provision to meet the needs of people using the service.

Since our last inspection, people continued to be supported by staff who received regular and relevant training to meet their needs. All staff were required to complete training in topics and subjects specific to their work. This was monitored by the registered manager to ensure staff were up to date with the knowledge and skills required for their roles. Staff spoke positively about the training they received and said this met their needs. Staff also told us they were supported to access additional training and qualifications as part of their continuing development if they wished to.

Staff had supervision meetings and a performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. Staff said they were well supported by the senior staff team and comfortable discussing issues or concerns about their work through the supervision and appraisal process. They also told us there was good team working across the staff team at the service and felt well supported by their peers.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The registered manager ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Staff helped people to stay healthy and keep well. They supported people to see healthcare professionals such as the GP, dentist or chiropodist when needed. Regular health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Staff maintained daily records of the support provided to people and recorded their observations about people's general health and wellbeing. When staff became concerned about a person's health and wellbeing or a person became unwell, staff sought support promptly from the relevant healthcare professional.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said staff treated them "like family". Another person said staff were, "Patient and kind hearted and we have a good laugh." One person had commented in the most recent relatives' quality survey, "The staff are very friendly and chatty." Another person stated, "They always talk to my [family member] in a nice way. They have a great way of calming her down if she gets frustrated."

Throughout our inspection we observed a range of interactions between people and staff. People appeared comfortable and relaxed with staff and did not hesitate to ask for their support when they wanted this. We saw staff were patient and gave people time to make decisions and choices. They responded appropriately when people became distressed or upset. For example we saw one person became anxious and told staff they were in pain. They were promptly supported to take their prescribed medicine for this. When undertaking activities we saw staff created a friendly, fun atmosphere making sure everyone was able to participate if they wished. Staff clearly knew people well. They had a good understanding of the needs of the people they were supporting and were able to explain how each person communicated and made choices about what they wanted.

At meal times the service operated a 'protected meals time' policy. This was to enable people to eat their meal with minimal disruption and all staff were focussed on supporting people. We observed the lunchtime service on the first day of our inspection in two separate parts of the home. Some people chose to eat their meal in the dining area but people could choose to take their meal in the lounge if they wished. Before dishing up food, the catering staff warmed the dishes. People who had a visual impairment were served their meal on a blue plate to make this easier to see their food. We saw one person refused to eat their main meal and a staff member then helped them to choose something else they wished to eat. Another person spilled their drink but staff were quick to clean the spillage and reassure them. One person, who was being supported by a member of staff to eat their meal, became distracted but the staff member gently coaxed and encouraged them to focus on eating as much as they could. People eating independently were not hurried and left to eat at their own pace. Staff only served the next course when people were ready for this.

When asked if staff treated people with dignity and respect one person said, "Absolutely. Always." Another person told us, "I'm very lucky, they could easily be rude to me but no one is." We observed people were dressed in fresh, clean clothes and their hair and nails were tidy and trim which indicated staff were attentive to people's appearance. Staff respected people's right to privacy. We saw staff knocked on people's bedroom doors and sought their permission before entering their room. They kept doors to bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity.

Staff encouraged people to be as independent as they could be. People's care plans set out for staff what people were able to do for themselves in terms of meeting their care needs. This guided staff on how to support people to retain as much control and independence as they could with the tasks of daily living. For example we saw in one person's care plan staff were prompted to encourage the person to participate with

their personal care by providing them with a flannel to help with washing and a brush to help them comb their hair. Staff told us they encouraged people to do as much as they wanted but stepped in if people could not manage tasks safely and without their support.

Is the service responsive?

Our findings

People and their relatives told us, at times, there was not enough for people to do to meet their social and physical needs. One person said, "Staff don't really have time to just sit and chat with us." Another person told us, "I am bored sitting here watching people." Relatives told us staff were often busy with paperwork and did not appear to have the time to spend with people, as they would like. One told us, "When my [family member] was on the floor below there was much more interaction with staff and visitors. It was busier and actually nicer for me too because I could talk to other residents and relatives."

Heavers Court is divided into six distinct areas, known as 'clusters'. Each cluster accommodated 10 people and had its own lounge and dining area. Two clusters were on the ground floor of the building. Three clusters were on the first floor and one cluster was on the second floor. This was the dedicated nursing unit at the home. We carried out observations across the six clusters. We saw the range and quality of activities on offer in each area was variable.

For example, on the morning of the first day of our inspection we noted a marked difference in the quality of engagement in the two clusters on the ground floor. In one cluster people were sat quietly in chairs with little stimulation other than a radio playing in the background. Staff members appeared busy with tasks such as paperwork or preparing for the lunchtime meal and did not speak with people other than to check that they were ok and whether they required any assistance. In the other cluster staff were more attentive to people and undertaking one to one activities such as nail painting. The service's weekly activity timetable indicated that the planned activity for this part of the day was 'games'. However we did not see this activity taking place in these areas.

On the first floor we again saw in one cluster people were sat quietly with little stimulation. Most people appeared to be asleep. One person was reading a newspaper. A second person was briefly engaged in a colouring book activity but without any prompting or encouragement from staff they quickly lost interest. When staff interacted with people it was mainly to check if they needed any support or assistance. In another cluster there was a ball game in progress and the atmosphere was lively and fun. People were laughing and appeared to enjoy the activity. In the afternoon the planned activity was 'music arm chair activity music'. We saw some of the clusters joined together for a singing activity, led by one of the two full time activity coordinators, which people appeared to enjoy. In another cluster a staff member was singing and dancing with people.

On the morning of the second day of our inspection we saw more activities taking place across the clusters such as baking and arts and crafts which was the planned activity for the day. But in some clusters we still saw some people were sat quietly as there was little in their immediate environment to stimulate and engage them.

We discussed the feedback we received and our observations with the registered manager who told us they were already aware, prior to our inspection, that improvement was needed in the planning and organisation of activities and were taking steps to address this. This included providing staff training to build their skills

and confidence to undertake more activities with people. One of the activity co-ordinators confirmed they were currently undertaking specific training with the National Association of Activity Providers (NAPA) to support them to deliver training to other staff members on how to provide meaningful activities for older people that would enhance the quality of their lives. They said the quality of activities was improving as more were being introduced into the home. They also said they were meeting with other activity co-ordinators from the provider's other services every three months to share ideas and best practice for how the quality of activities could be improved. We saw an example of a recent improvement was the introduction of a weekly multi faith prayer group that had proven popular with many people that wished to practice their faith.

People's care plans were up to date and contained current information about their life histories, their likes and dislikes and their specific preferences for how support should be provided. There was detailed information in care plans for how people should be supported with the tasks of daily living, for example, the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, the clothes they wanted to wear and the meals they preferred to eat. This ensured people should receive support that was personalised and focused on their needs being met. People's care and support needs were reviewed by senior staff every month. Where changes were identified as being needed to the level of support people required, their care plans were updated and information about these changes was shared with all staff involved in their care.

Notwithstanding the issues identified above people and relatives were generally satisfied with care and support provided to people. Comments we received about the service included, "Nothing is perfect – but it's close."; "Excellent and very kind" and "They look after us so well. I'm very happy here." One person had commented in the most recent relatives' quality survey, "I think Heavers Court is an excellent home." Another person had stated, "I can't find any criticisms. [Family member] loves it there."

The provider maintained appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the home and people said they knew who to make a complaint to if they were unhappy with any aspect of their care and support. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology, where appropriate, when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

At our last inspection of the service in December 2014 when answering the key question 'is the service well led?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because the service did not have a registered manager in post and we identified some concerns about the lack of continuity in leadership at the service and the quality of management communication with staff.

Since our last inspection a permanent registered manager had been appointed at the service. A registered manager is a person who has registered with CQC 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. A deputy manager was also appointed in October 2016.

People, relatives and staff had positive things to say about the senior staff team at the home. One person had commented in the most recent relatives quality survey, "Any time I telephone and speak to [registered manager] she is always available also if I go into the home and need to speak she is always there to speak with." A staff member told us they felt senior managers listened and were open and transparent. Another staff member said managers were "good", communication had improved and staff were now kept up to date. We observed throughout our inspection the registered manager was visibly present in communal areas chatting to people and staff and asking how they were. They were friendly, professional and focussed on people and resolving their queries.

Although this aspect of the service had improved since our last inspection, we identified at this inspection a further area that required improvement. The provider retained overall responsibility for ensuring all the legal requirements were met in relation to the accommodation, care and support provided to people. However we found the provider and the organisation commissioned to maintain and provide the premises, equipment, the cleaning and laundry service and catering did not always work well together. For example the issues we identified around mealtimes meant this aspect of the service was not always planned and tailored to the individual needs of people using the service. There was also no formal plan for the provider and the other organisation to work together to improve aspects of the environment to comfortably support the needs of people living with dementia. Through our discussions with the senior staff team it was evident they were aware of the issues we found and working with the other organisation to try and improve these aspects of the service. However it was also clear progress to do so had been slow which meant people may not always experience good quality care and support. The provider told us after the inspection that they were finalising plans with the other organisation for the refurbishment of Heavers Court. We will continue to monitor the action the provider is taking to address the concerns with the quality of the premises.

People and relatives were offered opportunities to share their views and feedback about the service. They could do this through quarterly quality surveys which the provider analysed to identify areas of the service that required improvement. The registered manager offered a drop in 'meet the manager' surgery once a month to anyone who wished to speak with them. We also saw there was a programme of 'residents and

relatives' meetings. A relative said, "I think there are relatives meetings maybe three or four times a year... people do raise points in those meetings." Staff were also supported to give their feedback and views about how the service could be improved at staff team meetings.

The senior staff team carried out a wide range of checks and audits through the service's quality assurance programme. These focussed on a different aspect of the service each month for review and included areas such as the management of medicines, care records and documents, infection control, compliance with the MCA and DoLS and people's experiences. When areas for improvement had been identified through these checks, senior staff took appropriate action to ensure improvements were made.

Quality assurance staff from the provider's organisation audited the service and provided the registered manager with feedback and an action plan for any improvements where these were felt necessary. These were then checked at the next audit to ensure action had been taken and the expected outcomes from these had been achieved. Following a recent audit, it was identified that the mealtime experience could be improved for people and in response the registered manager had purchased radios so that people could listen to music while they ate.