Heritage Care Limited

80 Meridian Walk

Inspection report

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Date of inspection visit:
17 January 2018

Date of publication:
26 February 2018

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 service provides residential care for up to six adults who have learning or physical disabilities. At the time of our inspection there were six people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was last inspected in October 2015 and was rated Good.

The inspection took place on 17 January 2018 and was announced. The provider was given 24 hours' notice to ensure people were available to meet us during the inspection.

The service did not have 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 . The acting manager had made their application to the Care Quality Commission to become the registered manager.

The service was safe and had practices in place to protect people from harm. Staff had training in safeguarding adults from abuse and knew what to do if they had any concerns and how to report them.

Risk assessments were personalised and robust to keep people safe from harm. Staff had the information they needed to mitigate risks.

Staffing levels were adequate to meet the needs of people who used the service and cover arrangements were in place if there were any absences.

Recruitment practices were safe to ensure staff were suitable for working in the caring profession.

Medicines were managed and stored safely. Support workers were only permitted to administer medicines after they had undertaken training and were assessed as competent to do so.

The service was clean and free of malodour. People were protected from the spread of infection due to a robust cleaning schedule.

The service documented incidents accurately and learned from them in order to put procedures in place to prevent them from reoccurring.

Training for care staff was provided on a regular basis. Staff spoke positively about the training they received.

Staff had a good understanding of the Mental Capacity Act (2005) and how to obtain consent on a daily basis.

People were supported to maintain a balanced diet and had a choice of food and beverages.

People were supported to have access to healthcare services and receive on-going support. The provider made referrals to healthcare professionals when necessary and advice from healthcare professionals was followed.

Staff demonstrated a caring and supportive approach towards people who used the service and we observed positive interactions and rapport between them.

The provider promoted the independence of the people who used the service and people felt respected and treated with dignity.

Care plans were reviewed every six months and any changes were documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this. Relatives of people who used the service told us they knew how to make a complaint.

The acting manager had a positive relationship with staff and people who used the service. Staff spoke positively about the acting manager and their management style.

The provider had quality assurance methods in place and carried out regular audits to improve the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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.

The inspection took place on 17 January 2018 and was announced. We informed the provider 24 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection was carried out by one inspector. Before the inspection we reviewed the information we already held about this service. This included details of its registration and previous reports. The provider 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.

During our inspection we spoke with the acting manager, acting team leader, two support workers and three relatives of people who used the service. We were unable to speak to people directly as they we were non-verbal. We looked at three care plans and three staff records. We also looked at medicine records, policies, procedures and risk assessments .

Good

Is the service safe?

Our findings

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to equality and diversity, fire safety, medicines and whistleblowing. Staff told us they felt protected to whistleblow and knew what to do if they had any concerns about a person who used the service. One support worker said, "Safeguarding means us doing things that prevent harm and taking precautionary actions. There are different types of abuse, physical, mental, financial, emotional. I would report it and I'd fill in the forms, tell the manager and CQC." Another support worker told us, "I'd report any concerns." This meant there were systems and practices in place to protect people who used the service from abuse.

Risk assessments were robust and records confirmed this. For example, one person's care plan stated, "I use a [specific] wheelchair. Please ensure my clothes are not creased behind me as this can cause discomfort and may give me pressure sores." Their risk assessment gave step-by-step guidance for staff supporting the person with re-positioning and stated, "One person must be on the lower side (feet side), second person must be on the upper side. Identify who will lead the transfer. The leader in charge of transfer will use the "ready, steady, up" command." In addition, this person's care plan contained a laminated booklet entitled 'Advice for positioning me in my wheelchair' with photographs of the person in the optimal positions. This meant that staff had all of the information needed to support people in a safe and personalised way.

The provider supported people with their finances and systems were in place to do this safely and robustly. The acting manager told us, "All of the service users here need support with managing their money. When I need to request money I do that through our finance department and every transaction is logged." Records confirmed that all transactions were being recorded and signed for by two members of staff. The acting manager carried out a weekly audit of all incoming and outgoing monetary activity and records confirmed this. A senior support worker showed us cash records and receipts for all transactions and all of them linked correctly with corresponding receipts.

Support workers told us they thought staffing levels were adequate for the needs of the people using the service. During the course of our inspection we observed staff had time to support people in a relaxed and unhurried way. The acting manager told us, "We have three staff on shift during the day and two at night. We also have an on-call rota." A support worker told us, "There is enough staff now. We do get cover if people are off sick."

The provider had a robust staff recruitment system. All staff had references and DBS checks were carried out. The provider carried out risk assessments where appropriate for any contentious DBS findings. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Support workers told us they were only permitted to administer medicines to people after they had undertaken training and were assessed as competent to do so. Medicine audits were completed daily and

records confirmed this. The team leader showed us the daily checks completed for medicines which included the process of counting medicines and recording quantities after each administration. Medicines were stored safely in a locked cabinet. Medicine records were correctly used to show that administration had occurred and documented any issues. This meant that medicines were administered safely. Each person had a medicines folder which documented all of the medicines they were currently taking and guidance for support workers to refer to for the administration of any medicines that were given on an 'as and when' basis. In addition, each shift had a 'designated responsible person' who was assigned to lead the shift and had the responsibility of ensuring medicines were audited and managed safely.

The premises were well maintained and the home environment was clean and free of malodour. Infection control practices were in place and a cleaning schedule was adhered to by staff. A relative of a person who used the service told us, "The home has never smelled bad. It's very clean." One support worker told us, "The cleaning goes with the rota on each shift, for example disinfecting the kitchen, cupboards, wiping down the sides of sofas, the oven etc." Records confirmed that daily cleaning was taking place to support the infection control practices at the service.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. The acting manager told us, "We use an electronic system called 'iPlant' to document all accidents and incidents which then automatically gets passed on to the line manager. Depending on the nature of the incident, we can then raise an alert." The acting manager told us about a recent incident and the lessons learned from it, "We had an incident where medicine was missed. We followed the protocol and medical advice and the miss was of no harm to the person but what we learned was the designated responsible person on shift must do double checks that medication is given. We've learned from this and as a result all staff were given refresher medicines training." This meant the service was proactive in learning from errors and preventative measures were put in place.

Good

Is the service effective?

Our findings

People's needs were assessed to enable staff to provide person centred care. The provider carried out an initial assessment prior to a person being placed at the home that included information about their health and social needs as well as their history, external support as well as their likes and dislikes. This information supported the provider in ascertaining whether a person's needs could be met at the service. Care plans contained a service user guide which contained details about the aims and objectives of the home and how people were to be supported in a pictorial format.

Records confirmed that all staff had up to date training which included topics such as food safety, manual handling, fire safety, mental capacity and safeguarding. All staff were given an induction upon commencement of their employment at the service. This consisted of working through an induction booklet whereby staff were required to look at care plans, systems and processes. The acting team leader told us, "Training is excellent." A support worker said of the training, "We have on-going training and they let us know when it's due. They keep us up to date."

Records showed that support workers received supervision every six to eight weeks and an annual appraisal. Supervision topics included discussions about support plans, risk assessments, audits, training and development needs. The acting team leader told us, "I feel supported, we have regular supervision." A support worker told us, "We all have supervision, it's good."

People were supported to eat and drink enough to maintain a balanced diet and people were able to choose what they wanted to eat on a daily basis. A relative of a person who used the service told us, "The food is super." Another relative said, "The food is nice and fresh." The acting team leader told us, "We draw up the menu from observations on what people like or dislike. For example one person hates spicy food so we avoid that. All the food is cooked fresh. If someone doesn't like the food they get more options and we will always make them something else." Records showed that the menu was varied and those on a pureed diet were supported to eat foods they enjoyed and in line with guidance. The acting manager also told us about how they catered for the different cultural backgrounds of people who used the service, "We have people who don't eat pork so we don't cook it often. We buy beef sausages for example." The kitchen was well stocked with fresh fruit and vegetables as well as snacks.

People were supported to have access to healthcare services. Records were maintained for medical appointments and of any follow up actions that were required. Records showed that people saw various health care professionals including speech and language therapists, GP's, chiropodists and dentists. We saw examples of recommendations from speech and language therapists in relation to the textures of food and drink for people with any swallowing difficulties and there were pictorial examples of how thickened fluids should appear in consistency. This provided clear guidelines for staff to ensure that guidelines were followed correctly.

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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. At the time of inspection the provider had submitted DoLS applications for people who used the service because they needed a level of supervision that may amount to a deprivation of liberty. The provider had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. Staff had a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

We looked at people's bedrooms with their permission and they were homely and personalised to the tastes of the individual. Rooms contained personal possessions such as family photographs. The adaptation and design of the premises was suitable for the people who used the service. Corridors and doorways were wide for wheelchair users and there was also a wheelchair accessible lift. People's individual needs were being met by the adaptation, design and decoration of the service.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care being provided. One relative said, "I'm happy with the care [relative] is getting. They are caring; a lot of the residents have been there for years which says a lot." Another relative told us, "I'm very happy with the care."

During our inspection we observed positive and caring interaction between support workers and people who used the service. For example, on returning from going bowling, support workers praised the residents and congratulated the winner. The acting manager told us, "The staff here are very conscientious about the client group, it's not fake, the staff are very mindful and residents are clean and cared for."

People were treated in a dignified way. One support worker told us, "Every morning I say good morning to everyone. I give options on what they are to wear and during personal care I make sure the door is closed. We always knock on doors before entering. Everyone here does that."

People were supported to maintain their independence as much as possible. The acting team leader told us, "I support people's independence by allowing service users to do as much as they can, for example one person can use a face flannel and we support [them] to do this during personal care." A support worker told us, "We try and encourage independence here. We don't want to take everything from them for example [person] and [person] can feed themselves so we support this. That's what we are here for, to care and to help people, it's extremely rewarding. We learn from them and they learn from us."

People were supported to have private time and we observed this during our inspection where one person had returned from a community activity and they were supported to have time alone in their bedroom to watched television. The acting team leader explained, "We do this quite a lot for this service user. [Person] likes to have an afternoon rest in [their] room and watch TV."

Staff recognised the importance of treating people as individuals in line with equality and diversity principles. One support worker told us, "We celebrate all of the different cultural festivals, we cook a meal and we acknowledge it."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and this was reflected in their care plans. Care plans were detailed and included people's personal history, preferences, goals and achievements. For example one person's care plan stated, "I like to go shopping, I enjoy going bowling, I enjoy watching others play ball games." The acting team leader told us, "The care plans are good and continuously we are updating them."

The service provided a variety of activities for people who used the service both within the home and in the community. On the day of our inspection residents had the choice of going to the cinema or bowling. One support worker told us, "Today we are taking some of the residents bowling. They have adapted apparatus to help them play. They love it, we see them smile." Another support worker said, "Everyone has their own activities according to what they like, like this morning some people wanted to go to the cinema, and some wanted to go bowling." One support worker told us about how they supported people with getting involved in activities, "We get them involved in baking. For example I'll put bowl in service user's hand and tip spoon in the mixture and offer for them to taste it. We do this to involve our visually impaired service user in baking." This meant that people were supported to participate in activities in line with their personal preferences and needs.

Other activities included aromatherapy, sensory room and music. Daily records of care confirmed that activities were taking place in accordance with people's preferences. Daily records of care were logged electronically. The acting manager explained, "iPlant is an electronic software used for logging any interactions, for example going out on any activities, attending any appointments; we use it as an electronic calendar and diary which makes it easy for all to access." Records showed that 'iPlant' was recording all relevant information in relation to people's daily needs. This meant that the provider ensured people were able to maintain their hobbies and interests.

Care plans contained detailed information about people's communication needs. For example, one person who was non-verbal had information for staff that stated, "[Person] will give you eye contact and smile to acknowledge understanding of what is being said. [Person] can say by vocalising which sounds like "aaah" and will use left hand for 'cold' and 'yes' and right for 'hot' and 'no'". A relative of a person who used the service told us, "[Relative] is non-verbal but uses facial expressions. They understand [relative]." The acting team leader told us, "I consider myself an advocate for these people to empower them. All of them are non-verbal and I've learned how they all communicate in their different ways." This meant staff had the information they needed to support them in communicating with people in a person centred way.

Care plans were reviewed every six months and records confirmed this. Relatives of people who used the service told us they were invited to attend reviews and contribute to the review process. The acting manager told us, "Care plans are reviewed every six months or as and when required if a change occurs. We invite families to come out and we go over the support plan and risk assessments."

The service had a complaints procedure in place. This included timescales for responding to any complaints

received and details of who people could complain to if they were not satisfied with the response from the provider. The acting manager told us, "There have not been any complaints." A relative told us, "Oh God yes, I know how to make a complaint." Another relative said, "I know how to make a complaint but I have never needed to."

Care plans contained information about people's wishes and preferences around end of life and death. For example, information consisted of whether the person wanted to be buried or cremated and who they wanted to be invited to their funeral.

Good

Is the service well-led?

Our findings

Support workers spoke highly about the management style of the acting manager and told us they felt supported. The acting team leader said, "The acting manager is good, she's excellent. She's always accessible. I am very much proud to work for this organisation, they stand out. Last year I got a letter from the chief executive praising me. I feel valued." This meant that staff morale was high and staff felt supported in their roles.

Team meetings took place on a monthly basis and records confirmed this. Discussions included service users, updates, quality assurance, activities, training and money management. In addition, the agenda included a 'policy of the month' for discussion. The most recent team meeting's policy of the month was 'dignity'. Staff told us they found team meetings useful and relevant to their role.

Policies and procedures were accessible for all staff via the provider's intranet site. The acting manager told us, "All staff have access to the intranet and they can also sign in from home."

Quality assurances practices were in place to monitor the quality of care provided. The acting manager told us, "My line manager comes and does monitoring and I carry out spot checks on staff." Records showed that spot checks were completed and looked at staffing, appraisals, fire drills, person centred care and personal outcomes. In addition, the acting manager told us about the way in which they manage the service, "Ninety nine per cent of the time I am based here. This gives me very good oversight. Sometimes I come in later and stay later so I've got a whole picture and overview to see what's going on. It also gives me good opportunity to meet with people's families."

The provider sent out an annual questionnaire to relatives of people who used the service. The acting manager told us the most recent questionnaire was sent out in November 2017 but that no responses had been received.

The acting manager explained that although she had only been in post since October 2017 they were networking within the community, "I'm building a good relationship with the local authority. I am attending my first forum next month and I'm building relationships with key people involved in people's care. This will have a positive impact on the staff team, service users and families." They also told us about the support they were receiving and stated, "I've had very good support from my line manager. What's great about this organisation is the person centred approach and the support is beyond what I expected."