

Four Seasons Health Care Properties (Frenchay) Limited

Heathside Neurodisability Unit

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 18 November 2015 and was unannounced.

Heathside Neurodisability Unit is a care home providing accommodation, nursing care and rehabilitation for up to

18 people. The home specialises in providing rehabilitation for people with a brain injury and/or progressive neurological conditions. At the time of our inspection, 18 people were using the service.

We carried out an inspection of this service on 2 February 2015. The service was under occupied, because at the time the NHS had not referred people to this service. This

Summary of findings

meant that we were unable to rate the service as it was not operating normally. At that inspection, we found breaches of the 2010 regulations. The service had not always sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications. We also found that the provider had identified a need for PRN protocols, but did not put them in place in a timely way. A PRN protocol explains how people should receive their medicines when they needed, such as pain killers. We asked the provider to send report telling us how they would improve the service to meet the regulations. The provider sent us the report as requested.

You can read the inspection reports, by selecting the 'all reports' link for Heathside Neurodisability Unit on our website at www.cqc.org.uk.

Daily management of the service had changed since our last inspection. At the time of inspection, the service had a manager who had applied to be registered with the CQC. 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.

At this inspection we found that the provider had addressed some of our concerns. Sufficient actions had been taken in relation to inform the CQC about the outcomes of Deprivation of Liberty (DoLS) applications. The report submitted by the provider stated that actions will be carried out in relation to PRN protocols by 6 May 2015. However, the PRN protocols were not in place and therefore the service put people's health and safety at risk. We found the service continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found a new breach of regulation 18 related to staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. Records showed that staff did not have regular supervisions or an appraisal. The registered manager had not identified areas for professional development or training needs for staff to equip them in their caring role.

Staff had knowledge and skills to ensure people's safety. Staff were aware about potential signs of abuse and they identified and managed risks as required. There were safe

staff recruitment and induction procedures in place. This ensured that staff were suitable to support people at the service. Sufficient numbers of staff were available to meet people's care and support needs at the service. People had support to take their medicines safely and as prescribed.

Staff received regular training courses that were relevant to their role to ensure effective care for people. Staff supported people in the decision making process and where required a best interest meeting was carried out to ensure that decisions made on people's behalf were in their best interests'. People had a choice of what and when to eat. Staff worked together with speech and language therapists and physiotherapists to ensure continuous and effective care for people.

People developed relationships with staff and felt respected by them. Staff were aware of people's preferred communication methods and helped them to make decisions for themselves. People were involved in planning their care and made choices about the support they required. However, care records showed that people's daily routines were not recorded and therefore could have been easily lost. People had regular meetings with advocates to ensure their rights were protected.

People took part in meetings to review their needs, and plan their care. People and relatives were encouraged to give feedback about the services provided. People said they knew how to complain and were confident that actions would be taken to manage a complaint they had as required. People and their relatives did not have any complaints about the care received. We saw weekly time tables with activities in people's rooms. However, these were mainly around people's therapy sessions. We saw a lack of activities carried out for people at the service and outside in the community.

Staff were involved in and made suggestions to improve the service delivered for people. Staff knew what was expected of them and amongst staff there was a good team working. Staff had regular team meetings to ensure appropriate support for people. Internal audits were carried out to monitor quality of the care at the service. Staff were given responsibilities to carry out regular health and safety checks, which encouraged them to develop in their role.

Summary of findings

The action we told the provider to take can be found at the back of the report.

Summary of findings

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 safe. Risks to people were identified and staff supported people to manage their needs appropriately. There was enough staff at the service to ensure people's safety. The service followed safe recruitment processes to ensure staff were suitable for their role.

People received their medicines safely and in line with their prescriptions.

Good



Is the service effective?

The service was not effective in some areas. Staff did not receive regular supervisions and appraisals to ensure they were supported in their caring role.

Staff had attended relevant training courses. The Mental Capacity Act 2005 and DoLS principles were followed to ensure people were supported to make decisions for themselves when possible.

Staff and therapists worked together to ensure that people's care and support needs were met.

People chose what they wanted to eat and their nutritional needs managed.

Requires improvement



Is the service caring?

The service was caring. People said their privacy and dignity was respected and choices were listened to and acted on as appropriate. People discussed their wishes with an advocate and supported them in making decisions. Staff encouraged people to learn new skills to increase their independence.

People's daily routines were not recorded in their care plans and therefore could have been easily lost.

Good



Is the service responsive?

The service was responsive. People and their relatives were involved in planning their care and support. People knew how to complain and at the time of inspection did not have any concerns.

People had limited activities in the home and in the community that met their needs and/or interests.

Good



Is the service well-led?

The service was not well led in some areas. We found that PRN protocols were not available which meant that the service put people's health and safety at risk.

Staff felt supported and approached the manager for advice when needed. Staff said they were involved and made suggestions to improve the care

Requires improvement



Summary of findings

provided for people. We saw good team working practices at the service. Regular health and safety checks and quality audits were carried out to monitor and improvement the quality of the care and support provided for people.

A new home manager managed the service and a registered manager application submitted to CQC.

Heathside Neurodisability Unit

Detailed findings

Background to this inspection

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

This inspection took place on 18 November 2015 and was unannounced. It was undertaken by one 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.

Before the inspection, we reviewed the report the provider sent us following our last inspection. We also analysed information we held about the service including statutory notifications.

At the inspection we spoke with six people who use the service, four relatives, six staff members and the manager. We also spoke with health care professionals. We observed the support provided for people in the communal areas. Short Observational Framework was used for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care records, three staff records, and other records relating to the maintenance and management of the service, including the staff rotas, staff meeting minutes and training records.

Is the service safe?

Our findings

People told us they felt supported by the staff at the service. They said the service was a safe place to live. One person told us, “It is a good place to be looked after.” A family member said their relative had been, “absolutely safe” in the service.

We saw that people were protected from potential risk of abuse. Staff had knowledge and skills to recognise signs of potential abuse to people. Staff described the actions they would take if an allegation of an abuse was made. Staff said they provided initial support for people and reported their concerns to the manager to ensure that a protection plan was in place. This ensured that immediate support was provided and people were protected from further harm. The manager escalated concerns to a local authority for taking actions to protect people as required. These actions ensured that people were supported to be safe from harm and poor care. We saw that recently the provider had raised a safeguarding concern with the local authority in relation to person’s safety at the service. In this case, the provider had taken necessary actions to protect the person while the investigation was taking place.

Risks to people were identified with plans in place to manage them. Risk assessments were updated regularly and when people’s needs changed. Staff were aware about individual risks to people. Guidance for staff ensured that people were kept safe. For example, we found that people had individual risks and support needs identified for going out in the community. Staff undertook regular checks at night and day at the service to ensure people had support when they required it. For example, care records showed that a person had been identified as being at risk of falls. Staff supported this person to use the toilet regularly to ensure the person continued to maintain their independence and felt safe.

The provider had safe staff recruitment practices in place. Staff records included an application form, interviews notes, copies of references and completion of disclosure and barring checks. This ensured that staff were suitable to support people at the service. Staff told us they completed their induction programme and read people’s care plans before they started supporting people with their needs. This ensured that staff had knowledge and skills to support

people with their needs. At the time of the inspection the provider was in the process of recruiting three new staff members to ensure that people were provided with continuous support to meet their needs.

We saw that the service had sufficient numbers of staff to meet people’s care needs. The manager assessed staffing levels based on peoples’ individual needs. Staffing level guidelines were used to assess how many staff were required on a shift. Staffing levels were increased if additional support was required for people, for example to look after their health needs. People told us that staff had time to support them with to their needs. One person said, “There are enough staff about and I have never needed to call staff for support”. Staff told us that people were safe at the service and their support needs were met as required. One staff member told us that staff, “could get tired” carrying out their duties, but had not identified any risks to people. We observed staff being available when people required support and care, for example, during their meal times. Regular bank staff were used to cover sickness and annual leave. On occasions when bank staff were not available, the service covered shifts with agency staff that were also known to the service. The manager told us that staff cover was not provided when people require less support on the day, for example visited their families. This meant that the service was flexible in providing staffing cover to meet people’s needs as appropriate. A therapist told us that staff reacted promptly to their requests and felt there was enough staff to ensure people were, “looked after well”. A health professional said there were enough staff to support people and no concerns in relation to their safety.

People were supported to take their medicines as prescribed. A staff nurse was available on each shift to ensure people received their medicines at the times they required them and the right dose. People’s medicine administration records were signed as appropriate and up-to-date. Staff completed medicine’s audits monthly to ensure that people received their medicines as prescribed. A GP visited the service weekly and reviewed people’s medicines regularly. People told us they took their medicines at the right time. One person said, “I get my medication when I expect it”. Staff supported people to order their medicines and kept it safe in a locked room.

Is the service safe?

There were records of unused medicines that were taken back to the pharmacy for safe disposal. A health professional said that staff were, “responsible” and there were, “no missed medication recently.”

The service had a fire safety person nominated daily to ensure that safe fire procedures were followed. Staff were required to attend a training course for this. People told us they were involved in fire drills. This ensured that staff and people were protected in an event of fire.

Is the service effective?

Our findings

We saw that staff were not provided with support to meet people's needs effectively. Records showed that staff did not receive regular supervisions to ensure their knowledge and skills were in line with good practice. The manager did not arrange time with staff for their supervisions. Some staff did not have supervision within the last seven months. We also saw that staff did not have appraisals, meaning that their development needs were not identified and reviewed as required. This meant that staff's progress and skill gaps would not always been identified to ensure they carried out their jobs effectively.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training relevant to their role to ensure they provided effective care for people. Staff attended mandatory training courses yearly, and in a four days block. A designated worker had monitored and allocated staff for courses to ensure they had up-to-date knowledge required for their role. Training records showed that staff were up to date with mandatory courses, such as moving and handling theory, safeguarding vulnerable adults, Mental Capacity Act 2005 and medication management. The service also provided specific to the service training courses to ensure that people's individual needs were met. Staff told us they attended courses to meet needs of people with brain injury, for example, a Basic life support course was provided to ensure that staff recognised and provided timely and effective care for people in life-threatening emergencies. The bank staff were also required to attend mandatory courses. This ensured that all staff involved in people's care were trained to carry out their duties effectively. A relative told us, "The staff are well trained and they are dedicated".

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. The manager told us that some people in the service had capacity to make decisions for themselves. Appropriate assessments of people's capacity to make decisions were carried out by

health professionals, if people's capacity was doubted. Staff were aware of the MCA principles and used their knowledge to help people to take part in the decision making process. This included support to choose daily meals and clothing. Care records had information on how staff ensured people's highest participation in the decision making process. For example, staff used picture to communicate with a person. Records showed that relatives and other people who were involved in a person's care took part in a best interests' decision made on person's behalf in relation to their care and support needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that since our last inspection the service had identified one person and requested the local authority for authorisation to deprive a person of their liberty. The outcome of this application was not received yet. Records showed that DoLS applications had been appropriately made.

People said they were happy with the food provided by the service. People were involved in decisions about what to eat and drink. We observed that people were offered a choice of food and drinks during their breakfast and lunch time meals. An alternative meal was provided for one person on their request. One person told us, "We have three options to choose from the day before the food is provided." People said they had enough to drink and eat and food was served to their liking. Kitchen staff left food and drinks for people in the evening after the kitchen was closed. People said they chose if they wanted to eat in their rooms or the dining area. Care records showed that speech and language therapists assessed people's eating and drinking needs and dietitians to ensure their nutritional needs were met. Staff were aware of people's nutritional needs and followed guidance for eating and drinking in place for people. For example, we saw that people were on soft, pre mashed and pureed diets. This meant that people were supported to have balanced diets and encouraged to eat healthy.

Is the service effective?

People said they received good support with their health care needs. A GP visited the service weekly and provided advice via phone on urgent matters. Staff supported people to attend their health appointments as required. People were up to date with their routine health checks. Relatives told us they were informed about people's care needs. A family member told us, "Communication with the home is good. They contact us when [the person] is

unwell." The provider had employed qualified staff, such as speech and language therapists, psychiatrists, and physiotherapists who provided regular support for people on the unit. The therapists carried training sessions for staff to ensure consistent and effective care for people. Care records had information on support guidelines for people, for example support need at night time.

Is the service caring?

Our findings

People and their relatives told us that support provided for people was good and staff were caring and respectful. One person said, “These people [staff] are nice.” One other person told us, “The staff are kind and caring”. A relative said, “I find the care very good and staff are friendly.”

People felt respected and had good relationships with staff. We observed that interactions between staff and people were kind and compassionate. Staff were seen to engaged in conversations with people when in their company. We saw people approached staff for support and comfort. This meant that staff attended to people’s needs with care. Staff were aware about people’s personal history and used this information to have conversations with them. For example, we observed staff talking to a person about the activities they used to enjoy when they were younger. People felt staff respected their privacy and dignity. One person told us, “Staff do ask if the door is to be open or closed”. A relative said that staff always, “draw curtains” when providing support for their family member. People made choices when they wanted to be supported. We saw a person telling staff to come back later to support them with their personal care. One person told us, “Staff are very flexible.” This meant that people’s wishes were heard and acted on.

Staff were aware of people’s communication needs. Staff took time to listen to what people were saying. They also used simple and easy to understand language making sure that people understood. Care records had communication guidelines provided by the speech and language therapist. Staff told us the guidelines helped them to involve people in making decisions about their care. For example, staff informed people about the actions they were going to carry

out before they provided personal care. This meant that people knew what was going to happen and staff provided them with opportunities to express their preferences. Staff also supported people who had complex needs and limited communication skills. Staff told us they knew people’s body language well. They used observations to support people with their everyday choices; such as if they wished to spend time in the lounge or have a rest in their own rooms. This meant that people were provided with opportunities to make informed choices. A relative told us, “I feel I can ask the staff anything”.

People were involved in planning their care. Records showed that people were asked how they wanted to be supported, for example if they wanted to take showers or baths. Staff said that some people had preferred activities that were important to them. However, we saw that the care records did not include information about people’s daily routines. This meant that people’s routines could have been easily lost.

People had access to an advocacy service to ensure their views were heard. The provider used an independent advocacy service that arranged regular meetings with people living at the service. Advocacy ensured that people’s rights were protected and people were supported to say what they wanted. The provider received feedback about the issues discussed and took actions as appropriate. For example, a mobile heater was provided for one person who felt cold at night.

There were no restrictions to visiting times at the service. People told us they had visitors as they wished. Relatives felt they could see their family members whenever suited them best. One relative told us, “There are no special requirements for visitors”. This meant that people were supported to maintain important relations to them.

Is the service responsive?

Our findings

People were happy with the service provided and felt their needs were met. One person said, “The staff here look after me medically well”. One relative told us, “They do stick to the programme of rehabilitation” and that the physiotherapist is doing a “good job”.

People and their relatives contributed to meetings and reviews about their care and support achievements and set to personal goals. People had an allocated nurse and a health professional that ensured their care needs were regularly reviewed. People had regular therapy sessions with specialists, including speech and language therapists, physiotherapists and occupational therapists. People said they were happy with the care provided by the service. One person said, “I get the care I need”. One family member told us, “They know [their relative] very well and they provide good care”. Care provided had focused on individuals’ needs and preferences. Care records had information on people’s individual needs. We saw that people had personal recovery plans kept in their rooms. People were encouraged undertake tasks for themselves and with minimum support. For example, we saw guidelines in place for improving person’s independence with managing their own medicines. This meant that people were involved in planning their care and support as they wished to.

People were provided with opportunities to engage in activities at the service. An activity board was used to advertise events such as a party for Halloween. People had their weekly timetables that showed activities and groups they went to. However, the plan mainly listed people’s therapy sessions. We saw a lack of group activities carried out for people at the service. No activities were observed taking place on the day of the inspection. People told us there were not enough activities at the service. One person

said, “there is very little to do here, it’s very boring”. A relative told us, “There could be more to do here, like someone coming in to read to patients”. People told us they wanted to go out more often, but this wasn’t available to them. Activity plans showed that not all people engaged in the community activities regularly. This meant that people had limited opportunities to develop relationships in the community.

People and their relatives were encouraged to provide feedback about the service. A ‘Friends and family test’ was used to get feedback about people’s experiences. People were supported to fill in the test at different stages of their stay at the service. This ensured that people were encouraged to provide their views about the service regularly. We saw that the feedback provided was positive and people were likely to recommend the service to their relative. The manager told us that the feedback collected was sent to the main office for analysing the results and taking actions as appropriate. This ensures that people shared their views and made suggestions for improving the service.

People and their relatives were supported to make complaints. People said they knew how to complain and were confident that staff would take actions as required. One person said they would talk to the manager or the head nurse if they were not happy about something. The provider arranged regular relatives meetings for discussing achievements and any concerns they had. Staff were aware about the complains procedure. All complains received were recorded and passed to the manager for acting on as appropriate. At the time of inspection, people and their relatives did not have any concerns about the services provided. The manager told us there were no complains made since the last inspection.

Is the service well-led?

Our findings

At our previous inspection on 2 February 2015 we found that some aspects of the service were not well-led. The service had not always sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications. This was a breach of CQC (Registration) Regulations 2009 Regulation 18. We also found that the provider had identified a need for PRN protocols, but did not address this action in a timely way. A PRN protocol explains how people should receive their medicines that were to be taken only when they needed it, such as pain killers. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our last inspection the service has provided us with a report telling us how they were going to ensure that the CQC were informed of statutory notifications. The provider told us that the community liaison manager was now responsible for monitoring the DoLS notifications that were required to be sent to CQC. Since our last inspection the manager had requested a DoLS authorisation for one person and was waiting for the local authority's response. There were no DoLS authorisations received since the last inspection. The manager was aware of their registration requirements with the CQC in relation to submitting notifications.

This meant that sufficient actions had been taken to address our concerns and the service was now meeting Regulation 18 of CQC (Registration) Regulations 2009.

The report submitted by the provider after the last inspection also stated that actions will be carried out in relation to PRN protocols by 6 May 2015.

At the time of inspection the manager told us that there were no PRN protocols in place. Staff used the medication policy to ensure people took their PRN medicines as required. The manager told us that staff recorded PRN medicines taken by people on the other side of MAR sheet to ensure they received it as prescribed. However, we did not see evidence to suggest that staff followed individual guidelines to people telling how to manage PRN medicines to ensure the medicines were taken safely. Some people at the service had complex needs and could not tell staff when they needed them. We could not be certain that PRN medicines were administered as prescribed and therefore

people were at risk of not having their needs met in line with good care. After the inspection the service director sent us a copy of draft PRN protocol. We were also told that PRN protocols will be kept alongside MAR for each person.

At this inspection we found that sufficient actions had not been taken to address our concerns, and the service continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff were involved in developing the service. A staff survey was undertaken to get staff's views on the services provided for people. The survey results were analysed and the provider was in the process preparing an action plan for this. We saw that staff made some suggestions to improve the service delivery, for example requesting additional training courses. This meant that staff were involved and put their ideas forward to ensure that the services provided were in line with good practice.

Staff said there was good team working. Staff told us they knew what was expected of them. They filled in daily logs and had regular handover meetings between shifts to ensure that appropriate information was shared amongst the team as required. Staff told us they worked together with the therapists to ensure that people's needs were met appropriately. For example, we saw the physiotherapist and staff supporting a person with walking.

Staff told us they were supported by the manager. They were able to ask the manager for advice when needed. Staff had regular team meetings to discuss the team's performance and agree on actions to ensure effective support for people. For example, notes of the team meeting showed that procedures were discussed to cover staff's sickness and annual leave. We saw that staff carried out some checks at the service. For example, infection control checks were undertaken to ensure cleanness and good hygiene at the service. This meant that staff were given responsibilities and were encouraged developing in their role.

The provider used carried out internal audits to monitor the quality of care at the service. The audit had covered a wide range of health and care aspects in the service, including health and safety, risk management and legal responsibilities. We saw that changes were identified and acted on to improve people's care and support. For example, an action was taken to ensure that an up-to-date

Is the service well-led?

fire risk assessment was in place. The service was in the process of replacing paper filing systems with computer records. The manager told us that the care record auditing systems were more efficient now. For example, improvements were identified in relation to care plans such as reviewing people's risk assessments to ensure they were Audits of care records were carried out to ensure they were

relevant and met people's needs were up to date and accurate. The care plans we looked at confirmed this. A person told us, "I feel this place is run well." A relative said, "The manager is very approachable. They have time for you and I can knock on the door anytime." A health professional told us, "Managers are on the board and staff are efficient?."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not carried out regular supervisions and appraisals for staff to ensure their performance was in line with good practice. Regulation 18 (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

PRN protocols were not in place and therefore the service put people's health and safety at risk. Regulation 12(1).