

Care UK Community Partnerships Limited

Heatherbrook

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 11 December 2014 and was unannounced.

At our previous inspection in September 2013, we found the provider was meeting the regulations we inspected.

Heatherbrook is a 45 bedded care home providing nursing care for people with dementia. Accommodation is provided on two floors and each person has a single bedroom. The ground floor has 20 bedrooms and there are 25 bedrooms on the first floor.

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

People's needs were assessed and reviewed, and information about their preferences and support arrangements were included in their care plans and risk assessments. Staff were aware of people's needs and

Summary of findings

were able to provide appropriate care and support. Staff had support, supervision and different training programmes relevant to their roles. This showed staff had appropriate knowledge and skill to respond to people's needs.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about people's safety. Staff were aware of the service's whistleblowing policy and knew they what to do if they felt concerns were not dealt with appropriately by the registered manager. We noted the service had appropriate arrangements for receiving, storing and administering medicines. We observed all parts of the service were clean during our visit.

The service had a complaints' process which allowed people to raise concerns. People and their relatives were aware of how to contact if they had a concern. We noted staff listened to people and investigated their concerns.

The service had a quality assurance system, which was used to monitor the quality of the service people received. We also noted relatives' meetings and staff meetings were arranged to enable people to share their views to make improvements. People and their relatives told us they knew how to make a complaint if they had a concern.

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. Staff knew how to recognise and report incidents, accidents and abuse. Staff were aware of the provider's whistleblowing and safeguarding policies. The staffing level was reviewed by the registered manager to ensure that there were enough staff at all times to meet people's needs.

People had risk assessments and care plans to protect them from harm and ensure that they received appropriate and safe care.

Arrangements were in place for safe storage and administration of medicines. The home was clean and tidy on the day of the inspection.

Good



Is the service effective?

The service was effective. There were systems in place to provide staff with different training programmes relevant to their roles. Staff received support and supervision from their managers.

People had support to attend regular health checks. The service supported people to eat food that reflected their preferences including their medical needs and personal choices.

Good



Is the service caring?

The service was caring. People gave us positive feedback about the staff, and we observed various examples in which staff treated people well.

We observed staff communicated with people effectively and gave them choices. Staff ensured people's privacy and dignity was respected by, for example, closing the doors when supporting them with personal care.

Good



Is the service responsive?

The service was responsive. Care plans had been completed and reviewed, and daily records were kept to ensure staff were aware and able to respond to people's needs.

Good



Is the service well-led?

The service was well led. People made positive comments how the service was managed. Staff also told us they liked their job and they felt supported by management.

There were systems in place for auditing incidents and accidents. The registered manager also had a system for quality assurance.

Good



Heatherbrook

Detailed findings

Background to this inspection

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

This inspection took place on 11 December 2014 and was unannounced.

The inspection team consisted two adult social care inspectors 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. The expert by experience had expertise in care for older people and dementia.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications, safeguarding alerts and outcomes and information from the local authority. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with five people using the service, two relatives, four care workers, two qualified nursing staff and the registered manager. We reviewed eight people's care files, five staff files and other records such as the menus, and the provider's policies and procedures.

Is the service safe?

Our findings

People we spoke with told us that they felt safe in the service. For example, one person said, “I feel safe here; I am bed bound and have a floor mattress. I have the gate to stop other people wandering in.” Another person said, “I feel safe in my room. I ring the bell for help if others come into my room.” A relative of a person told us that people “felt safe” and that they had “never experienced abuse” when visiting the service.

All members of staff we spoke with were aware of their responsibilities to report incidents or concerns and understood the provider’s whistle blowing procedures. Staff were able to tell us the correct procedures they would follow to report incidents of abuse. They told us they were aware of the provider’s whistle blowing and safeguarding procedures. Records showed that staff had attended safeguarding training. This showed that staff had knowledge of how to ensure that people were protected from abuse.

People’s files contained risk assessments, which were reviewed regularly. The risk assessments reflected individual risks to people and guidance for staff regarding how to manage identified risks. Staff were aware of individual risk assessments and the procedures they should follow to provide care and support safely. We observed staff moving people in a safe manner following their risk assessment. For example, we saw two staff transferring a person. Staff told us that they followed the person’s risk assessment that stated that two staff must transfer the person. This showed that people’s risk assessments were completed and followed by staff so that the risks of harm to people were managed. Appropriate incident and accident records were in place with strategies to minimise the risk of harm to people using the service. This showed that people’s risk assessments had been completed and followed by staff to minimise and manage risks to them.

There were systems in place for staff recruitment. Staff files, which we looked at, contained information about their previous experience, qualifications and training. We also noted two written references had been received for each member of staff and there was evidence of checks being done with the Disclosure and Barring Service (DBS). This ensured people were cared for by staff who were appropriately checked.

The registered manager told us about the staffing arrangements. They said there were three care staff, a nurse, and a one-to-one member of staff on both floors, that was five members of staff on each floor during the day shift. At night there were two care staff and a nurse on each floor and one extra member of staff working one-to-one on the first floor. We were informed that the staffing level was the same on weekends as on weekdays. We also noted that the home had an activities’ co-ordinator. People’s comments about the staffing level were mixed. For example, before the inspection we had received a written comment from a person saying that “there are not enough staff working at weekends”. During the inspection one person told us that the service “could do with more staff” while another person said that there were enough staff to support them. A member of staff told us that they felt the staffing level was enough and they worked as a team. We observed that there were enough staff available to support people with their meals during lunch time. The registered manager also told us they kept reviewing the staffing level depending on the changes in people’s needs. They said they worked with families and relevant authorities to review people’s needs and provide appropriate care including one-to-one staff support when needed. Records confirmed that the registered manager had communicated with relevant authorities and provided additional staff to ensure people received support and care they needed.

Medicines were stored safely at the service. We checked medicines and the records and found that one capsule, which was missing, could not be accounted for. We discussed this with the registered manager who told us that that was an error which could be picked up and addressed during medicine auditing. They said they would discuss the issue with staff and review medicine checking and administration process to ensure mistakes were avoided.

We noted that the service had procedures in place for medicines that needed to be administered covertly. For example, we saw records in people’s files that they had agreed for their medicines to be administered covertly.

Before the inspection we had received information from a person saying that the rooms “are not cleaned correctly” and they found soiled clothing in a person’s room. During the inspection we had a tour of the service, and spoke with

Is the service safe?

relatives and staff about cleaning. A relative said, “The home is always clean.” None of the people and relatives we spoke with had concerns about the cleanliness of the rooms.

There were systems in place for cleaning rooms and equipment on daily, weekly and monthly basis. Records confirmed that cleaning tasks were allocated to staff and audited by management to ensure the tasks had been

completed. We saw that staff wore uniforms, gloves and aprons when carrying out different tasks. We found the service was clean and there were no offensive smells. We also saw staff cleaning communal areas and bedrooms. We observed staff washed their hands between attending to people. This showed people using the service were supported by staff who were aware of how to reduce the risk of infections.

Is the service effective?

Our findings

People told us that staff supported them "as much as they can". One person said, "My impression [of the home] is positive." Another person told us that they were happy with the staff. They said staff were effective when supporting people with eating their meals.

People were satisfied with the meals. A person said, "The meals are quite good and the choice is OK. There is enough to drink." We observed people could choose where to sit when having their meals. We saw some people had their meals in their rooms while others chose to have theirs in the dining rooms. A person told us, "I have my meals in bed and I can feed myself. They will always do special meals for me because of my needs. I drink milk and water all day."

People's care files contained information about their food preferences. For example, one person's care plan advised staff "not to give sugar" because of their diabetes while another person's care file gave details of food that reflected their cultural preference. This showed that staff were made aware of people's dietary needs.

We observed lunch being served at 12:30. We saw the food choices available reflected the menu and people we spoke with told us they chose their preference. We noted staff were not hurried when supporting people. This showed people received support with eating their meals at their own pace. .

People told us their health care needs were met. A person said, "My doctor comes to see me here". Another person told us that the home organised for a chiropodist to visit them at the home.

We saw people were engaged with the activities provided at the home.

Visitors told us "Staff are trained," and "are friendly." We looked at eight staff files, spoke with the registered manager and checked training records. Staff had attended a range of training programmes related to their roles. These included adult safeguarding, health and safety, infection prevention, moving and handling, fire safety, basic food hygiene, and medicine awareness. We saw evidence of these in the staff files we checked. Staff we spoke with also confirmed that they had attended various training programmes relevant to their job. Staff files showed and the registered manager confirmed that all new staff had induction which included an orientation pack and shadowing of staff before starting work. This showed that staff were aware of what was expected of them and how to work at the service to meet people's needs.

The registered manager confirmed that mental capacity assessments had been completed for all people using the service. We noted evidence of this in people's files we checked. We also noted that best interest statements had been completed and Deprivation of Liberty Safeguards (DoLS) applied for people who were unable to make decisions for themselves in certain areas. Mental Capacity Act (2005) and DoLS is law protecting people who do not have mental capacity, which means they may not be able to make some decisions for themselves. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We noted the location was meeting the requirements. The registered manager was aware of the changes in DoLS practice and were in liaison with the local authority to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted.

Is the service caring?

Our findings

All people we spoke with said the care was good and they had no problems with the care they received. They told us they were happy because the support they received suited their needs and staff were “nice” and “caring”. A person commented, “The staff are kind and very good. The carers sit with me and have a chat. They make my friends and family very welcome. I’ve been very happy here.”

A visitor told us that staff were caring because they updated them with information about the well-being of their relative. They said staff were friendly and always “greeted me with my name”. They said they never had any problems during the couple of years they have been visiting the home. They told us that they were happy that staff were caring and they would recommend the home to a friend or a relative.

People were treated with kindness and compassion in their day-to-day care. We observed staff treated people with care when transferring them from a chair to wheelchair or when supporting them with their meal. Staff explained to people what they were doing and asked them if they were happy with what they had said. We noted staff were not hurried when communicating with people and supporting them. This showed staff cared and paid attention to people’s needs.

Staff informed us that people and their relatives were involved in assessments and care plans. People's care plans contained information about their needs and how staff should care for them. A relative said staff communicated with them and they were involved in making decisions about a person's care.

People’s privacy was respected. When we asked staff how they would ensure people’s privacy and dignity, they were able to tell us the actions they would take to ensure people’s privacy was respected. Staff told us they would always give people choice about how they would like to be supported and shut doors, for example, when providing personal care. People we spoke with felt that staff respected their privacy. A person said, “They always knock on my door and shut it when giving me care. They are very good at respecting my dignity.” A relative of a person added, “When they are giving [person] their personal care, they shut the door.” This showed staff respected people’s privacy and dignity.

People's independence was promoted. On the day of the inspection there were 36 people using the service. People and people's relatives raised no concerns about their rights to dignity, privacy, choice and being treated with respect. They told us staff were trained and were "patient". We observed staff knocked on the doors to ask people for permission to go in. This ensured that people’s privacy was respected.

Is the service responsive?

Our findings

People told us staff “do talk to” them and provide them with information when they needed it. They said staff “would listen” when they talked to them and responded to their needs. People told us that staff responded to call bells when they needed support. During the inspection we pressed a call bell from a person’s bedroom and noted that staff responded promptly. People we spoke with confirmed that staff always responded to call bells without a delay. This showed people received care and support when they needed.

People's care files contained information about their next of kin, health professionals and representatives. The care files also contained information about their likes, dislikes and any allergies they had. Staff told us people's needs and how they supported them. Observations of and conversation with staff showed staff knew people's needs and how to support them. Relatives told us staff knew people's needs and how to support them. A relative said, staff were responsive, they knew “everybody’s name” and needs.

The registered manager informed us that pre-admission assessments were completed for each person before their admission to the home. We looked at eight care files and saw that each person had a pre-admission assessment and a care plan. All the care plans we saw contained information about people's needs and how staff should respond to and meet their needs. We saw that the care plans were up-date and signed by staff. We saw daily notes

of significant events for each person were kept to ensure that all staff supporting people were aware of what was going on. This helped staff to be aware of what had happened during the time they were not around and what to do to respond to people’s needs.

Most people we spoke with confirmed that they were consulted about their care plans. However, one person said they did not know they had a care plan. The registered manager said pre-admission assessments and care plans were completed with consultation with people using the service, relatives or their representatives. A person using the service and a relative told us that the care provided at the home “seemed resident focused”. Another person told us that the care they received “suited” their needs.

We asked people what they would do if they were not happy about any aspect of the service. All the people we spoke with told us they would make a complaint if they were not happy. One person said, “I don’t usually complain but I would say something, but I wouldn’t bother them unnecessarily.” Another person said, “I don’t complain about anything here as they are all very nice.” A third person told us that they knew how to complain but “have nothing to complain about”.

We discussed the complaint processes with the registered manager. We saw information about the complaint policy was displayed in the home and noted from discussion with the registered manager and the records we saw that complaints were investigated and the outcome and actions were communicated with complainants.

Is the service well-led?

Our findings

People spoke positively about how the home was managed. They said the home was "good" and they could talk to the registered manager. For example, one person said, "I do think the home is well managed. The unit manager comes to see me every day." A relative of a person said, "This home is managed well, they seem pleasant and have time for you". When we arrived at the home unannounced just before 8:00 the registered manager was already in the office. We also saw the registered manager communicating with visitors and staff in the office and in different areas within the service. This showed that the registered manager was approachable and available to listen to people and address their enquiries.

All staff we spoke with talked positively about their job and management. They said they liked their job and the management was supportive. They told us they received regular supervision from their managers. Staff files showed that staff had one-to-one supervision where they discussed relevant issues to their roles including their training needs.

Staff demonstrated a good understanding of the whistleblowing procedure. They told us they had read the service's whistleblowing policy and knew that they would make use of it if they felt the registered manager did not deal with concerns appropriately.

Relatives meetings were organised once every three months. Records showed that the last relatives' meeting took place in November 2014. We noted the relatives discussed issues common to people and suggested how to

make improvement so that people received a service that met their needs. The minutes of the relatives' meeting showed care staff and the manager attended the meeting. The registered manager told us that this was to help staff contribute to the meetings and understand issues discussed so that they would address the relatives' concerns.

A questionnaire was used to seek relatives' views about the quality of the service. We looked at the summary of the people's feedback and noted that most people were positive about the service. People's comments, which were included in the summary report, included, "Overall, the standard of care is very good but in general the home could do with decorating. My [relative] is currently safeguarded and I am confident [they] actually [are] safe." Other comments included, "The standard of cleanliness has dropped over the last one or two years. Floors are mopped but never deep cleaned." The registered manager told us and the records showed that action had been taken to address people's comments.

Accidents and incidents were monitored weekly. This was confirmed in the records we checked. However, we had received information from a relative about an incident which had not been recorded or reported for three days. We discussed this with the registered manager who later investigated and explained that the incident was reported before the weekly audit of incidents. They informed us that action had been taken regarding this incident and a lesson had been learned to ensure that all incidents and accidents were recorded, audited and reported daily.