

Care UK Community Partnerships Ltd

Heatherbrook

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 May 2017 and was unannounced. At our previous inspections on 11 December 2014 and 13 October 2015, the service met all legal requirements and was rated 'Good'.

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. At the time of the visit, there were 34 people using the service.

The service had 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.

We found that the service did not always deploy enough staff to meet people's needs and staff worked long hours. We have made a recommendation about this. Staff were caring and kind to ensure people were not at risk of harm. Care plans and risk assessments were completed for each person using the service. People using the service were treated with respect and dignity and that their privacy was ensured.

There was a robust recruitment system in place to ensure staff were appropriately checked before they started work at the service. The support and training available to staff helped them to deliver care that reflected and met people's needs. Medicine administration was undertaken by staff who had training and experience. People were also encouraged and supported to make their own decisions regarding their care and the service operated in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were a range of activities in which people could participate. People's healthcare needs were monitored and appropriate care was provided. The food provided at the service was varied and nutritious.

Staff worked as a team supporting one another. The registered manager sought the views of stakeholders through surveys and meetings to ensure continuous improvement of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People's health and safety was sometimes at risk because there was not enough staff deployed, and we have made a recommendation about this.

Risks to people were assessed and staff knew how to manage them.

Staff had knowledge about adult safeguarding and how to report incidences of abuse.

Medicines were administered by trained and experienced staff. The staff recruitment processes were robust to ensure staff were suitable to work with people who used the service.

Requires Improvement ●

Is the service effective?

The service was effective. Staff had the necessary skills to care for people.

Staff ensured that they asked people's consent whilst providing care. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and ensured people's rights were respected.

The food provided at the service was good. People were supported to have access to health care services to promote their health.

Good ●

Is the service caring?

The service was caring. Staff treated people with kindness, dignity and respect.

People were asked about their individual preferences and staff promoted their privacy.

Good ●

Is the service responsive?

The service was responsive. People's care plans were based on their assessed needs. The care plans were regularly reviewed to identify and meet people's changing needs.

Good ●

People were supported to join in various activities.

People, relatives and staff were confident that the registered manager listened to and dealt with their concerns.

Is the service well-led?

The service was well-led. The registered manager promoted a caring and inclusive culture.

There were systems in place for auditing and assuring the quality of care provided.

Staff were supported to promote the vision and values of the service.

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.

The inspection took place on 16 May 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people, three relatives and a GP. We also spoke with three care staff, two nursing staff, a laundry assistant, a chef, a manager and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicine administration records and reviewed how complaints were managed. We looked at six recruitment records and staff training records. We also reviewed various health and safety records and information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People who lived at Heatherbrook and their relatives felt that people were safe in the service. One person said, "I feel safe here. It is a lovely home." A relative told us, "[The person using the service] is safe here as [the person] can be anywhere. I have no concerns whatsoever." another relative said, "I am 80 per cent sure [the person using the service] is safe here. There had been instances in the past where residents had been to [my relative's bedroom] but these have now been resolved." A third relative told us that they wouldn't have left the person at the service if they were concerned the person was unsafe.

However, we found that there were not always enough staff to ensure people received safe, timely support. When we arrived at 8:00am there were two care staff and a nurse working on the ground floor where 16 people lived. We saw the care staff were serving breakfast in the dining room to four people and the nurse was administering medicines. The care staff told us that the other 12 people in the unit, who were not in the dining room for their breakfast, "chose to remain in their bedrooms" and that they would have their breakfast when they were ready. However, we observed one person who wanted to go to the dining room but had no one to assist them.

Staff told us there were three care staff and a nurse working in this unit during the day. We were told that one member of staff called in sick and they were trying to call agency or bank staff to come to support people. The staff rota showed there were three care staff on shift during the day in the unit. However, we noted that one of these care staff was on the rota to start at 9:00am.

Before the inspection we had received information that the service did not have enough staff and relied on agency care workers. The information stated that care staff also worked long hours (12 hours every shift) and were too tired to deliver care that was safe and met people's needs. Records confirmed that the service used agency and bank staff on a regular basis and the staff rota required them to work 12 hours on each shift, between 8:00am and 8:00pm. Staff told us they did not mind working long hours as they had three breaks of 15, 30, and 15 minutes at different intervals during each shift. The registered manager said that staff agreed to the working hour arrangements in place. She also agreed that the staffing level at breakfast time on the day of our visit was not enough to meet people's needs but she would ensure that this would not happen in future.

We noted that there were four care staff and a nurse on shift working on the first floor (known as The Highlands). Relatives told us that there were enough staff on shift on this floor. They told us staff were always around to support people. We also noted that one person had one-to-one staff support in this unit. However staff also worked long hours on this floor and the provider used agency staff.

We recommend that the provider reviews the staffing at Heatherbrook to ensure that there are contingency plans in place to cover for staff sickness and shortages.

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us that they had training in moving and handling, infection control, and using equipment such as hoists and

wheelchairs to safely transfer people. They told us they knew what constituted adult safeguarding and how to report them. One member of staff said, "I will report abuse to my manager. If the manager is not taking action, I will report to the local authority or the Care Quality Commission." Staff confirmed that they had read and were clear about the provider's whistleblowing policy.

Relatives told us they "would trust the staff". The provider had recruitment practices that ensured staff were checked before they were employed and confirmed into post. We looked at recruitment records for staff and found that the relevant procedures such as police checks, written references and personal identification evidence were completed before staff worked unsupervised at the home. This showed that people were supported by staff that were appropriately checked.

People received their medicine in a timely manner. One person said, "[Staff] administer my medicines on time." We observed staff following the providers' policy and procedure for the administration of medicines. We saw that a registered nurse was responsible for administering medicines in each of the floors. We found one tablet, which was not accounted for, in a cup on the medicine trolley on the ground floor. Staff told us that the tablet had been refused by a person but they wrongly signed as if it had been administered. They explained that this error would be picked up through their daily and weekly auditing of medicines. Apart from this, we noted that the medicine administration record chart and the medicines were all in order.

We found that people's medicines had been stored and administered safely. People's records showed that their medicine was regularly reviewed with health care professionals. We saw there was a robust system for monitoring the storage and administration of Controlled Drugs (CD). CDs are prescription medicines that are controlled under the Misuse of Drugs legislation. Records were accurate and drugs were kept in a tightly secured cupboard within a locked cupboard. We saw that amounts were checked at each change of shift.

Is the service effective?

Our findings

People, relatives and professionals told us they were happy with the way the service provided care and treated people. One person said, "The staff are very good. I am happy with them". A relative told us, "I don't have any problem with staff. I feel staff are trained. They have good attitude but English is a second language for most of the staff [which means communication is not great]." We noted many of the staff at the service spoke English as a second language and were undertaking lessons to improve their skills in the language. Another relative who stated they were happy with the staff commented, "Staff always know the answers if I ask them questions. They are very good and knowledgeable." A health professional who told us they visited the service at least once every week said, "Staff are very good at their job, for example, managing dementia."

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The registered manager told us how they put the principles of the MCA into practice when providing care for people. Records showed where people lacked capacity to make a decision about their care or support, mental capacity assessments were completed and decisions made in their best interests.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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 saw that they had done this appropriately and were in the process of assessing and referring people for a DoLS decision. This meant that people's rights were protected.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were included in some people's care plans. The visiting GP confirmed that they completed these with people or their representatives.

Staff told us they were happy working in the service and that they felt supported. A member of staff said, "I do like working here. The staff are very helpful, they are ready to show you [if you want assistance]." Another member of staff told us that they enjoyed working at the service. They said that they had enough training which helped them develop their skills and knowledge of caring for people. Staff told us that they had face-to-face and online training. The list of training which staff completed included moving and handling, fire safety, adult safeguarding, dementia awareness, basic food hygiene, and infection control. Staff we spoke with confirmed that they also completed an induction programme when they started work at the service. Records and certificates we saw confirmed that staff had completed induction and training programmes

related to their roles.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a meeting staff hold with a senior member to discuss their practice and development needs. We noted team meetings took place monthly and staff said they were very useful and good for keeping up with changes in care practices and training available. This showed that staff were supported to discuss practice and training matters relevant to their job.

People and relatives told us the food was good. One person said, "They give me two choices at dinner time; it is very good food." A relative told us, "I know that [staff] give [the person using the service] food that [the person] likes when [the person] wants." Another relative said, "I think the food is good and it is varied. If you ask something else [which is not on the menu], they are flexible. They even let us have meal as a family [with our relative] if we let them know in advance." We observed lunch being served and saw that people were assisted with their meals. We saw that staff were not hurried when supporting people. The chef knew people's preferences and any food allergies or intolerances people had. Some people were provided with soft diet or pureed food based on their individual assessed needs.

The service worked closely with healthcare professionals. A visiting GP told us that they had "an excellent working relationship with the home". We were told that staff were "very good at contacting the GP or calling the ambulance [if medical care was needed]." Records we saw and discussions with staff confirmed that people were supported to see opticians, dentists and chiropodists. We also noted that preventative health care treatments such as flu jabs were offered following people or their representatives' consent. This meant people were supported to access appropriate medical care.

Is the service caring?

Our findings

People and relatives told us staff were caring and kind. One person said, "[Staff] are caring. They make me my breakfast and lunch. They know what I like and don't like." A relative told us, "They are caring. There is a caring atmosphere here. My other family members commented positively about the service. [The person using the service] wouldn't be here if we were not happy. [The person] seems to be content here. None of the staff seems to be grumpy."

During most parts of the visit we observed people were relaxed. We saw them smiling and talking with staff or their relatives. We saw staff offering people drinks and snacks. We noted the service provided a quiet room which people could use, if they wished, to meet with their visitors. There was also a multi-faith prayer room if people and relatives wanted to practice their religion whilst at the service.

Staff encouraged people's independence. For example, we noted staff encouraged people to eat their meals independently where possible. The registered manager showed us the risk assessment that had been carried out and the work to be completed to make the gardens more safe for people to use. We saw that benches were provided in the garden for people to sit on during the summer. We noted that an 'Open Day' would be held in June.

Staff asked people's wishes and preferences before providing care. For example, they showed the options available and asked people's choice before giving them drinks and meals. Staff were not hurried when interacting with people. This gave people time to decide what they wanted. Staff also understood that some tasks could take time for people to complete due to their needs. We noted staff were patient and supported people to do as much as possible for themselves.

People told us staff treated them with dignity. One person said, "[Staff] are lovely, I have no problems." We observed staff knocked on the doors before entering bedrooms. We also noted in care files that people's preferred names were given so staff could address them appropriately. Staff explained how they treated people with respect and dignity when providing personal care. They told us they always explained to people and asked their permission to provide personal care. Staff said they shut the doors or the curtains to ensure people's privacy. We noted that people's care files were kept securely in locked rooms.

Is the service responsive?

Our findings

Each person using the service had a care plan based on their assessed needs. One person told us staff discussed their needs and care plans with them and a copy of their care file was left in their room so that they and their relatives could check them. We also reviewed six care files and noted that care plans contained information on people's needs, how they wanted to be addressed, any allergies and their gender preferences for staff. For example, one person's preference stated that they preferred to be supported by female care workers for their personal care. We noted this was respected and the person was always being supported by female care workers for their personal care.

The registered manager told us and care files showed that each person's needs were assessed before they were admitted to the service and their care plans reviewed monthly. The care plans outlined people's 'current situations, expected outcomes and actions to be undertaken' by staff to meet people's needs. Staff also kept daily records of the care provided and their contacts with people. The reviews and daily records ensured that staff had up to date information on people's care needs and how they were supported. A relative confirmed that they "went through the care plan" with staff.

In addition to people's care needs, the care files contained their life stories entitled "My Life Story" or "This is Me". This gave information about people's background, their interests, hobbies and what they did in their life. This information was important for staff to provide people with support and care that reflected their needs. For example, one person told us how they "trained" a member of staff to play a game with them. We also noted some people were engaged in different activities of their interest.

Most of the people and relatives we spoke with were satisfied with the activities. However, one person said, "The activities are hit and miss." But two relatives told us the service had "a lot of activities" and staff "try to involve everybody". We saw a programme of activities, which was displayed in the corridors and included morning and afternoon activities. We noted people could take part in arts and crafts, ball games, dough making, cake decorating, films, television, music and one-to-one sessions. We noted a hairdresser came to the service once a week and at the time of the visit, the hairdresser's room was being upgraded with new facilities such as mirrors.

People and relatives told us they were aware of the service's complaints procedure. They told us they could talk to the staff if they had any concerns. The registered manager was open to listening to people, relatives and staff and making changes as required. The registered manager told us she has an open door policy which meant she was available to listen to people and relatives. Staff confirmed that they had read the provider's complaint policy and knew what to do if they received a complaint. We noted two complaints had been received, investigated and resolved since December 2016.

Is the service well-led?

Our findings

The registered manager had a quality assurance system in place to ensure various aspects of the service were reviewed on a regular basis. This included auditing and checking infection control measures, medicines, equipment, staff rotas, care plans, risk assessments, falls trackers, reviewing care plans and that risk assessment were in order and were up to date.

The provider also undertook a survey of relatives and staff to ask them what they thought of the quality of the care provided. The last such surveys were undertaken through telephone calls to relatives in October 2016 and February 2017 and the feedback received was positive. The registered manager, who was new to the service, told us that she had a plan to carry out another survey, which would be in the form of questionnaires.

The registered manager sought regular feedback from people, relatives and staff through meetings. For example, we saw the minutes of 'residents' meeting' that took place on 3 April 2017. We also looked at the minutes of relatives and staff meetings that were held on 24 February and 10 May, respectively. The relatives meetings took place once every three months and people and staff meetings were held once every month.

Although the registered manager used bank and agency staff to cover some shifts, the system did not always work well to ensure there were enough skilled and experienced staff to meet people's needs. We recommend that the registered manager reviews their system of quality and safety checks of the service to ensure all risks within the service are assessed, monitored and mitigated, including risks related to staffing levels.

Relatives spoke positively about the staff and how the service was managed. One relative said staff seemed motivated and "[are] always helpful, nothing is too much trouble". We observed that the registered manager was available in the units talking with people and relatives and supporting staff. A visiting health professional said the service worked well with them.

Staff told us that they felt supported and had enough guidance from the nurses, deputy manager and the registered manager on how to meet people's needs. A member of staff said, "The manager is good. She takes interest in everything. The home is good." Another member of staff spoke positively about the management of the service and said that they "can ask the nurses or the registered manager [anything they are not clear about]". All the staff we spoke with told us that they worked as a team to ensure people received care that met their needs.

The registered manager told us and records and certificates showed that the facilities and equipment were serviced and maintained to ensure the health and safety of people who used the service. For example, the gas boiler and the passenger lifts were serviced, and fire alarm checks were undertaken regularly. Information we held showed that the registered manager was aware of their duty to report incidents to CQC.