

Huntercombe 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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heathside Neurodisability Unit is a care home with nursing, providing support, accommodation 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 the inspection 18 people were using the service.

People's experience of using this service and what we found

People were protected from the risk of abuse or harm. Medicines were managed safely. There were systems in place to assess risks and strategies were in place to mitigate these.

People's needs were assessed, and care plans put in place to meet these. The service employed a range of multi-disciplinary professionals who worked together to plan and deliver rehabilitation programmes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the kind and compassionate attitude of the staff team. Staff promoted people's dignity and independence. People were consulted about every aspect of their care and support.

People knew how to complain if they were unhappy about their care and support. Staff had a good understanding of people's needs and preferences. People had access to advocacy services to enable them to discuss and feedback about the care and support they received.

People who used the service were positive about the staff and the management and felt the service supported them to progress through their rehabilitation. There were a range of systems and opportunities in place to get feedback and suggestions for improvement.

Rating at last inspection

The last rating for this service was requires good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heathside Neurodisability Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

Heathside Neurodisability Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the head of services, the practice development nurse, the head of ward, the head of therapy, a nurse, two rehabilitation assistants and two patient activity liaison workers. We also spoke with a health and social care professional who regularly visited the service to gather people's feedback.

We reviewed a range of records. This included six people's care records and medicines records. We looked at seven staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was keeping them safe from harm. We received comments such as, "The people and the services make me feel safe here" and "I've never been so safe. Staff come and check on you day and night."
- Staff showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The service informed all relevant agencies when there had been allegations of abuse. Investigations were carried out and appropriate action taken.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, and reviewed regularly by experienced staff. We saw a range of risks assessments including those related to risks of dehydration and malnutrition, falls, and risks associated with safety measures such as bed rails.
- The service had an up to date fire risk assessment and there were personal emergency evacuation plans for each person using the service.
- There were regular health and safety audits of the service to ensure maintenance issues that may cause people harm were resolved quickly.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. Each shift was staffed by a nurse and a team of rehabilitation assistants. During the day there were a range of different professionals delivering therapy sessions.
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- We received feedback that the service had historically struggled to retain a full staff team and had relied on agency staff to ensure staffing levels were appropriate. The service had taken steps to resolve this and recently recruited several posts to reduce the use of temporary staff.

Using medicines safely

- People's medicines were managed well, and people were encouraged to work towards managing this

themselves as part of the rehabilitation process.

- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- People's medicines were checked regularly to ensure they were being stored, administered, and accounted for correctly. Medicine errors were addressed, and additional training and guidance given to staff to help prevent issues reoccurring.
- The service worked closely with the dispensing pharmacy to ensure the service was adhering to best practice guidelines.

Preventing and controlling infection

- Infection control procedures were in place and the environment was kept clean and tidy to promote people's safety and wellbeing.
- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infection. Infection control audits ensured that hand gel was available and hand washing facilities were in place.
- The kitchen had acquired a rating of five (the highest rating) at the recent Food Hygiene inspection.

Learning lessons when things go wrong

- There was a system in place for staff to record all accidents and incidents. These were communicated to the senior management team and discussed with all relevant staff. Accidents and incidents were discussed at the health and safety meeting to enable the service to learn from these and prevent issues from reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs were completed by a nurse or other competent person. Rehabilitation plans were devised with input from a range of multi-disciplinary professionals including physiotherapists, psychologists, occupational therapists, speech and language therapists and nurses.
- People were actively involved in their assessment and the ongoing review of their care plan. The multi-disciplinary team reviewed people's plans every month to track progress towards rehabilitation and plan their discharge from the service.
- People spoke highly of the support they received from the different therapists. One person said, 'Physiotherapists, occupational therapists, speech and language and doctors are so good they have worked with me and made it possible for me to go home soon.' Another person told us, 'The speech and language staff and the physio have got me to where I am now.'

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support.
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. Staff were positive about the ongoing opportunities to develop in their role. One staff member told us, 'I have just finished the care certificate and they have enrolled me on extra training for more specific brain injury training.'
- Staff told us they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information regarding specific dietary needs such as allergies or special diets for people with difficulties swallowing. This information was shared with the chef to ensure people received food that was safe for them to eat. The chef regularly consulted with people to ensure they were happy with the menus and people gave suggestions of things they would like on the menu.
- The overall feedback about the food available was positive. One person said, 'The food is not too bad and there is a choice given the day before, so you can pick what you want.' A relative also told us, 'My [family member] is very fussy and only likes plain food and no sauces. Staff know this and try to get something they will like. If not, we can ask for a jacket potato with baked beans and cheese.'

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service assessed people's health needs at the point of admission and monitored these as they progressed through their rehabilitation programme. Care plans contained detailed information on what support people required to maintain their oral health.
- The staff team consisted of health practitioners such as nurses, doctors and consultants who worked to ensure people's health needs were being met. The service also worked with a range of external healthcare professionals such as GPs, district nurses and the Home Enteral Nutrition team (HEN) when people had additional healthcare needs.
- People told us they felt confident that the service was helping them to get better. One person told us, "I'm so glad they help me so well as I want to get well. I love the man who does physio with me as he is so good."

Adapting service, design, decoration to meet people's needs

- The physical environment met people's mobility needs. The service was wheelchair accessible and there were appropriate mobility aids and adaptations.
- Some areas of the service had been identified as needing some improvements and there were plans in place to improve the dining area, the multi-faith room and the garden to improve people's experience and comfort whilst at the service.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- All the necessary DoLS applications were made when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff demonstrated an understanding of the principles of the MCA and how they put this into practice in their day-to-day work. One staff member told us, "We always assume people have capacity to decide things for themselves. If they don't then the doctor will do a capacity assessment. When we are keeping people safe we have to use the least restrictive approach."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with respect by dedicated staff. We received comments such as, "People are polite to me" and "The staff are fantastic, and they are so cheerful as well."
- Care plans included information about people's likes, dislikes, preferences, cultural requirements and spiritual beliefs. Staff told us how they ensured people's cultural and religious needs were observed when doing personal care.
- The service had a multi-faith prayer room for people to use if they wanted. People were supported to attend church services outside of the service when they were well enough to do so. The registered manager told us that they planned on making stronger links with local faith groups so visits could be arranged for people who were not well enough to leave the service.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions about their day-to-day care and rehabilitation programmes. The service held regular review meetings which were attended by people receiving care, their relatives and the appropriate multi-disciplinary professionals.
- People had signed their care plans and risk assessments to show they understood and agreed with them. Where people lacked the capacity there was evidence that their next of kin had been consulted.
- The service enlisted an advocacy service to consult with people about the care and support they received. Advocates are trained professionals who support, enable and empower people to speak up. The advocate attended the service weekly to meet with people and gather feedback. The feedback was communicated to the management team, so they could take the necessary action to resolve any issues or concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted and they were treated with dignity. One person told us, "All staff are kind and respectful, they always ask me what I would like them to do, if they are doing personal care they cover me as much as possible with a towel."
- The service focused on increasing people's independence in all aspects of daily living and people's comments confirmed this. Comments included, "The occupational therapist is very good at helping me re-learn how to shower and dress myself as I want to be independent again" and "Staff let me do my medicine and check I know what I am doing, they sometimes leave something out to see if I have noticed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's history, likes and dislikes in all aspects of their care and support and rehabilitation.
- The service had identified that agency staff did not know people's needs and preferences in as much detail as permanent staff. This was confirmed by the feedback we received. One person told us, "Permanent staff know people's individual needs where agency don't always." To improve this the service had reviewed the induction process for agency staff and created an 'at a glance' care plan which was stored in people's rooms to enable agency staff to access this information without the need to log on to the computer.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed by a speech and language therapist and individual communication plans put in place to ensure staff understood people's communication preferences. Guidelines included minimising distractions, using visual cues and giving people extra time to process the information given to them.
- There were easy read versions of key policies such as complaints and DoLS available to enable people to understand their rights.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were two patient activities liaisons employed to provide a range of regular and ad-hoc activities. Regular activities within the service included tai chi, music therapy, karaoke, arts and crafts and bingo. One person told us, "There are some music sessions and games and sometimes a singer."
- There were also opportunities to attend activities in the local area. One person told us, "We have been to the cinema once and also ten pin bowling and to Greenwich Park with the walking group."
- People were able to spend weekends at home as part of the plan towards their discharge home. People told us, "I am now going to stay with family at the weekends to get me used to things before I am discharged" and "I have started going home Friday to Sunday which I love."

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose.

- People were aware of what they needed to do if they were unhappy about any part of their care and support and they felt confident that their concerns would be addressed. We received comments such as, "If I had a problem I would talk to a nurse first. They bend over backwards to help" and "We have had complaints and when we have we have felt listened to and they have been acted on."

End of life care and support

- The service was not providing end of life care and support. There was a policy in place and guidance for staff on what steps to take in the event of an unexpected death of someone using the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service were positive about the care and support they received and how the service was managed. We received comments such as, "You notice the ward manager runs things well and you can see them pulling staff up if needed."
- Staff were positive about the service and consistently told us how they felt a sense of achievement when people reached their rehabilitation goals. One staff member said, "The best thing about my job is seeing the people regain their independence and walk out of here, that really puts a smile on my face."
- The service had recently set up a staff recognition awards scheme to reward staff who had received particular praise from people receiving care, relatives, other staff members or professionals who worked with the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information they required when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.
- The most recent report from the Care Quality Commission was on display at the service and on the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were daily multi-disciplinary meetings to ensure relevant information was shared between teams. These meetings included general updates, information on recent incidents and any safeguarding concerns, complaints and lessons learnt.
- Monitoring and quality assurance audits were in place to ensure the service was meeting its regulatory and contractual obligations. Areas covered in the audits included care planning and risk assessments, mental capacity and DoLS, health and safety processes and clinical governance.
- The provider took part in regular quality meetings with the commissioners and provided regular updates on important events. They told us, "The service responds to concerns providing appropriate detail when requested."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a range of opportunities for people, relatives, staff and visitors to provide feedback about the service through surveys, review meetings, supervision and appraisal.
- An advocate visited the service every week to meet patient forums and encourage people to give feedback about their experience of the service. Areas of feedback included the food, housekeeping, staff, therapies and the activities that were provided.
- There were regular staff handovers and meetings convened to ensure all staff were kept up to date with all relevant information about people using the service.

Continuous learning and improving care; Working in partnership with others

- There were a range of current and planned initiatives to ensure ongoing improvements were being made. The service had identified areas of the building such as the garden that needed re-designing and additional funding had been agreed to complete this.
- The service had commissioned an accessibility charity 'AccessAble' to review the environment with a view of building on and improving the accessibility of the service.
- The service had recently joined the preceptor nurse programme which enabled newly qualified nurses to gain work experience in a variety of clinical settings. As part of this programme a group of newly qualified nurses would be working at the service. This would increase the numbers of skilled nurses with experience and knowledge of neurorehabilitation services.
- The service worked in partnership with NHS England who commissioned the rehabilitation service. They told us, "New management in the last three years have demonstrated a more open and collaborative approach."