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Heathfield House

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heathfield House is a care home providing care and support for up to 10 people who have a learning disability and or mental health needs. At the time of our inspection 10 people were living at the service. People received support from staff 24 hours a day. The service is owned by an individual who also owns 2 other adult social care services in North London.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support:

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. Staff focused on people's strengths and promoted people's capabilities, so people had a fulfilling and meaningful everyday life.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. We made a recommendation for the provider to review accessible communication guidance. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. We made a recommendation to the provider to

review how they identified lessons learned following incident and accidents.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection

The last rating for this service was good (published 4 September 2019).

Why we inspected

We undertook this focused inspection to assess that the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathfield House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Heathfield House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out on site by 1 inspector and a nurse specialist advisor. After the inspection, an Expert by Experience contacted families for feedback. 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

Heathfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heathfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager and 2 care workers. Following the inspection, we spoke with 2 relatives of people who lived at the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- The provider had a procedure for the reporting of incidents and accidents, but this was not always being followed. We found the reason for the incident had not always been investigated and any lessons learned were not always identified.
- We reviewed 2 incident and accident records and we found they had recorded a description of what had happened and what immediate action was taken. There was no information noted on any additional actions taken or any lessons learned to reduce further risk.
- We raised this with the registered manager who explained that they had an incident review and analysis form which was supposed to be completed following an incident, but this had not been completed following these incidents. The form included sections reviewing the background leading up to the incident and the immediate action taken. There was also a section for the analysis of the incident and any lessons learned to reduce risks.
- The registered manager confirmed they would review the reporting process and ensure the analysis was completed in future.

We recommend the provider reviews their incident and accident reporting system to ensure it is followed and any lessons learned are recorded and actioned.

- Following the inspection, the registered manager confirmed a lessons learned form was now being used when an incident and accident occurred to identify how possible risks could be mitigated.

Assessing risk, safety monitoring and management

- Risks associated with people's care and wellbeing had been assessed and risk management plans had been developed.
- The risk management plans had been developed for a range of issues including financial management, behaviours, diabetes, sleeping, mobility, and smoking. These risk management plans provided staff with guidance on how they could support the person with what actions to take to mitigate the identified risks.
- Personal emergency evacuation plans (PEEPs) had been developed for people living at the home to provide guidance on the support they needed in case of an emergency. The PEEP included information on what physical support the person required from staff if an emergency evacuation was required but did not consider the person's reactions to an emergency if they were living with a mental health condition.
- This was discussed with the registered manager who confirmed they would review the PEEPs to ensure each person's physical and mental health needs were identified and guidance provided on how to support them. Following the inspection, the registered manager confirmed the PEEPs had been reviewed and updated with additional information.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes for the reporting and investigation of safeguarding concerns. Staff members we spoke with demonstrated a clear understanding of what safeguarding means and how to ensure people's care was provided in an appropriate and safe manner.
- People we spoke with confirmed they felt safe receiving support from the staff. Relatives also told us they felt their family member was safe.
- The registered manager confirmed there had been no safeguarding concerns raised since the previous inspection.

Staffing and recruitment

- The provider had a robust recruitment process which enabled them to identify if new staff had the appropriate skills and knowledge for the role.
- We reviewed the recruitment records for 3 staff members who had been recruited recently. We saw each staff member's records included two references, their right to work in the United Kingdom was checked, any restrictions on work visas were identified and a criminal record check was completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staffing levels were based upon the support needs of the people living at the home. The registered manager confirmed there were 4 staff working during the day and 2 staff members at night. A staff member we spoke with confirmed that if they are short staffed, the registered manager steps in to provide support.
- Relatives confirmed they felt there were enough staff on duty when they visited to meet people's support needs.

Using medicines safely

- Medicines were managed safely. The provider had a process for the management and administration of medicines to ensure they were given as prescribed. There was a medicines policy and a medicines error policy which were regularly reviewed and could be accessed by staff.
- We reviewed the medicines administration records (MAR) for 10 people, and we saw that staff had signed when administering each medicine and allergy information was identified. The stock levels of medicines reflected what was recorded in the weekly stock audits.
- The medicines fridge temperatures were regularly checked, and we saw the temperature records for 3 months which showed that medicines were stored safely within the correct temperature range to ensure they worked effectively.
- The staff who administered medicines had a medicines competency assessment completed to check their skills and understanding.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider ensured relatives and friends were able to visit people living at the home to maintain their

social connections. Relatives confirmed they were able to visit their family member regularly.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home's environment enabled people to be as independent as possible and to take part in activities they enjoyed. We found that some areas of the home looked tired and were in need of updating or replacement.
- The electric wall heaters in the dining area had areas of rust with melted wax on them. The seal around a window in the dining room was partially detached. The medicines trolley, which was used to store the prescribed medicines, was very old, had rust on the shelves, was dusty and areas where medicines had been previously spilled. The carpet on the stairs was old.
- This did not put people at direct risk but did not always provide a homely environment.
- We discussed this with the registered manager who confirmed they were aware the home required some updating. They told us a review of the environment would be carried out following the inspection and action taken to make improvements.
- Following the inspection, the registered manager confirmed the medicines trolley had been replaced and a redecoration programme of communal areas was underway with the aim of completing this by 31 October 2023.
- People were supported to personalise their bedrooms, so they felt comfortable and at home.
- There was a garden which people could access with an area for people to smoke if they wished.

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

- People were supported to eat a healthy diet which included food and drink they enjoyed. Care plans included information on the person's food preferences and nutritional requirements.
- Staff cooked the meals for people living at the home. The menu for the day was displayed on the wall outside the kitchen. Staff completed training for food hygiene and staff were provided with guidance of the use of thickener in fluids and cutting up food to reduce the risk of choking for a person with a swallowing issue.
- During the inspection the staff told us there was chicken stew for lunch but people we spoke with said it was chicken curry. One person we spoke with said they did not like curry. We asked the registered manager about this, and they explained that meals were often prepared so that additional spices and flavouring could be added to meet people's preferences.

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

- People's support needs were assessed before they moved into the home. The assessment of care needs was carried out which enabled the provider to identify if they could meet the person's specific support

needs. This information was used to develop their care plan and risk assessments.

Staff support: induction, training, skills and experience

- Staff completed a range of training courses which provided them with the range of skills and knowledge required to meet people's care needs. The training courses included first aid, diabetes awareness, managing continence care and supporting people with any behaviour issues.
- Staff also completed the Oliver McGowan mandatory training, which provided staff with information to support them with how to interact appropriately with people who are living with a learning disability and autism.
- We saw that the staff members had either completed an NVQ in health and social care or the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had regular supervision meeting and an annual appraisal with the registered manager which included quality of care provided, skills and knowledge, decision-making and any issues were discussed.

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

- People were supported to access healthcare services when required to enable them to receive the care they needed. Care records had information on people's visits with healthcare professional including GPs, nurses, chiropodists, dentists and opticians.
- People were supported to attend regular appointments.
- People's care plans included guidance for staff on whether the person required support with oral care and how they could help them if required.
- Regular checks were carried out for people who required them, including blood pressure and blood glucose testing. Weekly weight checks were carried out with each person as well as monitoring their body mass index. These were monitored to identify any issues with a person's nutrition.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments had been completed for a range of aspects of care including receiving care, the administration of medicines, COVID 19 testing and vaccination, and undertaking activities outside of the home.
- Staff demonstrated a good understanding of the MCA and how to support people to make decisions about

their care if required.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plans, but this was not always reflected in how information was provided.
- Care plans identified if the person had any visual or hearing impairments and provided guidance for staff on how they could support the person. Even though the care plans provided guidance, we noted that the care plans were not written in an easy read format or in a format which took into account the person's specific communication needs. For example, the care plan for 1 person indicated they could understand simple phrases and wording, but their care plan did not reflect their communication support need.
- We discussed this with the registered manager who confirmed they would review the communication needs of people to ensure this was reflected in the format information was provided.

We recommend the provider reviews the Accessible Information Standard to ensure people are provided information about their care in the appropriate format.

- Following the inspection, the registered manager confirmed that they had identified the people whose communication support needs indicated they would benefit from having their care plan in a suitable pictorial format and these had been developed.

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

- People were supported to be involved in activities they enjoyed both inside and outside of the home. One person told us the staff helped them go out every day as they liked to go to the local shopping centre.
- We noted that the activity plans, which were part of the care plan, were the same for each person and they were not personalised. We discussed this with the registered manager who confirmed that this was a generic activities list which was part of everyone's care plan. The registered manager said the staff were aware of the activities people enjoyed and needed support with and helped them when required.
- A staff member described the range of activities they support people with that included drawing, games like snake and ladder, playing badminton and going to the local shops.
- The registered manager said, "Some people were going on holiday during the summer and other people

were being supported to have a staycation."

- People confirmed their family and other people who are important to them were able to visit when they wanted. This was confirmed by the relatives we spoke with.

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

- Care plans were written in a person-centred manner. People's care plans provided staff with information on their specific care needs and how the person wanted their care provided.
- Each person's care plan had a range of sections providing information which included personal care, evening routine, clothing, managing finances and physical health. We reviewed the care plans for 5 people, and we saw there was detailed guidance for staff on how to support each person to meet their care needs in a way they wanted their care provided.
- Guidance was developed for staff on how to support people if they became frustrated or if they felt unable to communicate their wishes. Records were completed when this occurred to identify why the person felt frustrated, what had happened and if the support they received was appropriate.
- People had regular meetings with their named key worker to discuss how they felt about their care, anything they would like to do and any concerns they had. These meetings were recorded as part of the care records.
- Staff recorded the care and support they provided for each person during their shift. The staff also recorded what the person ate, any activities they undertook and how the person was feeling.
- Staff confirmed they regularly read the care plans and risk assessments for the people they supported.

Improving care quality in response to complaints or concerns

- The provider had a procedure for when concerns were raised to ensure they were reviewed and investigated. One relative told us they had made a complaint a number of years ago and they felt it was dealt with appropriately.
- The registered manager informed us that they had not received any complaints since the previous inspection.

End of life care and support

- People's wishes relating to how they wanted their care provided when receiving support at the end of their life were identified. The registered manager confirmed, at the time of the inspection, they were not providing end of life care for anyone living at the home.
- People's care plans included information on their end-of-life care wishes and if they wanted to be resuscitated. This included if they would like to be resuscitated, where they would like to die and whom they would like to inform if their health deteriorated.
- We noted there was inconsistency with the information in one person's end of life care plan which stated they wanted to be resuscitated. There was also a do not attempt cardiopulmonary resuscitation (DNACPR) document stating they did not want resuscitation. We raised this with the registered manager, and they confirmed they would review this with the person and their relatives. Following the inspection, the registered manager confirmed people's DNACPRs had been reviewed to provide accurate information.
- The registered manager explained that if a person required support if their health deteriorated, they would work with the person's family and healthcare professionals to ensure the person receives the support they want.

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had developed a range of quality assurance checks to monitor the care provided and the environment. People's care plans and risk assessments were reviewed each month to ensure they reflected the person's care and support needs. The registered manager explained they also did a detailed review of 2 care plans each week to ensure they had been updated in case of changes.
- A weekly audit was carried out which reviewed staffing levels, fire safety, health and safety, food hygiene, infection control and medicines management.
- The registered manager was responsive when the issues identified during the inspection were discussed. They implemented an action plan and made improvements following the inspection.
- Specific staff had been identified as champions for diabetes, medicines and falls assessment. The staff members had completed additional training and provided support for other staff in relation to these areas.
- Checks were completed out of hours to ensure the staff were providing care as planned and there was one waking and one sleeping staff member of duty.
- Staff said they felt supported by the management of the home. One staff member told us, "There The staff are supportive, respect each other and staff feel safe. Staff feel comfortable to approach the manager."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care which was person centred. Staff had a good understanding of people's support needs and how they wanted their care provided. We saw staff had a good relationship with people they were supporting.
- People told us they felt safe and were happy with the care they received. Their comments included, "The staff are kind and very helpful. The staff are caring. I get on well with the other residents" and "I am able to tell the staff when I am not happy about something. Staff are kind and caring."
- Relatives were also happy with the care their family member received, with one relative commenting "As far as I know they're pleasant and capable. I base it on how my [family member] is, and how content and happy they are."
- People's individual equality characteristics which included ethnic background and religious preferences were identified in the care plan and reflected in their care. The registered manager explained they ensured the care was provided in a way which did not discriminate, and people were encouraged to discuss any issues with them or with a staff member if they preferred.

- Relatives confirmed they were involved in the development and review of their family member's care plan. One relative told us they were contacted by staff to discuss any decisions about their family member's care.
- People were supported to provide feedback on the care provided at the home and express their ideas and wishes for what happened at the home. There were quarterly meetings for people living at the home and minutes of the discussions were recorded.

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 demonstrated a good understanding of the duty of candour and its importance in the way care was provided and the service was run. They said, "Information needs to be transparent, and we need to work in a transparent way and ensure information is not hidden. I make sure the staff know we need to have an open and transparent culture for everyone so people can see what we are doing."
- Relatives told us they were in contact with the staff at the home. Relative's comments included, "I've got the manager's number and contact details", and "The contact from the home was by mostly phone unless a specific request for a response by email. They phone me or I phone."
- The provider had developed a range of policies and procedures which were reviewed regularly to ensure they reflected best practice and legislation.
- The provider had a procedure for investigating and responding to complaints and concerns which were raised about the care provided.

Working in partnership with others

- The provider worked in partnership with a range of organisations. The registered manager told us they worked with the local mental health team, specialist nurses, the GP, speech and language therapy, the pharmacy, and the local authority.