Brandon Trust

Heathercroft

Inspection report

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Date of inspection visit: 13/11/15
Date of publication: 14/01/2015

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

Heathercroft is a residential care home, providing accommodation and personal care for up to five people with learning disabilities. Heathercroft has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

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

Some people were able to tell us directly what their views were of the service, whilst others used other forms of communication such as sign language, gestures and other responses to questions. Everyone we spoke with told us or otherwise indicated that they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

Summary of findings

All of the people we spoke with either told us or indicated that they thought that staff were friendly and helpful. Throughout our inspection we observed that staff were caring and attentive to people. Staff approached people with dignity and respect and demonstrated a good understanding of people's needs. Staff were quick to respond when people needed support.

There were enough qualified and skilled staff at the service. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge they required to care for people effectively.

People were provided with a range of activities in and outside the service which met their individual needs and interests. People were encouraged to build and develop their independent living skills both in the service and in the community.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People were involved in making decisions about their care. Where people's needs changed, the provider responded and reviewed the care provided.

People using the service and staff told us they found the manager to be approachable and accessible. We observed an open and inclusive atmosphere in the service and the manager led by example. Staff were happy working for the service and motivated to provide person centred care.

The provider had a number of audits and quality assurance programmes in place. These included action plans so the provider could monitor whether necessary changes were made and ensure high standards were being maintained.

The service had effective procedures for reporting and investigating incidents and accidents. There were systems to learn from incidents and adverse events and protect people from the risks of similar events happening again.

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?

Good

The service was safe. There were robust arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

There were systems in place to deal with emergency situations or unforeseen circumstances to ensure people's safety. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People felt valued and respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were clearly recorded.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

Summary of findings

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff demonstrated a commitment to supporting people to live as full a life as possible.

Is the service well-led?

Good

The service was well led and promoted a positive and open culture. Staff told us that the manager was approachable and supportive. Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

The provider had effective systems to regularly assess and monitor the quality of service that people received. On-going audits and feedback from people using the service was used to improve the support they received.

Management monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Heathercroft

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 checked 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 13 November 2014 and was unannounced. The inspection was carried out by one inspector. We spoke with two service users, three members of staff and the manager during the course of our visit.

We looked at five records about people's care and reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We also looked at records kept for staff training and staff allocation. We observed the interaction between people and the care provided by staff.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and outcomes and information from the local authority.

Following our inspection the manager sent us some quality assurance information which included the most recent audit of the service, a staff Wellbeing Plan and a Quality Assurance Plan for 2014/2015.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe living at Heathercroft. Those who were not able to provide direct feedback were able to answer direct questions and give other indications of their feelings. One person was keen to show us their room and was able to demonstrate through their actions and demeanour that they were completely at ease living at Heathercroft and had freedom to go where they chose including the manager's office.

We saw that safeguarding was regularly discussed at staff meetings and that staff had received training and updates on safeguarding. The provider had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. These procedures included appropriate contacts with local authorities and reflected the Pan London safeguarding procedures.

We spoke with three members of staff, one of whom was a team leader who confirmed they had attended training on safeguarding and who were able to describe the different types of abuse a vulnerable person was at risk of. They were able to explain the steps they would take if they suspected or saw an incident of abuse.

Staff were aware of the provider's whistle blowing procedures and all expressed the view that they would have no hesitation to report any concerns. We saw that the provider had liaised with the local authority and other professionals to investigate any concerns relating to people. People's contracts of residence contained a clause which emphasised the duty of the provider to ensure people were safeguarded from abuse.

Records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed. They provided details of how to reduce risks for people by following guidelines. The information was personalised, took into account people's rights and covered risks that staff needed to be aware of to help keep people safe. Some examples of these included eating and drinking, personal care and managing specific health conditions.

Each person had a care plan which included personalised descriptions of what made them feel anxious or upset and guidance to staff on how to support people when behaviour became challenging. Staff had completed relevant training on how to support people whose behaviour challenged the service. In addition the manager maintained close contact with external professionals such as clinical psychologists, social workers and GPs, as well as sharing information with family or other significant people.

Staff allocation records showed that people received appropriate staff support. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. We saw there were always four staff available between 9am and 3pm with other shifts such as early morning and later in the evening which allowed flexibility of routines or if people were out for the day or evening. In addition there was one waking night and a sleeping-in night staff member. The service also had access to "bank" staff who were usually existing employees already familiar with people's needs.

We found that staff turnover was low. This, together with using bank staff who were already known to people, ensured a sense of continuity and consistency with regard to people's care and support.

We saw that medicines were managed and administered safely. Staff had been trained in the administration of medicines and medication records were up to date and accurate. There were policies and procedures on the safe handling and management of medicines and regular audits were carried out.

Good

Is the service effective?

Our findings

The provider had an on-going programme of training. All new staff completed a 5-day induction course which involved shadowing more experienced staff, becoming familiar with policies and procedures, learning about the support needs and history of the people who used the service and completing a workbook of learning objectives.

Other staff training consisted of 'e-learning' (computer training) and face to face training within the organisation. Mandatory courses included safeguarding, infection control, fire safety, food hygiene, health and safety, handling medication and communication. In addition to basic mandatory training several staff had access to training in areas such as behaviour which challenges the service and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We saw that the service had an action plan to ensure that training continued in these areas.

We found the provider met the requirements of the Mental Capacity Act (2005) (MCA) code of practice. We saw policies and guidance were available to staff about the MCA and DoLS. Staff we spoke with understood the principles behind the legislation and were aware of processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty for their own safety.

We saw that the manager had begun reviewing whether any people would need applications made to deprive them of their liberty. All people living at Heathercroft had an appointee for their finances and the local authority was the corporate appointee for people's personal allowances and savings. This ensured that procedures for managing people's money had some external and independent oversight.

Staff received support from a Team Leader who provided management and supervision to staff on duty. Staff we spoke with talked positively about their team leader. One said, "She knows her stuff and tells it like it is." All staff we spoke with told us also that the manager was approachable at any time and that regular shift handover meetings were held.

People we spoke with and met were able to show us that they spent their time according to their own personal preferences and interests and they received support in a way that they preferred. One person who had just arrived from being out showed a keen interest in the inspection and this was supported and encouraged by the staff team who made sure they were was introduced to the inspector and given time to talk.

People's care records included personal profiles which detailed people's needs and interests from their point of view in accordance with the procedures set out by the provider. We saw that the service had also ensured that people were made aware of their right to choose and their freedom to change their plans if they wished. Weekly timetables were individualised and people took part in a variety of activities and events such as pub trips, day centre visits, days out to theme parks or shopping trips.

We saw that the service had plans to update the way they recorded people's care and support needs to a system called "Plan For Life". One member of staff told us, "We have spent a lot of time talking as a team and in conferences about how to make sure what people do is from their choice."

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. Shopping and meal preparation was led by staff with the involvement of people if they were interested. People's weekly timetable and daily routines meant that often people ate their meals at different times of the day and staff supported them in this. We saw that people had a variety of choice from home-cooked meals to eating out and take-aways.

We saw from care records that there were good links with local health services and GPs. Some people had specialist input from clinical psychologists. There was evidence of regular visits to the GP, and people had received a flu jab. Where anyone's health needs had to be shared with staff this was done in a professional and respectful manner to enable staff to support the person, as evidenced in care notes and records. One person had a specific health issue that needed to be closely monitored and we saw that clear guidelines were given in care plans.

Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which

Good

Is the service effective?

the person can take to health care appointments to show how they like to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

The service was able to describe some innovations in working with people who used the service in order to monitor how well people were living the life they chose. One example we were shown was the "100 Voices" event which was an annual conference attended by staff and people who use the service. This year's event had the theme of "Freedom" exploring how much people could exercise choice and self-determination in areas such as employment, meeting new people and engaging more with the local community. The conference was designed to enable people with learning disabilities to share their views with appropriate support.

Good

Is the service caring?

Our findings

We observed staff in their interaction with people and saw that they treated people with respect and kindness. We saw that people were relaxed and comfortable around the staff and were welcomed into the office areas, with staff asking them if they needed help, listening attentively to them and not hurrying people.

We spoke with three members of staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. They were knowledgeable about people's background and interests and these details were included in the care plans. They had a clear understanding of people's needs and what they were required to do to meet those needs.

During the inspection we saw people at different times interacting and engaging with staff in a positive and friendly manner. We saw staff engage with people in an informal way where this was appropriate, for example conversations resembled those between friends as opposed to professional conversations between "staff" and "client".

Staff were aware of the various activities and timetables for people and would prompt people to talk about their day. People were supported to maintain relationships with their families and friends. Details of who was important to people were maintained and the service involved them as far as they wished.

People were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included what to wear, what to eat and the activities they took part in. In addition there were meetings between staff and people who used the service where people were encouraged to express their views about how things were in the home.

Staff had a Keyworker role with people, which meant that they would take specific responsibility for ensuring a person's care and support was in accordance with their wishes and to review this regularly.

Staff ensured that people's dignity was respected by providing care in a manner that suited people's needs. For example, one person preferred not to sit on chairs when relaxing and was supported in this by staff making sure that a mat was available for comfort. Staff approached this with an attitude of helping and supporting the person to relax and made it an ordinary activity rather than something which was "special" or "different".

People understood the arrangements made for their care and support and knew about the choices and opportunities open to them. We saw that people were provided with written information about the terms and conditions in their contract as well as agreement about the care and support to be provided. This was written in plain English and care staff had discussed this with people. People were also involved in the creation of their care plan through consultation and care plans were written from the individual's perspective.

People using the service had their own keys to their rooms and some people chose to use these, whilst others passed the responsibility of key holding to staff.

We observed that staff always knocked on doors before entering people's rooms and always made initial engagement with people if they entered a communal area. Staff had received training on the principles of privacy and dignity and person centred care.

We observed that some people used their own forms of signing in order to communicate and staff were able to demonstrate that they understood and could communicate in return.

Good

Is the service responsive?

Our findings

People who lived at Heathercroft had received assessments of their support needs and relevant social and personal information was maintained and kept up to date. This enabled staff to deliver person-centred care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. There were systems in place to ensure that the person's placement and care plans were reviewed regularly. We saw reviews involved people's care managers, family and other representatives such as advocates to represent people's interests.

The provider had ensured that people's consent to sharing relevant information was obtained and this was then used in summary form such as "hospital passports" which provided only information that others might need to know.

Activities recorded in people's care plans corresponded with what people told us about their interests. We saw that people were involved in planning and reviewing their care through reviews and contact with keyworkers. Records we looked at and discussions with staff showed that the service took account of people's changing needs.

Staff told us that they shared information at each shift change to keep each other up to date with any changes in people's needs. We saw detailed daily records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to people's food preferences, interests and cultural background. This was reflected in daily life with regard to, for example, the choice of meals for people.

People were supported in promoting their independence and community involvement. We saw that activities were offered to people, based on their lifestyle choices and as recorded in their care plans. People talked about how they liked to spend their time. These included eating out, day centres, clubs, shopping, trips to theme parks and main summer holidays.

People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. This also included having access to local health services such as GP, chiropodist and opticians.

People were aware that they could make complaints. Although no one provided a step-by-step description of the formal process, everyone we spoke with indicated someone they would go to if they were unhappy or had a problem. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them.

Good

Is the service well-led?

Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place. Throughout our visit, the manager often spent time speaking with people using the service and responded to their queries or requests for information.

Staff were directly managed by the team leader, who in turn was accountable to the manager. People we spoke with told us they liked the manager and staff. We observed that people felt at ease amongst staff and the manager. The manager had a good leadership approach to run the service in the best interests of the people who lived there and was well supported by the team leader. They were able to describe the work they had been doing to develop the service which had been identified through audits, questionnaires and surveys and conference events for staff and people who used the service.

Plans to improve and develop the service included reviewing staff training, refurbishment and decoration of the premises, ensuring people were assessed under the Mental Capacity Act, developing a rolling theme of "Freedom" in order to explore ways of increasing choice and self-determination of people. For staff there was a "staff wellbeing plan" which was the provider's action plan to address staff views and feedback about their experience of working with Brandon Trust.

We were able to see the surveys and questionnaires which had been carried out and the action plans that had been developed. Staff we spoke with were able to confirm that these had taken place and expressed confidence in their management team. Staff had worked with the provider for several years. One staff member said, "I think the changes that have happened over the years has made care better for people."

Another staff member told us, "I think it would be good to have just a staff conference that dealt with just staff issues. The conferences we go to are mainly about helping people in our homes and we don't really get enough time to discuss what it is like working here." However, we also saw from the Wellbeing action plan that the provider had committed to improving action regarding staff being listened to and feeling appreciated.

The provider carried out bi-monthly quality audits of the service and these had been updated to reflect the topics and themes that a statutory inspection would cover. We saw that the last audit was carried out on August 2014.

People using the service, their relatives and other stakeholders were given satisfaction surveys once a year. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. These were published and made available to people.

The manager showed us how Brandon Trust was a signatory to "Driving Up Quality" – a voluntary code of practice which was developed and established by and alliance of provider umbrella groups in care services as a result of the findings into Winterbourne View. Its focus is on the quality of life for the individual, open and honest organisational culture and good quality of leadership in services.

We saw that the service had policies and procedures which emphasised an open culture where staff could raise concerns and share ideas. Records of any complaints or incidents were maintained. As required by law, our records show that the service has kept us promptly informed of any reportable events.