The Brandon Trust

Heathercroft

Inspection report

43 Old Lodge Lane
Purley
Surrey
CR8 4DL

Date of inspection visit:
22 May 2017

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21 June 2017

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

Heathercroft is a residential care home that provides accommodation and personal support for up to five people with learning disabilities. The home is situated in a quiet residential street and has all ordinary homely amenities, including a garden.

This unannounced inspection took place on 22 May 2017. At the previous inspection in November 2014 we found the service to be meeting required standards and the overall rating was "Good".

The home 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 and associated Regulations about how the service is run. The registered manager was present on duty for the inspection.

People and their relatives told us they felt safe at the service and knew how to raise any concerns. Staff knew how to recognise signs of potential abuse and followed the right reporting procedures. People were supported by staff who received appropriate training and support to care for people safely and protect their human rights. The service had procedures in place whereby they assessed and identified risks to people's health and safety. There were sufficient staff numbers to meet people's needs and staff were employed after suitable checks had been made.

The service had systems in place for the safe storage, administration and recording of medicines. People were protected by the prevention and control of infection through the implementation of the home's policies and procedures.

People were supported by staff who received appropriate training and support to do their job well. The service had an induction period for new staff and all staff had completed mandatory training. Staff felt supported by managers and people felt confident in the ability of staff to meet their needs.
Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) that ensured people's rights were protected. Staff ensured that people's consent was sought before providing care and acted in people's best interests where people lacked the capacity to make informed decisions.

People were supported to eat and drink enough and maintain a balanced diet and people's preferences and dietary needs were being met. People made positive comments about the food at the service and staff were attentive and supportive to people during mealtimes.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. There were strong links with GP and other external health professionals and people's care records contained accurate details of their health needs.

The design and layout of the home ensured that people could have access to all areas, including gardens, and receive visitors.

The staff and manager developed positive, caring relationships with people using the service through talking and listening to people in a way that people understood. Care records focused on people as individuals and gave clear information for staff. People who used the service and their relatives were complimentary about the caring attitude of staff and the quality of care they received.

The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. Care records were written in a way people could understand and people and their families were involved in discussions about how staff should care for them.

People's privacy and dignity were respected and promoted through the service's policies and procedures, staff training and practice. People told us they felt respected and we saw how people's privacy and dignity were respected when they were receiving care or talking with staff.

People received personalised care that was responsive to their needs. People were supported to have care plans that reflected how they would like to receive their care, treatment and support. These included their personal history, individual preferences, interests and aspirations, and aimed to make sure they had as much choice and control as possible.

People were supported to use and maintain links with the wider community, for example, to visit the local area, retain membership of clubs and education and receive external visitors.

The service had systems in place to allow people to raise any concerns and voice complaints in a way that was convenient and manageable for people. The service's complaints procedure enabled the service to routinely listen and learn from people's experiences, concerns and complaints and resolve them appropriately.

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. People and their relatives described the atmosphere in the home as open and friendly and they felt that communication was good between staff and people. Staff felt that the culture of the service was open and transparent, with clear lines of accountability which enabled staff to share ideas and raise any problems. Staff felt confident in their ability to discuss any concern about the quality of care with the manager or other senior colleague.

There was a registered manager in post. People and staff felt the service was well-managed and that there were clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance. There were systems in place to carry out quality and safety audits and checks and we saw that these were carried out regularly.

The service had systems in place to ask for and collect the views of people, their relatives and staff in order to regularly review how people experienced their care and how the quality of care and service could be improved. The manager had developed links with professional organisations in order to continually update knowledge and had established strong links with the local authority, safeguarding teams and other professionals in order to ensure that people received appropriate care and support.

Records and information were held securely and confidentially.

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 arrangements in place to protect people from the risk of abuse and harm.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Staff were aware of the risks people may face and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective. Staff felt supported and received on-going training and regular management supervision.

People were supported to eat and drink sufficient amounts of nutritious well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and had access to health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. The staff and manager developed positive, caring relationships with people using the service through talking and listening to people in a way that people understood.

Care records were written in a way ensured people's individuality was respected.

People's privacy and dignity were respected and promoted through the service's policies and procedures, staff training and practice.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs. People were supported to have care plans that reflected how they would like to receive their care, treatment and support.

People were supported to use and maintain links with the wider community, for example, to visit the local area, retain membership of church groups and receive external visitors.

The service had systems in place to allow people to raise any concerns and voice complaints in a way that was convenient and manageable for people.

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the managers. Staff told us that the deputy and operations manager were approachable, supportive and listened to them.

Staff felt confident in their ability to discuss any concern about the quality of care with the manager or other senior colleague.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 May 2017 and was unannounced. The inspection team consisted of one inspector.

The people living in the home had complex needs and were unable to verbalise in detail how they found their experience of the care provided. We therefore received their views through short questions and answers as well as observing the interaction and behaviour between people and staff and generally in their interactions throughout the day.

We spoke with five people using the service and seven members of staff including the manager. We also spoke with two relatives and invited external professionals to share their views. We received feedback from two external health and social care professionals.

We reviewed the care records for three people residing in the home and looked at how medicines were managed and the records relating to this. We checked two staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Good

Is the service safe?

Our findings

People indicated and their relatives told us they felt safe at the service and knew how to raise any concerns. One relative we spoke with told us, "I have absolutely no concerns about the service at all." Another said, "I've always seen that the residents are looked after in a safe way."

The service had policies and procedures for safeguarding vulnerable adults and staff knew how to recognise signs of potential abuse and follow the right reporting procedures. One staff member told us, "I have had safeguarding training and I know I can raise any concerns or problems with the manager. We have also had whistleblowing training."

Staff had received training in safeguarding vulnerable adults as part of their induction programme with on-going refreshers as part of their mandatory yearly training. We saw records that showed the service had made appropriate safeguarding referrals and had liaised with local authority safeguarding teams. There were posters and guidance in public areas reminding staff and visitors how they could raise any concerns about safety or abuse.

People were supported by staff who received appropriate training and support to care for people safely and protect their human rights. The service had procedures in place whereby they assessed and identified risks to people's health and safety. People's care plans included detailed and informative risk assessments. These provided staff with information and guidance on how to support people in relation to the identified risk.

Identified risk areas included their health, medicines, moving and handling, falls, mobility, behaviour that challenged, travelling unsupervised, carrying out tasks unsupervised and choking during mealtimes. The risks were reviewed regularly and updated if people's needs and abilities changed. The risk assessments were reviewed monthly or more frequently so they reflected people's current conditions and any changes to the person's care plans were made as necessary.

Staff were able to demonstrate a good knowledge and awareness of each individual and took appropriate action to ensure that risk factors were taken into account when taking part in activities, such as going out, mealtimes and general safety around the home.

Where accidents or incidents occurred these had been appropriately documented and investigated. Accidents and incidents were recorded and analysed each month which helped identify any trends or patterns and allowed managers to put systems in place, when necessary, to keep people safe.

Staff held handover meetings between shifts and exchanged information from updated daily care notes, which helped the new shift understand how to continue caring for people in a safe way.

The provider had systems in place to promote a safe environment. The service was well presented and safely maintained and there were records to support this. Fire safety systems were in place and staff told us that they had undertaken fire safety training and participated in fire drills. The manager provided records of

fire drills and practice evacuations which contained notes regarding how successful they were and what further learning could be gained from them.

Recruitment checks were carried out before people could work at the service. The provider carried out necessary identity and recruitment checks prior to granting employment. These included proof of identification, references, qualifications, employment history and checks with the Disclosure and Barring Service.

Staff told us that they felt the home was staffed adequately. There were three members of staff throughout the day and evening with one waking night staff from 9pm till the following day.

The service had systems in place for the safe storage, administration and recording of medicines. People were protected by the prevention and control of infection through the implementation of the home's policies and procedures. Medicines were stored safely in in the manager's office and only staff who had had a signed declaration of competence were authorised to administer medicines.

The senior support worker in charge of overseeing medicines managements was able to demonstrate the ordering, storage and recording of administration of medicines. Medicines were given to people individually from their own blister pack. The senior staff member told us that there was a good, professional relationship with their local pharmacist which helped ensure medicines were safely managed. We looked at three records of medicines administration and found they were accurately completed.

The service was following the Department of Health Codes of Practice for the prevention and control of infection in care homes. The service did not employ separate domestic or catering staff but all staff had allocated tasks issued by the shift leader to ensure the premises were kept clean.

Good

Is the service effective?

Our findings

People were supported by staff who received appropriate training and support to do their job well. One relative told us, "The staff all know what they are doing and work well together." Another relative said, "Whenever I have visited it always seems that staff are carrying out their job well."

Staff told us there were regular opportunities for training and refresher courses. One staff member told us, "I have been on so many courses. There is always some kind of training or refresher happening."

The service had an induction period for new staff and all staff had completed mandatory training. Mandatory training included safeguarding adults, moving and handling, COSHH, control of infection and use of personal protective clothing, record keeping, privacy and dignity, complaints management, health and safety, medication, dementia awareness, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Fire Safety and managing challenging behaviour.

The manager explained new staff worked through skills for care handbooks. Skill for care covers a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. Records were kept of staff training and work was on-going to produce a matrix where staff training needs could be easily highlighted.
Staff felt supported by managers and people felt confident in the ability of staff to meet their needs. Staff attended team meetings and had regular supervision and support to enable them to carry out their roles effectively they told us they felt comfortable asking for more training and felt the deputy manager would accommodate them if she were able.

Staff received individual supervision every three months and records we looked at showed that supervision sessions had taken place regularly. Staff also attended team meetings and had access to the home's policies and procedures.

Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) that ensured people's rights were protected.

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. The application procedures for this in care homes and hospitals are 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 were being met. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Staff we spoke with understood their responsibilities regarding MCA and DoLS, for example, being able to explain how they acted in someone's best interest based on their experience and knowledge of the person's care plan.

Staff ensured that people's consent was sought before providing care and acted in people's best interests where people lacked the capacity to make informed decisions. People's capacity to make decisions and consent to treatment was regularly monitored by the service and recorded in their care plans.

People were supported to eat and drink enough and maintain a balanced diet and people's preferences and dietary needs were being met. People made positive comments about the food at the service and staff were attentive and supportive to people during mealtimes.

Meals were planned and prepared in an informal manner, where there was always flexibility built in to cater for people who changed their mind or who for whatever reason did not feel like eating at a particular time. Meals were prepared for individuals based on their stated preferences.

People's nutritional risk was assessed and monitored. Care records contained details of people's nutritional assessments and healthcare professionals were involved when people were identified as being at risk, for example, from choking or malnutrition.

People had access to healthcare services and received on-going healthcare support. There were strong links with GP and other external health professionals and people's care records contained accurate details of their health needs. People's care records contained "hospital passports" which were short descriptions of the individual, their care needs and any medical information that would help hospital staff support the person whilst in hospital.

Feedback we received from external health and social care workers was positive and examples provided were of actions that involved the staff, family, professionals and the person as inclusively as possible.

The design and layout of the home ensured that people could have access to all areas, including gardens, and receive visitors.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the caring attitude of staff and the quality of care they received. One relative told us, "I have always found the staff to be very caring." Another said, "The staff all know how to look after [my relative] and are able to understand how they are feeling on a given day."

The staff and manager developed positive, caring relationships with people using the service through talking and listening to people in a way that they understood. One staff member told us, "You get to know them, like a family. You know what they like and what they don't like. You know when they are feeling good and when they are down. It's our job to work around that and help them as best we can."

Staff were knowledgeable about the care and support people required and care plans contained information of what people were able to do for themselves and what support they required including the use of any equipment to support their independence.

Staff were able to explain their keyworker role, which involved having specific responsibilities for a particular person, such as ensuring appointments were kept, finances managed, engaging with people on their likes and dislikes and any changes that should be made with individual care plans.

Care records focused on people as individuals and gave clear information for staff. The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. Care records were written in a way people could understand and people and their families were involved in discussions about how staff should care for them.

Care records contained helpful information regarding people's care needs and preferences, such as risk assessments which were individual to the person and their activities, and person-centred documents such as "This is me" and "My life in a month" (a monthly review of their care).

People's privacy and dignity were respected and promoted through the service's policies and procedures, staff training and practice. People told us they felt respected and we saw how people's privacy and dignity were respected when they were receiving care or talking with staff. Care records included guidance as to how each person preferred to be spoken with and had details of how to support people through relationships.

We observed that people's privacy and dignity were respected, for example, through the way care staff explained choices and options to people in terms they could understand, in their day to day interaction which was friendly and respectful and through enabling people to exercise their choice regarding spending time alone in their room or with others. Personal assistance and support was provided discretely and sensitively. People were able to personalise their rooms with their own possessions, furniture and photographs.

The home had end of life care arrangements in place to ensure people had a comfortable and dignified death and two members of staff were currently engaged in training in this area. We noted care records gave information about end-of-life care arrangements where this had been discussed and that these discussions included family members.

Good

Is the service responsive?

Our findings

People told us they were happy with the support and care they received and their relatives felt they were involved with the assessment and planning of care. Relatives we spoke with confirmed that they had been involved in decisions and discussions regarding people's care. They also told us that they felt welcome in the home and able to raise any matter of concern or query with staff.

Staff felt positive about the way the service responded to people's needs. One member of staff told us, "We are a family here, and we need to stand up for the people who live here to make sure they have their rights respected."

People received personalised care that was responsive to their needs. People were supported to have care plans that reflected how they would like to receive their care, treatment and support. These included their personal history, individual preferences, interests and aspirations, and aimed to make sure they had as much choice and control as possible. We saw that people's care records contained information about activities people preferred, important dates and people in their lives, with agreed plans on how the service could implement those preferences.

Pre-admission assessments were completed before people started to use the service and this provided important information about people's health and social needs and how staff could best support them. Information included contacts for family and healthcare professionals, past medical history, current medication, life history, social interests, hobbies, communication, mobility and dexterity, nutrition, personal care and behaviour. The manager explained how assessments were used to agree a care plan with the person and the person's family.

We looked at people's care plans and found details of how people wanted to receive their care and support. For example, one person was supported to attend college, another person was supported to attend drama club. Consideration was given as to the kind of support to be provided, how many staff would be necessary and how this impacted on people remaining at home.

This information helped staff get to know the person, have conversations with them about their past and provide more personalised care. One staff member said, "We have a consistent staff team, good handover sessions and we write up reviews on how well people are doing. It means we know people well and can relate to them."

There was a clear handover routine. Notes about people's immediate care were recorded in daily notes and a general overview of people's individual needs was kept so staff could quickly access the information they needed to care for people. People were supported to use and maintain links with the wider community, for example, to visit the local area, retain membership of church groups and receive external visitors. One person enjoyed taking part in local walking and rambling sessions, supported by staff.

The service had systems in place to allow people to raise any concerns and voice complaints in a way that

was convenient and manageable for people. The service's complaints procedure enabled the service to routinely listen and learn from people's experiences, concerns and complaints and resolve them appropriately, with the opportunity to take a complaint to a senior manager, if necessary.

Relatives told us they had not needed to make formal complaints to the service

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. Relatives described the atmosphere in the home as open and friendly and they felt that communication was good between staff and people. One relative told us, "I think the manager and deputy do a great job. They are always open to queries and they run a good team." Another said, "I think there has been some slight improvement over the past year, particularly with regard to consistency of staff, which helps a lot."

Staff felt that the culture of the service was open and transparent, with clear lines of accountability which enabled staff to share ideas and raise any problems. Staff felt confident in their ability to discuss any concern about the quality of care with the manager or other senior colleague. One staff member told us, "I think we are a great team and we work well together." Another staff member said, "I feel the team leader we have is one of the best I have worked with."

There was a registered manager in post. Staff felt the service was well-managed and that there were clear processes in place for staff to account for their decisions, actions, behaviours and performance. There were systems in place to carry out quality and safety audits and checks and we saw that these were carried out regularly. Examples included fire safety, fire drills, food and water temperature checks.

The service had systems in place to ask for and collect the views of people, their relatives and staff in order to regularly review how people experienced their care and how the quality of care and service could be improved.

The service held bi-monthly checks on measuring the home against the quality standards of the Care Quality Commission (CQC). A recent review carried out in 2016 had established that families wished to be more involved, for example in being part of the interview and recruitment process for new staff and this had been actioned. The provider of the service held an annual "100 Voices" event where people who used the service, their families and friends could participate in information sharing and discussing the future.

There was a system in place to monitor the effectiveness of staff performance and training, and staff we spoke with confirmed they received end of year appraisals.

The manager had developed links with professional organisations in order to continually update knowledge and had established strong links with the local authority, safeguarding teams and other professionals in order to ensure that people received appropriate care and support. There were also links with hospice teams and access to professional guidance via Skills for Care and SCIE (Social Institute for Care Excellence).

Records and information were held securely and confidentially.