

Heritage Care Limited

19 Wheathill Road

Inspection report

19 Wheathill Road
London
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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

This unannounced comprehensive inspection took place on 2 October 2017. This is the first inspection of the service since their registration in November 2016 with a new provider, Heritage Care Limited.

19 Wheathill road provides accommodation for people who require nursing or personal care for up to five adults who have a range of needs including mental health. There were five people receiving personal care and support at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run.

The service knew how to keep people safe. The service had clear procedures to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service with detailed guidance to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working. The service had arrangements to deal with emergencies. Staff supported people so they took their medicine safely.

The service provided induction and training to staff to help them undertake their role. The service supported staff through supervision and appraisal.

People's consent was sought before care was provided. At the time of inspection no one was subject to continuous control and supervision and people could leave the service.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff supported people to access healthcare services they required.

Staff considered people's personal choices, general wellbeing and activities. Staff supported people to make day to day life choices and maintain relationships with their family. Staff supported people in a way which was kind, caring and respectful. Staff protected people's privacy and dignity.

Staff prepared care plans for every person that were tailored to meet their individual needs. Staff reviewed people's care plans and updated to reflect their current needs.

The service had a clear policy and procedure about managing complaints. People knew how to complain.

The service sought the views of people. Staff felt supported by the manager. The provider had an effective system to assess and monitor the quality of the care people received. The service had systems to monitor the safety of people's accommodation to minimise risks to people. The service used the audits to learn how to improve and what action to take. The service worked effectively in partnership with health and social care professionals and commissioners.

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.

People told us they felt safe. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service; these were up to date and provided guidance to staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started work.

Staff administered medicines to people safely and stored them securely.

Is the service effective?

Good ●

The service was effective.

People commented positively about staff and told us they supported them properly.

Staff completed an induction programme and training relevant to the needs of the people who used the service. The registered manager supported staff through supervision and appraisal.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to eat and drink as required.

Staff supported people to access healthcare services they required.

Is the service caring?

Good ●

The service was caring.

People told us they were consulted about their care and support

needs.

Staff supported people to make day to day life choices and maintain relationship with their family.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People told us they had care plans.

Staff assessed people's needs and prepared care plans to meet each person's needs. Care plans included the level of support people needed and what they could manage to do by themselves.

Staff supported people to follow their interests and take part in activities they enjoyed.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

Is the service well-led?

Good ●

The service was well-led.

People commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the service cared about their opinions.

Staff meetings helped share learning so staff understood what was expected of them at all levels.

The service had an effective system to assess and monitor the quality of the care people received. The service had systems to monitor the safety of people's accommodation to minimise risks to people. The service worked effectively in partnership with health and social care professionals and commissioners.

19 Wheathill Road

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 2 October 2017 and was unannounced. The service was inspected by one inspector, as this is a small service that provides accommodation for people who require nursing or personal care for up to five adults who have a range of needs including mental health.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We spoke with two people, three members of staff, and the registered manager. We looked at three people's care records and three staff records. We also looked at records related to the management of the service such as details about the administration of medicines, accidents and incidents, health and safety, and quality assurance and monitoring.

Is the service safe?

Our findings

People told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel safe." Another person said, "They [staff] keep me well."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look out for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. The registered manager told us that they had no safeguarding concerns since their registration in November 2016. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The registered manager completed risk assessments for every person who used the service. We reviewed three and all were up to date with detailed guidance for staff to reduce risks. These included, for example, management of medicine, smoking, assault, self-neglect and community access. Staff told us how they had followed the risk management plan guidelines so that people were safe. For example, we saw how staff supported people so that they did not smoke inside the building.

The service had a system to manage accidents and incidents to reduce the possibility of reoccurrence. Staff completed accidents and incidents records, which included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. For example, when a person's personal belongings were stolen in the community, staff reported the matter to the police. However, there was no physical injury to the person and staff supported the person to reduce the possibility of reoccurrence. They also discussed in a staff meeting, action to reduce future risks.

The service had enough staff to support people. The registered manager told us they organised staffing levels according to the needs of the people who used the service. If they needed extra support to help people to access community or healthcare appointments, they arranged additional staff cover. The staff rota we looked at showed that staff levels were consistently maintained. Staff told us there were enough staff to meet people's needs. We saw staff responding to people's needs at the service in a timely manner. The service had a 24 hour on call system to make sure staff had support outside the registered manager's working hours. Staff confirmed this.

The provider carried out satisfactory background checks of staff before they started working. The checks included qualification and experience, employment history and any gaps in employment, references, criminal records checks, and proof of identification. This meant staff was checked to reduce the risk of unsuitable staff working with people who used the service.

The service had arrangements to deal with emergencies. This included contact numbers for emergency services and gave advice for staff of what to do in a range of possible emergency situations. Staff carried out weekly fire safety checks. The service had a first aid box and all its contents were in date. Staff received first

aid and fire awareness training so that they could support people safely in an emergency. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances.

Staff supported people so they took their medicine safely. One person told us, "Staff give me my medicine, I take every day." Another person said, "I do take my medicine, staff help me." The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicines as prescribed. Medicines prescribed for people who used the service were kept securely and safely. The registered manager conducted regular audits to ensure people received their medicine safely.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "Staff are friendly and professional." Another person said, "Staff are nice and helpful."

The service trained staff to support people. Staff told us they completed induction training in line with the Care Certificate Framework, when they started work. Staff also received training in areas that the provider considered essential. This training covered basic food safety, emergency first aid, equality and diversity, safeguarding, mental health needs, health and safety, and the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver care and support people needed. The service provided refresher training to staff. Records showed staff updated their training as and when they needed.

The service supported staff through regular supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing, staff roles and responsibilities, performance and their training and development plans. Staff told us they worked as a team and could approach their line manager and the registered manager at any time for support.

The service had systems to look for and record whether people had capacity to consent to care. Staff recorded people's choices and preferences about their care and support needs. Staff understood the importance of asking people for consent before they supported them. We saw staff took verbal consent from people who used the service prior to care delivery.

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, 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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good understanding of the MCA. They said that people using the service had capacity to make decisions about their personal care and therefore none of the people using the service were unlawfully restricted.

Staff supported people to eat and drink enough to meet their needs. One person told us, "I do shopping and cook my own food." Another person said, "I make food choices, I write my list down and go on my own to buy and cook myself." Staff told us people do food shopping, and if necessary they supported. Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff were aware of people's needs and their food choices. One person said, "I'm a vegetarian and I eat vegetarian food, and I'm happy." Staff ensured food in the fridge was safe to eat.

Staff supported people to access healthcare services they required. One person told us, "They [staff] help me to book an appointment for me with the GP when I am not well." We saw contact details of external healthcare professionals, hospitals, community mental health team, dentist, community psychiatric nurse, and GP in every person's care record. Staff completed health action plans for every person who used the service and monitored their healthcare appointments.

Is the service caring?

Our findings

People told us they were happy with the service and staff were caring. One person told us, "My key worker is nice, friendly and they do work well." People appeared comfortable with staff and approached them when they needed something.

Each person had a member of staff assigned as their key worker. Key worker's primary responsibilities were arranging one to one sessions with people and managing people's appointments with external healthcare professionals. Staff considered people's personal choices, general wellbeing, healthcare needs and activities during key working sessions and a record of these sessions was maintained by staff.

People were treated with respect and kindness. We observed staff had good communication skills and were kind, caring and compassionate. They used enabling and positive language when talking with or supporting people. This included tea times, and when people returned to the service from the community.

Staff took an interest in people's personal histories. They were sensitive to their cultural and spiritual needs, including sexual orientation. They understood how to meet people's needs and preferences in a caring manner. For example, staff supported people to follow their faith and cultural practices. Staff supported people to maintain relationships with their family and friends. For example, one person told us, "My family come to visit me or sometime I visit them."

People told us they were consulted about their care and support needs. One person told us, "I have goals to achieve, like bathing every night and I do." People's care records we saw showed that they were involved in planning their care. Staff involved people in the assessment, planning and review of their care. People were able to express their views told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. Each person signed their own care plan.

Staff encouraged people to maintain their independence. For example, one person told us, "I do most of the things myself, cooking, cleaning the house, mop the floor, and washing. I do everything independently." Care records we saw confirmed this. Staff prompted and supervised people where necessary to maintain their personal hygiene, keep their rooms clean, do cooking, and participate in washing and laundry.

To help staff protect people' privacy and dignity, the service had policies and procedures in place. Records showed staff received training in maintaining people's privacy and dignity. One member of staff told us, "Today an external care professional visited the service to see one person; I left them alone to discuss about their care needs." We saw staff knock on doors before entering rooms and they kept people's information confidential by sharing with relevant professionals. Staff respected people's choice where they preferred to spend time, such as in their own rooms or in the communal area or go out into the community.

Is the service responsive?

Our findings

People told us they had care plans and knew what was in them. One person told us, "I do have a care plan." A member of staff said, "We help people to move on to independent living and give them independence as much as possible." One person told us, "Staff are helping me to move into a new placement, where I would live independently."

Staff carried out pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment and relevant professionals. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's needs with the registered manager, to ensure any changing needs were identified and met. The registered manager updated care plans when people's need changed and included clear guidance for staff to ensure continuity of care. For example, about how staff encouraged people to make healthier food choices and maintain their personal hygiene. We saw three care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. Care records showed staff provided support to people in line with their care plan. For example with their medication and household chores. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included meeting family and friends, shopping, and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. One person told us, "They [staff] take us to events, sea side, do cooking sessions, and shopping food and clothes." We saw an activity planner which was kept under review by staff. People were allowed to change their mind about their interests and choice of activity.

People told us they knew how to complain and would do so if necessary. One person told us, "I have no complaints." The service had a clear policy and procedure about managing complaints. Information was available for people in an easy read format about how they could complain if they were unhappy or had any concerns. The registered manager told us that they had not received any complaint since their registration in November 2016. Records we saw confirmed this.

Is the service well-led?

Our findings

People commented positively about staff and the registered manager. For example, one person told us, "She is lovely, she is graceful."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager held regular staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. One member of staff told us, "In the staff meeting we discuss about client needs, share learning and good practice including what is expected from staff at all levels".

The registered manager told us the service used staff induction and training to explain their organisational values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Staff said they enjoyed working at the service and they received good support from the registered manager. One member of staff told us, "The registered manager is good and flexible." Another member of staff said, "If I needed any clarification, she is on the ball." The registered manager encouraged and empowered people to be involved in service improvements through residents meetings. One member of staff told us, "Residents meeting are led by the resident." Records of the meetings included discussions of house rules, confidentiality, health and safety, key working sessions and activities. As a result of these meetings changes were made for example, people were able to identify with whom they would like to go into the community and what activity they choose to do.

A feedback survey for people who used the service was completed in 2017. The areas covered in these survey included about quality of the care provision and delivery, dietary needs and choice of food, content and quality of activities, and the quality of staff interactions with people and the responses were positive without any recommendations for improvement.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits by an external healthcare professional in July 2017 covering areas such as the administration of medicine and they found that the medicines were managed safely. In addition, the provider carried out audits in relation to health and safety, care plans, risk assessments, and maintenance of the premises. As a result of these audits the service made improvements. For example, house maintenance work was completed and complaints procedures poster introduced in the communal area of the service.

The service had systems to monitor the safety of people's accommodation to minimise risks to people. Regular health and safety audit was completed. As a result of the audit a planned programmes of decorative and maintenance work for people's individual rooms and communal area had been drawn up. We saw work had been undertaken to complete these tasks. For example, we saw during the inspection, gardeners were working in the rear garden of the premises.

The service had worked effectively in partnership with health and social care professionals and commissioners. For example, one social care professional commented positively about the service ability to joint working and sharing information with them. One health care professional stated 'The home is a calm atmosphere for the service users and staff communication with the professionals is excellent'.