

Heritage Care Limited

5 Horse Leaze

Inspection report

5 Horse Leaze
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Date of inspection visit: 15 & 16 September 2015
Date of publication: 24/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

5 Horse Leaze is a short break service based in a fully accessible bungalow. The service provides respite and short stays for up to six people with a learning disability. Staff work with families who need a break from caring and offer a few hours, days or weeks support to people in their own home, the community or at Horse Leaze. At the time of inspection there were two people staying at the service and 29 people using the day service across the different weekdays.

There was a registered manager at this service. 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.

We found the systems in place to ensure the safe management and administration of medicines were not always effective. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Safe recruitment checks were carried out for new staff and there were adequate numbers of staff to meet

Summary of findings

people's needs. People had an assessment of their needs and risk assessments were carried out to ensure safe care was provided. There were effective systems in place to check and maintain the safety and suitability of the premises and these were up-to-date. The service had a plan in place so staff knew what to do in an emergency and how to obtain support.

Staff received supervision and appraisals to ensure good quality care was provided. There were opportunities for staff to receive training and skill development. The registered manager was knowledgeable about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were knowledgeable about when they needed to obtain consent from people and how they would do this. People had a choice of food from varied and nutritious menus and were able to access healthcare professionals during their short stays if needed.

People and their representatives thought staff were caring. Positive caring interactions were observed between staff and people using the service. Staff knew

how to enable people to make choices and were knowledgeable about respecting privacy and dignity. People were assisted to develop their skills in independent living.

Staff knew the people they were supporting including their preferences which ensured a personalised service was provided. There were a variety of activities offered to ensure people had their social and emotional needs met. People and families knew how to raise concerns or make a complaint and these were responded to within the timescales set in the provider's policy.

The provider had systems to check the quality of the service provided. People and their representatives were able to give feedback through satisfaction surveys. Staff attended regular team meetings to receive updates on the service, the people using the service and to ensure consistent good quality care was provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe because the provider did not have effective arrangements in place for the management of medicines which meant they could not be sure if people were receiving their medicines as prescribed.

Staff were knowledgeable about the safeguarding and whistleblowing policies and knew how to report concerns or abuse. Safe recruitment checks were made and there were enough staff working to ensure people were kept safe. People had generic and individual risk assessments and plans to manage risks.

The premises were safe and there was an effective system in place to ensure safety checks were done and maintenance was carried out in a timely manner. The service had an emergency plan in place which staff were aware of and there was an on-call system to support staff out of hours.

Requires improvement



Is the service effective?

The service was effective. Staff had regular supervisions and appraisals. People received care from staff that were skilled and trained to deliver care. New staff received a comprehensive induction programme.

The registered manager was knowledgeable about mental capacity and deprivation of liberty. Staff were knowledgeable about how they sought people's consent before delivering care and were able to demonstrate how they did this with people who could not communicate verbally.

People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration. The service worked with health professionals as needed.

Good



Is the service caring?

The service was caring and there was a calm and relaxed atmosphere in the service. Staff had developed good positive relationships with people and had a good understanding of their needs.

Staff were observed to spend time interacting with people, checking they were okay and speaking to them in a caring manner. People were seen chatting and joking with staff.

People were treated with respect and their dignity and privacy were promoted. Staff encouraged people to develop their independence in daily living activities.

Good



Summary of findings

Is the service responsive?

The service was responsive and people's care plans were written in a person-centred way. Staff were knowledgeable about delivering personalised care.

There were a variety of activities on offer which people were observed to be enjoying. Family members said the activities on offer were suitable for their relatives

People and their representatives knew how to make a complaint and these were responded to according to the service policy. There was an easy read version of the complaints policy available in each person's room.

Good



Is the service well-led?

The service was well led and there was a registered manager in position at the time of inspection. The registered manager had an "open door" policy and staff, people and family members were comfortable with approaching them with ideas or concerns.

Quality assurance systems were in place to help the service to identify areas for improvement. Action plans were drawn up and responded to when areas for improvement were identified. People and their family members were asked for feedback and the survey was available in an accessible format.

Staff meetings were held and were used to complement training and discuss what areas that were going well and areas that needed improvement.

Good



5 Horse Leaze

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.

At the last inspection on 28 June 2013, the service was meeting the legal requirements. This inspection took place on 15 and 16 September 2015 and was announced. The provider was given two days' notice because the location provides a residential short stay and respite service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed the previous inspection report and notifications the provider has sent us since the last inspection.

During our inspection, we spoke to the manager, two staff, three people who used the service and four relatives. We observed interactions between staff and people using the service and observed care and support in communal areas. We used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We looked at care and management records including the care records of four people that used the service, two staff files, policies and procedures, and records relating to maintenance and medicines.

Is the service safe?

Our findings

The service was not always safe. We checked the medicines administration records and looked at the arrangements in place for storage and management of medicines. At the time of this inspection the service was responsible for the management and administration of one person's medicines. We found there was a discrepancy between the number of tablets recorded on the stock check sheet and the actual number of tablets in the boxes for two medicines for this person. This meant the provider could not be sure that this person had received their medicines as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective arrangements in place for the safe management of medicines.

The provider had a comprehensive medicines policy which included the procedures to follow for people who can administer their own medicines, for staff administering medicines and guidelines for the storage and disposal of medicines. We saw there was a dedicated section of this policy about how staff in a short breaks service should receive and record the administration of medicines for people using the service. We reviewed the medicines administration records and saw these were completed with explanations if a medicine was not given and staff signatures when medicines were given. We also saw that a liquid medicine had the opening date written on the bottle to show that it was still fit for use.

People were protected from abuse. The service had a comprehensive safeguarding policy which gave clear guidance to staff about what abuse is, how to recognise signs of abuse and how to report concerns. We saw this policy was available to people who used the service in an accessible format. The service had a whistleblowing policy which was referred to as confidential reporting and informed staff of the procedure and how the staff member raising concerns would be protected. The staff training matrix showed staff were up to date with their training in safeguarding and whistleblowing.

Staff were knowledgeable about the different types of abuse and the procedure to follow when raising concerns. One staff member told us, "it should be no opinion but

should be facts." Staff said that safeguarding and whistleblowing was when "you tell on the person who is doing the abuse" and that there must be "no secret when it comes to abuse."

People had risk assessments to assess if it was safe for them to move freely around the building and to take part in activities in the community. Each person had a generic risk assessment about general risks in their care records and where appropriate had individual risk assessments for identified risks. The risk assessments indicated whether the risk was low, medium and high and contained information for staff about minimising the risks to the person. We saw risk assessments included the risks associated with moving and handling, eating and drinking and fire evacuation.

The premises were safe. We saw the building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, we saw fire equipment was checked on 17 June 2015 and fire alarms and emergency lighting were checked on 8 September 2015. Staff noted maintenance jobs in a repair log and we saw this included the date the repair was completed and the name of the person who carried out the repair.

There were enough staff on duty. At the time of this inspection, two members of staff, a team leader and the registered manager worked at the service. The provider had a bank of staff who worked at the service as and when required. The registered manager explained that the rota was drawn up according to the number of people using the service at the time.

Safe recruitment checks were made. We looked at the recruitment records for two staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had a disclosure and barring service (DBS) check and two references were obtained. Where appropriate, there was confirmation that the person was legally entitled to work in the UK.

The service had an emergency plan. The registered manager and staff told us about the on-call system which was shared between managers from different services. The registered manager told us they participated in the on-call rota every five weeks and would be on-call for one week. Staff were knowledgeable about how to respond to

Is the service safe?

foreseeable emergencies. For example, one staff member described what they would do if a person absconded, “Call police, give description, the family needs to know about it and social services and inform the on-call system.”

Is the service effective?

Our findings

Staff told us they received regular supervision to help them provide good quality care and to ensure a consistent approach. The registered manager said staff were given supervision six times a year and records confirmed this. We saw the topics discussed included the welfare of the people using the service, team working and personal issues. Staff confirmed they had an annual appraisal. We reviewed the appraisal records and found them to be up-to-date. Topics discussed during staff appraisals included what had gone well and what had not gone well in the last twelve months and objectives were set for the staff member to work on for the following year.

Family members said they thought the staff had the skills needed to work with their relative. Staff confirmed they received regular opportunities for training and skill development. One staff member told us, "Heritage Care are very good with their training." Another staff member said, "Yes, training is good." We reviewed the training records for staff and saw courses completed included fire safety, first aid, record-keeping and report writing and autism awareness.

We saw there was a comprehensive induction programme in place for new staff which included information about the service, policies and procedures, health and safety and action to take in an emergency. The induction programme included new staff shadowing experienced staff on shift. There was an induction checklist which new staff and the registered manager signed as each section was completed. We saw staff had completed the Skills for Care Common Induction Standards and the registered manager said the organisation was transferring over to the new Care Certificate starting with the newest staff completing this first. The Common Induction Standards and the Care Certificate are training in an identified set of standards of care that staff must receive before they begin working with people unsupervised.

The registered manager demonstrated they understood the Mental Capacity Act 2005 (MCA), associated codes of practice and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided

their liberty needs to be deprived. The registered manager understood the importance of identifying people whose liberty was deprived. At the time of this inspection three people using the service had DoLS authorisation in place.

Staff were knowledgeable about how to gain consent from people. One staff member said they obtained people's consent by "approaching them gently, reading their body language and their facial expression." One staff member told us "We speak to people; they have their way of letting you know if they agree or don't agree to it."

People and family members told us the food was good. One family member told us their relative was a bit fussy about their food but when staying at Horse Leaze, "Eats well there." Staff explained that as this is a short stay service it is difficult to plan the menu with people. One staff member told us they use people's care plans referring to likes and dislikes when planning the menu and they make sure there are choices available. We saw the menu was varied, nutritious and offered choices. The menu also catered for people who ate a specialised diet for health or cultural reasons.

A staff member told us "Everyone [staff] can cook and we cook food from fresh." We saw there was fresh food stored in the kitchen. Food that had been opened was stored in sealed containers and labelled with the date of opening. We observed at lunchtime, people being given a choice of food and drinks and were offered an alternative if they did not like their first choice. Staff showed people what was on offer and offered them choices. During the meal there was good staff interaction and people seemed to enjoy the food.

People's care plans contained a hospital passport so that information would be readily available should anyone need medical care. Staff explained they did not often need to liaise with health professionals during people's respite stays because the families took care of this. One staff member said on occasions a person may need to visit their GP and when this happened this was recorded in their care plan and the family would be informed. We saw evidence of this from care records. We also saw where a person had difficulty swallowing guidance was obtained from relevant health professionals to ensure the person received care appropriate to their needs.

Is the service caring?

Our findings

We found the service was caring. People said the staff were caring and one person said “Yes, the staff are nice.” Family members also told us staff were caring. For example one family member said “They approach [person] really well and really nice, so yes, they seem caring.” Another family member told us, “They are caring, they’re brilliant.”

There was a calm and relaxed atmosphere at the service. Staff explained that different people stayed at the service each week so they always refreshed their knowledge by reading a person’s care plan each time they came to stay. One staff member explained how they developed positive caring relationships with people by using a “Friendly approach, we are like one family here” and “during assessment we get to know [people’s] backgrounds and preferences.” Another staff member told us they got to know people by getting “Information from the family and staff who know them.” The service had a “keyworker” system. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with other people involved in a person’s life.

We observed staff speaking to people in a calm, relaxed and caring manner. Staff spent time talking to people, asking how they were or if they wanted to join in with activities. We saw people chose where they wished to sit and joined in with conversations. People had good interactions with staff, they were smiling and joking together. The registered manager and staff told us they gave people time to get used to being at the service and to become familiar with the staff. The registered manager described how the service adopted a holistic approach by offering support to family carers as well as to the people who used the service, for example, signposting family carers to other agencies which they were not aware of.

Staff demonstrated they were knowledgeable about how to use different methods of communication to offer choices to people who had difficulty expressing themselves. For example, one staff member said, “You can spread their clothes out so they can choose and you can see their eye is on what they want. When you pick it up they will smile.” Another member of staff said they used pictures to offer choices and still used words when talking to people who cannot communicate verbally.

We asked two people using the service if staff respected their privacy and dignity and they confirmed this was the case. Family members told us they believed staff respected the privacy and dignity of their relative and one family member said “Yes, they do pretty well with this.”

The service had a policy about respecting a person’s dignity which gave guidance to staff on the general principles and the factors that promote dignity when people receive care and support including choice and control and confidentiality. Staff were knowledgeable about ensuring the privacy and dignity of people using the service. One staff member told us they “Keep doors closed when helping with personal care and knock before going in their room.” Another staff member told us “If they close the door we don’t just go in, we knock and ask permission to enter.”

Staff told us how they encouraged people to be as independent as possible. One staff member described how as soon as people begin using the service they start teaching daily living skills by getting them involved. This staff member said, “Don’t do it for them, support them, then they start getting confidence. It takes a long time but they will get there.”

Is the service responsive?

Our findings

We asked people and family members about the activities offered at the service and their responses were positive. One person said, “Today, music and cooking”, and smiled when we asked if they enjoyed this. We observed the cooking session and the visiting musician and saw that people appeared to enjoy these sessions. A family member told us the staff “cater for [relative] and always make sure [relative] goes out on every visit.” Another relative said “They go out on trips; they always ask them where they want to go.”

Staff told us that most people came to the short break service with their own activities in place, for example, a day service, and there was an activity timetable for evenings and weekends. We reviewed the activity timetable and saw the activities were varied and included craft, a pub visit, music, games, shopping, watching a film and day trips. We also saw the service had taken a group on a holiday and the registered manager said they hoped to do this again next year depending on the wishes of people and their family carers.

Family members confirmed they were involved in the care planning process and in care plan reviews. We saw people received a care needs assessment before they began using the service and information was gathered from families and other professionals involved in their life. Staff demonstrated a good understanding of delivering personalised care. One staff member said “Care is centred on the individual and all care is tailored to their individual needs.” Another staff member told us “Personalised care is centred on the individual and the approach is different for each person.”

During this inspection we reviewed people’s care files and found they were comprehensive. We saw information was included about how to manage individual health needs and behaviours. People’s care files included daily care

needs and what people’s likes, dislikes and preferences were. We saw care plans were written in a person-centred way and were pictorial to help people to understand them. Care plans included a one page profile so that staff would know at a glance what was important to the person.

People and family members told us they knew what to do if they had concerns or were not happy with the service and told us they would speak with the registered manager. One family member told us they would speak to the registered manager in the first instance and over the years “have only had to do this on two occasions but it was resolved quickly.” Staff were knowledgeable about the complaints procedure and told us there was a box in the registered manager’s office where people could post their complaints. One staff member told us if somebody wanted to make an official complaint they would “Encourage them to speak to the manager or phone the head office.” We saw this was the case and the registered manager told us they checked this box regularly and staff could assist people if they wished to post a complaint.

The service had a policy which gave guidance to staff on how to promote comments and complaints and how these were used to reflect and improve the support provided. We saw there was a short version of this policy written in plain English and with pictures on the back of each bedroom door to enable people to know how to make a complaint.

We reviewed the complaints and compliments book which was kept near the front door and saw it included the date the complaint was logged, the complaint details and action taken. There were six entries in the book in the last four weeks and four of these were from visitors complimenting staff on how well they worked with people. We saw the other two entries were investigated with appropriate action taken within the policy timescales and one complainant was noted to be satisfied with the outcome while the other complaint was unsubstantiated.

Is the service well-led?

Our findings

We found the service was well-led. There was a registered manager in post at the time of inspection. Relatives told us the registered manager was approachable and “Very good and very friendly.” Staff told us they thought the registered manager was a good leader and said, “Very good, I always say, I will not forget [the registered manager]” and “[the registered manager] gets things done.”

The registered manager had a meeting with the staff team every month which took the format of group supervisions. We reviewed the records of these meetings and saw the topics discussed in the July meeting included what was working and what was not working and the welfare of people using the service. Staff told us short training videos were shown during team meetings to reinforce learning and help discussions.

We saw that a meeting had been held in 2014 with family members. The main topic discussed was the future of the short break service in line with budget cuts and the meeting minutes showed family members were reassured that the service intended to continue. We asked the registered manager if regular meetings were held with family members who told us they held annual meetings for family carers. The registered manager explained that families had said they felt they were expected to attend too many meetings. As a result the registered manager made a commitment to families to attend the monthly autism group meeting and the quarterly carers’ forum held in the borough and this was put into practise. This meant that any issues with the short break service could be discussed without the need for an additional meeting.

The registered manager explained the 2015 feedback surveys were about to be sent out to people and their relatives. We reviewed the analysis completed by the head office for the returned 2014 surveys and saw this was done for each region. The registered manager explained that due to low numbers of people using the provider’s services,

combining the feedback regionally helped to keep people’s responses confidential. The 2014 survey analysis showed that people in the London and South East region were happy with the services received. We saw the surveys were drawn up in a pictorial format to enable people to understand what the questions were about.

The provider carried out quarterly monitoring checks and we reviewed the record of the most recent check carried out on 14 September 2015. We saw it was noted that after each person’s respite stay, a report was written and sent to their main family carer to ensure they were informed of any issues or concerns and there was an open culture of communication. The provider’s quality check noted that the garden area needed tidying up and the service was given a timescale to complete this action. We asked the registered manager about this who explained the gardener was on holiday and they would be contacting them when they returned.

The registered manager told us they shared the weekly audits of the service with the team leader. We saw evidence of this and any issues identified were discussed in individual and group supervisions. The registered manager told us their door was always open so that they could observe and hear what was going on. We saw that this “open door” policy also enabled people who used the service and staff to be able to speak to the registered manager when they wished.

A report of the local authority monitoring visit on 30 January 2015 showed there were no concerns identified. The registered manager told us how the service had signed up to the “Driving Up Quality” code. This code is for providers and commissioners to sign up to a commitment to improve the quality of care people with learning disabilities receive. The registered manager explained that this had helped them to provide education for families and service users. The registered manager told us that they had seen positive changes with people who use the service as a result of implementing this code.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure there were effective arrangements in place for the proper and safe management of medicines. Regulation 12 (2) (g)