

Brownlow Enterprises Limited

Heathgrove Lodge Care Home

Inspection report

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Date of inspection visit:
05 May 2022
06 May 2022

Date of publication:
08 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heathgrove Lodge Care Home is a residential care home providing personal and nursing care to up to 33 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 16 people using the service.

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

There had been a change in provider and management changes since the last inspection, which affected the overall service management. The provider had been working to improve the quality and safety of the service. They had commissioned an external quality assurance team and continue to work with the local authority quality assurance team. The new registered manager was in the process of getting to know the service, introducing new systems and processes, and a clearer structure with more effective monitoring and accountability. However, these changes had yet to be fully established and embedded.

The décor and layout of the building was not adapted to meet people's needs. The service was not dementia friendly, was not easily accessible to people with mobility needs and did not encourage and promote independence and social interaction. People remained dependent on staff to take them to other parts of the service when needed.

People were at risk of social isolation because the provider did not ensure people who spent time in their rooms had opportunities for social engagement. We have made a recommendation about this.

People were safe living at the service and relatives felt their family members were kept safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately.

People were supported by staff who had been checked to ensure they were safe to work at the service and there were sufficient staffing levels in place. People told us they did not have to wait long for staff support when using their call bells. Staff had received a range of training and development. Supervision to support and monitor practice was undertaken.

The staff team followed procedures and practices to control the spread of infection and keep the service clean. There was an emergency plan in place to respond to unexpected events. The premises were well maintained although some areas needed redecoration.

People were able to access healthcare professionals such as their GP. The service also worked with other health and social care professionals to provide effective care for people. People were supported to access appropriate food and fluids and meals were described as being good.

People told us they were happy with the care they received, and staff were kind and helpful. People's

choices were considered when providing care and their views were taken on board. Staff had a good understanding of people as individuals and people were treated with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives felt the management of the service was improving and that they could approach the registered manager and staff with any concerns. Staff felt the management was open with them and communicated what was happening at the service and with the people living there. The management team appreciated staff contributions and efforts during the pandemic to ensure people received the right care and support.

Improvements to audits and management oversight of the service were being put in place by the new registered manager and these needed more time to have a positive impact on the service.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 31 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to premises at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Heathgrove Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector, a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heathgrove Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the registered manager, the clinical lead, a nurse, three carers, a housekeeping staff and a chef. We observed interactions between staff and people living at the service and spoke with nine people who use the service.

We reviewed a range of records relating to the management of the service, for example records of medicine management, risk assessments, accidents and incidents, quality assurance system, and maintenance records. We looked at seven people's care and support plans and associated records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we continued to seek clarification from the registered manager to validate evidence found. We looked at further records and evidence including quality assurance records, training data, meeting minutes, and policies and procedures. We spoke with five relatives about their experience of the care provided to their family members. We contacted six professionals who worked with the service and received two responses.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, including risks related to nutrition, falls, skin breakdown, moving and positioning. Care plans contained guidance for staff about the most effective way of minimising these risks and supporting people safely.
- We noted improvements in recording related to repositioning charts, bed rail checks and food and fluids intake. This meant it was always possible to see if people had received the support they needed to minimise risks.
- Staff told us risks to people and changes in their needs were discussed daily at handovers to ensure all staff were aware of any updates.
- Risks related to the environment were assessed. We saw regular checks were undertaken with regard to water safety, electrical items and fire equipment. Regular fire drills were carried out at the service. People had personal emergency evacuation plans in place in the event of a fire.

Using medicines safely

- Medicines were managed safely. Medicines stock counts were consistent, and audits included random checks of medicines stock. We carried out stocks counts of medicines against records of administration and there were no discrepancies.
- There were arrangements in place to store medicines safely including Controlled Drugs (CDs) and creams. Protocols were in place for the administration of medicines that were prescribed to be given 'as required' [PRN].
- Medicines were administered by the nursing team, who had the training and competence to do so safely. Knowledge and skills were checked to ensure they remained up to date.
- The registered manager told us they were building a good working relationship with the local GP who could be contacted when needed. We received positive feedback about the service and management team from the GP.
- A relative said, "I have no concern regarding medicines, [person] always gets his medicines on time."

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and avoidable harm. People told us, "I feel safe here, all staff are helpful. They know what they are doing." A relative said, "I feel [person] is very safe living there. I have no concerns."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation

in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.

- Staff also said they were aware of the provider's whistleblowing policy and when to raise concerns about care practices.

Staffing and recruitment

- People were protected from the employment of unsuitable staff. This meant pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff on duty to meet people's individual needs and maintain their safety.

- People told us they did not have to wait long before staff came when they called. One person told us, "They do come and see what I need." Another person said, "If I need anything, I use the bell and they come quickly."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- The service had supported visiting as far as possible throughout the pandemic.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.

- Accidents and incidents were investigated thoroughly, and any recurring issues identified and were followed up with appropriate actions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found the adaptation, design and decoration of the service was unsuitable and did not meet people's needs.
- The design of the premises was not suitable for the needs of the people living with dementia.
- There was minimal adaptation made to the building for people living with dementia. For example, there was no suitable signage or use of contrasting colours to enable people to find their way around and identify toilets and other rooms.
- The layout of the building remained constricted on each floor. There were no directional signs to help people find their way around.
- The top floor was out of use at the time of the inspection. People on the first and ground floor did not have access to any communal areas they could use and were dependent on staff to bring them to the lower ground floor for communal activities or social interaction with other residents.

The service was not adapted to meet people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed there were plans to refurbish the building to make it adaptable for people living at the service.

- Communal areas like the downstairs lounge presented a light, bright and airy environment where people could move around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors. The outside area such as the patio was accessible for people to go out and spend time in fresh air.

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

- People's need and choices were assessed and incorporated into the care they received.
- There was evidence an assessment had taken place prior to people coming to live at the service. Choices and preferences had been recorded in people's care records.
- People and relatives told us that staff supported people's choices and understood their specific needs. A person told us, "They [staff] do what I want. They understand me well."

Staff support: induction, training, skills and experience

- Staff were given a thorough induction prior to commencing work, which included completing the Care

Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- As part of the induction, staff shadowed an experienced member of staff until they felt confident.
- An on-going comprehensive programme of training was in place for all staff.
- We observed staff were confident, knowledgeable and competent to support people in a consistent way and guided by best practice. For example, people were supported using safe moving and handling techniques.
- All staff we spoke with said they were supported by the management team. They confirmed they received feedback about their performance and discussed training needs during one to one meetings.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us positive feedback about the food. A relative told us, "The food is beautifully presented and tastes great."
- We observed people were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking, any diverse needs and preferences. Staff were also aware of people's dietary needs.
- Care plans were in place around nutritional intake and people's weight was regularly reviewed. Any concerns were raised with health professionals.

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

- The registered manager and staff worked in partnership with external professionals, such as GPs to support and maintain people's health.
- People's care records evidenced they were supported to have access to a range of health care services.
- People and relatives told us staff would contact GPs and other health professionals if they had concerns.
- A healthcare professional written feedback included, 'Noted to be proactively engaging with other services the patient required, for example, dietetics, dentistry, OT and observed to encourage independence of patient, for example, hand-over-hand assistance with feeding.'

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's rights to make their own decisions were protected.
- Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded. We observed staff asking people for consent before providing care or support. We observed staff were polite and respectful towards people and their decisions.

- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control.
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.
- Relatives were positive about staff support with decisions and consent. They said, "Yes they do ask for consent before supporting [person]" and "I have no concerns, I have seen them [staff] asking if he is okay with them helping him."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good day to day care, and we observed they were treated with kindness and respect.
- People told us staff were attentive and kind and offered them help and support in a timely and appropriate manner. People told us, "It's very nice here. I enjoy it very much." And "Everybody is kind, friendly and nice. They are very helpful people."
- Another person told us, "When you are very old people neglect you, but they don't do that here."
- We observed examples of staff treating people with respect, kindness and care. We saw when staff approached and spoke to people, they responded with a smile. During these observations, people were given time to respond, not rushed to do things and at times even had appropriate informal conversations with staff.
- People were supported by staff who spoke the same language as them; this made communicating easy for people whose first language was not English.
- Staff received training in equality and diversity and were aware of the importance of treating people equally.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to make decisions about their care. People were supported to discuss any changes to their care plans.
- Relatives told us they were involved in decision making and were contacted if there were any concerns about their family member's health. One relative said, "Staff would call me if [person] becomes unwell and they keep me updated."
- People's and their relatives' feedback was sought through reviews of care and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were fully respected.
- We observed staff supporting people in a manner that protected their dignity and offered them care in a discreet manner. For example, staff supported people discreetly during mealtimes.
- People told us staff respected their privacy and they could spend time doing what they wished, either in communal areas or in their own rooms. One person told us, "The best thing here is my independence."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us, and we observed, there were limited activities and social interactions with people who were in their rooms or remained in bed due to their ill health. This meant people were at continued risk of social isolation and there was a lack of stimulation for them.
- One person told us, "It's boring being in bed all day. There's nothing much you can do really." Another person said, "Television helps the time pass."
- Relatives told us there were some activities at the service, but they felt these could be increased. We spoke with the activities co-ordinator who told us about the range of activities they delivered. These activities tended to be group oriented and not always focussed on individual needs.
- People who mostly spent their time in their rooms said they were not regularly engaged in meaningful activities and interaction. Although we saw there was a program to engage people in activities, maintain their social skills and achieve emotional wellbeing, this was more suitable for people who could access the communal lounge where activities took place.
- Some people were not always helped to maintain their emotional wellbeing or had an opportunity to participate in an activity suited to their needs.

We recommend the provider seek advice from a reputable source on providing activities to meet people's needs and reduce social isolation.

After the inspection, the registered manager informed us that they had reviewed and increased the staffing hours allocated to support people with activities and social engagement.

- We observed activity sessions taking place in the communal lounge and found these were delivered with great enthusiasm. People who were able to take part were happy and energised.
- A relative said, "There are lots of craft activities for residents and they mark things like Valentine's Day, Halloween etc., which gives variety for the residents."
- Recent celebrations in the service included people's birthdays, the Queen's birthday, Easter and Eid.
- The service supported people to maintain relationships with their friends and family. A relative said, 'When we had difficulties with the phone system, a German-speaking staff member went beyond their job description and helped [person] speak to their relative in Germany on the phone.'

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

- People's care plans were based on the initial assessment, with information gathered from the person and others who knew them well. Care plans described people's abilities, likes, dislikes, preferences and wishes, support needed, and desired outcomes.
- Cultural and religious requirements were included in people's individual care plan.
- Where people had any particular conditions, it was recorded in detail and was personalised to ensure staff were able to support people in the correct way and where needed, to identify any triggers and signs of the person's condition deteriorating.
- A relative said, "I have found the staff to be well-informed and caring and they have made suggestions about things that might be nice for [person]."

Meeting people's communication needs

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

- There was guidance in place for communicating with people in a manner they could understand.
- Printed information was sourced in alternative formats, such as large print or other languages to make it accessible to as many people as possible.
- Staff were aware of different ways of communicating with people, for example, using visual aids, pen and paper, simple questions and observing body language and giving people time to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- The registered manager told us there had been no recent formal complaints. However, a relative contacted us during the inspection and informed us they recently raised some concerns. We discussed this with the registered manager who confirmed they would contact the relative to address their concerns.
- People and other relatives we spoke with told us that they would speak with the registered manager or clinical lead if they had any concerns or complaints. They were confident any issues raised would be addressed.

End of life care and support

- People's end of life wishes was recorded to ensure these could be met.
- People's care records contained information about their end of life care and last wishes, including practical issues, personal wishes and religious based requirements.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new provider took over the service and a new registered manager was in post since the last inspection.
- We found improvements were being made and new systems and processes were being introduced. The registered manager was in the process of introducing a clear structure with more effective monitoring and accountability, however these changes had yet to be fully established and embedded. They told us, "I have many plans to improve the service and I am eager to work with all parties concerned."
- The registered manager understood their role and responsibilities and how to monitor and evaluate quality of the service. Staff demonstrated a good understanding of their roles.
- The provider submitted notifications of significant events occurring within the service, as required.
- The registered manager completed daily walk arounds and spot checks to observe staff practice and speak with people using the service. Any ongoing risks were mitigated because the registered manager was proactive in their approach and practice.
- Communication had improved across the service with daily handovers, weekly management and clinical risk meetings and regular meetings for all staff. A member of staff told us, "We have daily handovers, which is detailed information on each person. It is very helpful, especially if staff have not been on duty for few days."
- Staff told us they found the new provider and new manager supportive and helpful. They said, "The change from one company to another was very smooth, there were no disruptions. The new owner and manager are very supportive and flexible."
- The provider had commissioned an external consultant to carry out regular quality monitoring visits to ensure the quality and safety of the service. The registered manager told us this support was ongoing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility under the duty of candour.
- The registered manager was open about the areas requiring improvements at the service and the work they were doing to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were all asked for their views about the service. The provider planned to

use this information to inform practice and feedback outcomes to people through a process of showing what they said and what the service had done.

- The registered manager said they had an open-door policy and welcomed any feedback on how to improve and maintain a good service. They wanted to ensure they were visible to the staff, people and visitors.
- Relatives said there was a good atmosphere when they visited the service and things were looking more positive.
- Relatives told us they were happy with the support given to their family members and the level of contact received by staff. One relative told us, "[Person] seems content with their care and living arrangements. All in all, we have been very happy with our decision to move [person] to Heathgrove Lodge and are grateful for their help in making it possible."
- People were supported by a range of healthcare professionals and the care and nursing staff had developed good working relationships. People's care notes contained records of visits with external professionals, including GPs, speech and language therapists, dietitians, chiropodists and opticians.

Continuous learning and improving care

- The registered manager was open with the inspector during the inspection and began to take action to make improvements where required.
- The local authority offered to work with the service on an ongoing basis to support the management team to improve care and support provided to people. The registered manager told us they would engage and work collaboratively with the local authority.
- Some staff had been supported to take on lead roles, called 'champions', in specific areas such as moving and handling, dementia, infection control and nutrition. They then used this specialised knowledge to share learning and good practice with the rest of the staff team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The adaptation, design and decoration of the service was not suitable and in accordance with people's needs. Regulation 15 (1) (c)