Huntercombe Properties (Frenchay) Limited

Heathside Neurodisability Unit

Inspection report

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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 comprehensive inspection took place on 14 and 15 February 2017 and was unannounced. Heathside Neurodisability Unit is a care home with nursing, providing support, accommodation and rehabilitation for up to 18 people. The home specialises in providing neurodisability rehabilitation for people with a brain injury of any cause and/or progressive neurological conditions. On the day of the inspection, 18 people were using the service.

At our previous inspection on 3 June 2016 we found the service did not meet all the regulations we inspected relating to staffing. We undertook a comprehensive inspection on 14 and 15 February 2017 to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Heathside Neurodisability Unit' on our website at www.cqc.org.uk.

At our inspection of 14 and 15 February 2017, we found the registered manager and provider had followed their plan and met the legal requirements in relation to staffing. Staff were supported in their role and received regular supervision and appraisal of their performance. Any gaps identified in staff's knowledge were addressed to enable them to undertake their roles.

The service had 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.

People were safe living at the service. Staff knew how to protect people from abuse. Staff had received training in safeguarding adults and understood their responsibilities to report any concerns.

Staff assessed people's needs and identified risks to their health. Support plans were developed and had sufficient guidance for staff on how to manage the risks and to support people make progress towards independent living. Staff attended regular training and had the relevant skills and knowledge to meet people's needs effectively.

People gave consent to care and treatment. Staff supported people in line with the requirements of the Mental Capacity Act 2005. 'Best interests' meetings were held to support people unable to make decisions about their care.

People were treated with kindness and compassion. Staff respected people's dignity and maintained their privacy. People received care that was individualised as staff knew them well. Staff had information about people's preferences and knew about how they wanted their care provided.

People, their relatives were appropriate and healthcare professionals were involved in planning and making

decisions about their care. Staff carried out regular reviews of people's health and the support they required. People received care responsive to their individual needs.

The service had a complaints procedure in place and people knew how to make a complaint if needed. People and staff views were considered and their feedback was used to drive improvement at the service.

There was an open culture at the service. The quality of the service was reviewed regularly and improvements made when required. The service worked closely with other healthcare professionals to deliver good quality care.

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. Staff knew how to protect people from potential abuse. Risks to people were identified and staff had guidance on how to support people safely.

There were enough numbers of staff deployed to meet the people's needs safely. Appropriate recruitment and selection procedures were followed.

People received their medicines when they needed them. Medicines were managed in line with the provider's policy.

Is the service effective?

Good

The service was effective. Staff had the relevant skills and knowledge required to do their work effectively. Staff were supported in their role and received regular supervision and training.

Staff understood and put into practice the principles of the Mental Capacity Act 2005 when providing support to people.

People had sufficient amounts of food and drink and their dietary and nutritional requirements were met.

People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring. People had developed good working relationships with staff.

People were involved in decisions about their care. Staff respected people's preferences about how they wanted their support delivered.

Staff upheld people's privacy and dignity and treated them with respect.

Is the service responsive?

Good

The service was responsive. People received care that responded

to their individual needs. Staff reviewed people's needs and their support plans regularly to ensure they received appropriate care.

People's views about the service and the support they received were sought and considered. People had access to information on how to make a complaint and any concerns raised were resolved.

People took part in a range of activities and were encouraged to pursue their interests.

Is the service well-led?

Good

The service was well-led. There was an open and transparent culture at the service. Staff understood and shared the provider's values about the support provided to people to meet their needs.

The quality of the service was regularly audited and improvements made when necessary.

The service worked in close partnership with other healthcare professionals.

Heathside Neurodisability Unit

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 was unannounced and took place on 14 and 15 February 2017. The inspection was carried out by an inspector 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with 10 people who used the service and two relatives. We also spoke to three rehabilitation workers (support staff), the registered manager, speech and language therapist, a consultant, head of therapy, two nurses, an administrator, psychologist and kitchen staff including a chef. We were informed the head of care who was responsible for the day to day management of the service was on annual leave.

We reviewed 10 people's care records and their medicine administration records. We reviewed staff records including recruitment, training and supervision records and duty rotas. We reviewed records relating to the management of the service including safeguarding concerns, complaints and audits to monitor quality of the service. We looked at the feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people

throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People were supported to keep safe at the service. One person told us, "I feel safe and they [staff] make sure you use the buzzer (call bell). They do come." Another person said, "I've slept very well every night here. I feel safe." Staff knew how to identify abuse and understood the provider's safeguarding procedures to raise concerns to the registered manager. A member of staff told us, "Safeguarding is about keeping people safe. I have to report to the manager whatever is bothering me about any person in my care." Records confirmed staff had received training in safeguarding and had their knowledge checked in supervisions to ensure they remained up to date and on the look-out for potential abuse. The registered manager made referrals to the local safeguarding team on concerns they had to ensure appropriate action was taken to keep people safe. We observed contact details for the local authority safeguarding team where displayed at the service for people and staff should they wish to report any abuse.

Staff knew how to report potential abuse and poor practices by blowing the whistle. A member of staff told us, "It's part of my role to alert my manager or external agencies about abuse." There was an up to date whistleblowing procedure which staff were aware of and had access to.

People were protected against the risk of avoidable harm. Care records contained individual risk assessments and expected outcomes for each person. Staff had sufficient guidance on the actions necessary to keep people safe. A healthcare professional told us, "We work together with the person, their relatives and staff and discuss the risks to them. This is because some people come to the service with severe injuries." The registered manager sought specialist advice when appropriate to help manage identified risks to people. For example, when a person was identified as at risk of choking, staff had guidance to ensure that the person was in an upright position when eating and drinking. We saw a family member had received training to manage the risks to a person when they visited in the community. Records confirmed healthcare professionals' input in assessing and reviewing of risks to people such as a person being trapped in a bed rail, neglect, skin breakdown, malnutrition, dehydration and injury during care and transfers. Staff reviewed and updated people's risk assessments to reflect any changes in their health and the support they required.

People were protected from the risk of avoidable harm. Staff understood their responsibility to record and report accidents to the registered manager. Incidents were reviewed in management and team meetings where staff were made aware of how to prevent a similar event from recurring. People's support plans were updated to ensure staff had sufficient guidance on how to minimise incidents. For example, only experienced staff supported a person with a brain injury to access the community.

People received support from sufficient numbers of staff deployed to meet their needs. One person told us, "Definitely. There's always someone here watching and making sure everything's ok." A relative told us, "There are always two [staff] to help [person] to the bathroom and they come quickly." The registered manager used a dependency tool to assess people's support needs, for example, when a person's health had declined. The registered manager had ensured they received one to one support to allow staff to monitor and support them appropriately. Staff said and records confirmed the service was staffed

sufficiently and that additional staff were made available for appointments, care reviews and outings to meet people's needs. We looked at duty rotas and staffing ratios and observed that there was a high use of agency support staff. Management maintained records of permanent, bank and agency staff used each week. For example the ratios of agency to permanent staff used varied. For example it was 31% in October 2016, 68% in November 2016 and 80% in December 2016 and 72% in February 2017. Although there was no impact on the quality of care one member of staff commented that the responsibility weighed on the permanent staff more as agency staff came and went. Staff told us and records confirmed that there was an 'orientation of agency or bank nurses' which was an induction to the service which enabled them to understand the needs of people before they started to work with them.

People received their medicines when required. One person told us, "The nurses are the ones to give out the tablets and I know that everything is ok." Staff assessed people's support needs in in relation to medicines management and supported those who were unable to do that safely. Staff told us and records confirmed they were trained and assessed as competent to manage medicines safely. Staff had completed Medication Administration Records (MAR) accurately to reflect that people had received their medicines at the right time and correct dose. There were no gaps on MAR charts and there were no incidents of medicine errors over the six months period we reviewed.

Medicines were securely and safely stored to reduce the risk of misuse. We checked the stocks of medicines kept at the service for three people and these corresponded to the balance recorded on the MAR chart. Regular checks of medicine stocks were carried out daily and weekly to ensure people had received their medicines when needed and that appropriate stocks were maintained. Regular medicine audits sought to identify and take action on any shortfalls. Audit records of November 2016 and February 2017 audits had not identified any concerns regarding the management of medicines.

People received support from suitable staff who were recruited through appropriate recruitment procedures. Relevant pre-employment checks were completed before staff started to work independently at the service. These included employment reference requests, proof of identity, criminal checks and right to work in the UK to ensure staff were suitable for their role.

The premises were safe for people. Health and safety checks were carried out regularly on fire doors, emergency exits, emergency lighting and fire alarms. Regular maintenance of electrical and gas appliances and equipment such as hoists and mobility aids were done to ensure people's safety. Staff told us and records confirmed repairs were carried out in a timely manner and felt confident to use the equipment provided. There were fire drill practices to ensure staff knew what action to take to support people safely. Staff and records confirmed they had attended fire safety and first aid training to enable them to deal with emergencies.

Good

Is the service effective?

Our findings

At our last inspection of June 2016, we found that staff had not received regular appraisal to review their performance.

At this inspection on 14 and 15 March 2017, we found staff had received an appraisal in line the provider's policy of a yearly review of their performance, training and development needs. People's care was delivered by staff who felt supported in their role. A member of staff told us, "I meet with the manager every six to eight weeks to discuss my work. I had my appraisal recently where we planned my training for this year." Another member of staff said, "Supervisions provide the space to get feedback from the manager and to raise any issues about my role." Records confirmed regular staff supervisions and an appraisal with their managers. Supervision notes were detailed and showed staff used the meetings to reflect on their practice. The managers had identified training to further staff skills and knowledge about how to support people to meet their needs effectively. For example, a member of staff was identified as requiring further training in assessment of people's needs. The registered manager followed this up and ensured the member of staff had received the appropriate training.

People were supported by staff with the appropriate skills and experience to meet their needs. A person told us, "I've been here for five months and I've made an improvement. Yes, they [staff] seem professional; they know what they're doing." A healthcare professional said, "Staff have the right skills. They follow professionals' guidelines which is vital to people achieving their rehabilitation goals." New staff undertook an induction which included shadowing experienced colleagues, training and familiarising themselves with people's care plans to help them understand people's needs and how to support them before they worked independently. Staff were assessed as competent before they started to work own their own. Records showed agency staff also received an introduction to the service and people to help them familiarise themselves in their role.

People's support was delivered by trained staff. The provider ensured staff had access to training and development opportunities to update their knowledge and skills. A member of staff told us, "The training is thorough and essential for our work of looking after people with serious injuries." Another member of staff said, "The training is good. Without it, we [staff] could not do the job properly." Staff had received regular training and refresher courses in areas considered mandatory by the provider which included manual handling, health and safety, fire safety, safeguarding, managing risk and medicines management. Specialist training was available to staff to ensure they developed specific skills to meet people's individual needs, for example treatment and managing of a brain injury and basic life support skills. The registered manager maintained a training plan and ensured staff attended courses as deemed appropriate.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People consented to care and treatment. Assessments of people's mental capacity in relation to making specific decisions were carried out and recorded on their care plans. The registered manager ensured people who were not capable of making decisions received support from healthcare professionals and their families were appropriate to help them make decisions in their 'best interest'. Staff understood their responsibilities and supported people in line with the requirements of the MCA. Staff had received the appropriate training to empower and protect people who may not be able to make some decisions for themselves. For example, one person had a 'best interest' meeting about accessing the community with the support of their relative and to use a wheelchair on outings.

People's rights were upheld and any restrictions to their liberty was authorised by the relevant supervisory body. The registered manager ensured each person was assessed and restrictions to their freedom or choice monitored. Staff told us they could not deprive people of their freedom without any approval from authorities and that they referred any concerns to the registered manager. DoLS applications were made to the local authority to ensure people received appropriate support in line with their rights. At the time of our inspection, four people were subject to a DoLS authorisation and received the support as authorised. For example, one person was supported by staff to go out for shopping.

People liked the food provided at the service and were able to make choices about what and where they wanted to eat and drink. One person told us, "I enjoy the food and like the variety offered." Another person said, "They [staff] provide meals I like. I go to the dining room but I can request to eat in my room if I want to." People were involved in planning the menu through meetings with staff and the chef. A menu planner showed healthy meal options and people's preferences. Four different menus were on offer each day which included vegetarian options and people confirmed the choices available to them. We observed people had access to a choice of drinks, snacks and fresh fruit at any time.

People received appropriate support with their eating and drinking. One person told us, "I can feed myself." Another person said, "Staff help me hold my cup when I'm having a drink." Staff were aware of people's dietary and nutritional needs and were able to describe the support they required with their eating. Care records confirmed the information about each person's dietary needs and preferences and the support they required with their eating for example when they were at risk of choking. Records showed staff made referrals to a Speech and Language Therapist (SALT) to have people's eating needs assessed and to receive guidance on meeting their dietary needs. We observed staff followed the SALT's guidelines for example ensuring the food provided was of the right consistency before supporting a person to eat. The chef and kitchen staff were knowledgeable about people's dietary needs and the type of foods they required. For example, they told us the names of the people on modified diets. The chef told us the SALT regularly reviewed their food consistencies to ensure they were of the right texture and appropriate to meet people's dietary needs. We observed a member of staff support a person to eat. They explained to the person and supported them to open up their fingers to make it possible to hold a cup of tea.

People received the support they required to maintain their health and wellbeing. People had health care plans with information about their medical conditions. Staff had sufficient guidance on the action to take to support people with their individual needs, for example, when a person could not turn themselves in bed. A

healthcare professional told us, "There is good communication between staff and clinicians resulting in people receiving timely interventions." Staff were aware of the signs that a person's health may be deteriorating such as failing to breathe properly or failure to swallow their food and reported their concerns to the nurse on duty. We saw records of visits made by healthcare professionals such as GP's, SALT team, psychiatrists, chiropodists, opticians and dentists, occupational therapists and physiotherapists. We observed two physiotherapists receive update on a person's health from staff before going to meet with them.

The environment was adapted based on people's needs. For example, the corridors were wide to allow safe passage for people who used wheelchairs. Handrails were fitted to support people with their mobility.

Good

Is the service caring?

Our findings

People were happy at the service. One person told us, "Staff are caring and kind." Another person said, "Staff are quite friendly and I find them easy to speak with." There was a busy but pleasant environment with people relaxed and comfortable around staff. People had developed positive relationships with staff, as they knew them well. We observed staff talked to people in a caring and respectful manner.

People were involved in decisions about their day to day care. One person told us, "We decide together how to go forward. They [staff] expect you to contribute to your care." Care records showed each person had an assigned therapist to support them with planning their rehabilitation goals for example, the support they required towards recovering their mobility. Risk management and support plans showed that staff and healthcare professionals had involved each person in making decisions about their care. People were assigned a member of staff each who provided additional one to one support to ensure their views about their support were considered and followed through. For example, one person had made progress with their health and wanted to start using a wheelchair to access the community and to promote them to be independent. Staff had involved the physiotherapists to ensure this was achieved safely.

People's care was delivered in line with their preferences and wishes. Staff had sufficient information about people's preferences, daily living skills and their preferred name which they had gathered from the assessment of their needs. This ensured to provide individualised care. People told us staff kept them informed about their treatment plans and respected their choices.

People had access to advocacy services when needed. This enabled them to get support to help them express their views and wishes, and to help make sure their voice was heard. For example, a person was supported to make independent decisions about their care though advocacy services. Information was available at the service on how people could access advocacy services.

Staff respected people's confidentiality. Information about people's health was kept secure in lockable cabinets and was only accessible to authorised staff. Staff understood their responsibilities under data protection and followed the provider's policy on managing people's information. People were informed and their consent sought if there was a need to share their information with other healthcare professionals.

People were treated with respect and staff maintained their privacy and upheld their dignity. One person told us, "Yes they do; like when they leave the room when I'm showering and come back after I press the bell when I'm ready for them." Staff used respectful language in the care records when they described the support provided to people and their health conditions. The registered manager ensured staff understood how to maintain people's dignity, for example through training and discussions in supervision meetings.

People were encouraged to be independent and to do as much as possible for themselves. Staff had assessed people's ability to carry out tasks to promote their independence. Care records showed what each person could do for themselves and the level of support they required to complete tasks. For example, one person was able to wash themselves but needed support to get in and out of the bath. The daily records

showed staff supported them as required. People were supported to go out and do their own shopping where appropriate. We observed people spent time in their rooms and lounge as they wished.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. Staff and healthcare professionals assessed each person's care needs before they started using the service. This was to identify whether the service was appropriate to meet their needs. Care plans were developed and support planned to meet their individual needs. Staff had information about people's background and health needs. For example, one person was assessed as unable to bear their weight when standing up. Staff had sufficient guidance to transfer the person from a wheelchair to a bed and or to a chair. People were supported to set goals in line with their health needs and the support they required to make progress towards independent living. Records showed people made progress towards their recovery goals, for example from being bed bound to walking independently through rehabilitation and another person from being unable to wash themselves to doing so and getting dressed.

People received care responsive to their needs. One person told us, "I was at a meeting with the head nurse and the physiotherapist and my relative to talk about my care." Staff met regularly with people to review their needs and the support they required. People's recovery was monitored and health care professionals and relatives were appropriate were involved in the reviews to ensure their support plans remained effective to meet their changing needs. Additional support was put in place when a person had not made sufficient progress in relation to their needs. For example, this included staff involving a physiotherapist if there were concerns about a person's mobility. Care records were up to date and reflected people's current needs and the support they required.

People received the support they required to follow their interests or hobbies. One person told us, "I like to play chess in the TV room with [member of staff's name]." Another said, "I enjoy playing pool and table tennis." The service offered a range of community based activities which included going to the cinema, swimming, boat trips, museum and castle visits. People were supported to go out shopping when they wanted to do so. Records showed people attended activities of their choosing and enjoyed their outings. For example, bowling outings involved four people on a regular basis. There was a mobile library visit to the service which encouraged people to develop their interest in reading, education and entertainment. People played chess and jigsaw puzzles, attended exercises classes, had manicures and watched relaxation DVD's.

We saw a board at the services with photographs of people looking pleased with the activities they were captured doing and the trips they had undertaken. We observed people took part in a newsgroup and discussion of current affairs. Each person had a news article of their choice to present to the group. We saw a member of staff encouraged everyone to speak and they had an interesting discussion about current affairs. An activities coordinator and the people confirmed there were activities planned for weekdays and weekends which ensured people had a choice of how to spend their time. This helped to reduce the risk of social isolation. We observed people who preferred to spend time in their rooms were engaged, for example one person had jigsaw puzzles and told us they enjoyed having time to themselves.

People knew how to make a complaint and were confident that the registered manager would address their concerns. One person told us, "There's a complaints form or I'd talk to the manager." Another said, "I'd find

out who to complain to by looking at the board out there with all their [staff] names." A relative told us, "We've never had any complaints. [Relative] is well looked after." People were aware of the provider's complaints procedure and had access to it. Staff understood their responsibilities to support people to raise any concerns if they wished to do so to ensure action was taken. The registered manager told us the service had not received any formal complaints in the past 12 months. The service monitored patterns of concerns raised to ensure people received support that met their expectations.

Good

Is the service well-led?

Our findings

People and staff told us there was an open and transparent culture at the service. One person told us, "We are always know what's going on at the service." Another person said, "I've had two meetings with the manager. He listens and tries to do what he can to help." People told us they had seen changes at the service in the last year for example, there was an increase of activities offered at the service and that staff involved them more in making decisions about their care. The registered manager demonstrated a passion to develop the service and had introduced changes to improve the quality of care.

Staff were aware of their role and responsibilities. The provider had made changes to the management of the service and staff held mixed views about this. Staff told us they felt the changes reduced their access to a manager on unit level. We asked the registered manager about this who explained that the changes were necessary to ensure staff provided a high standard quality of care. We saw examples of the changes that had resulted in a more person centred approach, for example frequent checks on the quality of care. The provider had had recruited three nurses to work alongside rehabilitation staff and to provide additional hands on support for them when required. We were confident that the changes introduced had brought positive benefits.

Staff said the registered manager was available at the service and kept them informed of any changes to their way of working. There were regular monthly team meetings which gave staff the opportunity to discuss the support provided to people and any ideas to improve the service. There were clear lines on communication within the staff team, healthcare professionals and the senior management team." A healthcare professional told us, "We get detailed updates on people's health, which is important when putting a plan in place for their rehabilitation." One member of staff told us, "We can raise issues with the managers and most of the time; they take on board our ideas." Staff said there was good team working and that they felt supported by their colleagues. Staff told us they were valued at the service because they were involved in assessment and reviews of people's care. Staff understood the provider's vision to support people to full rehabilitation in a person centred manner.

The registered manager and provider understood the responsibilities towards the requirements of their registration with the Care Quality Commission. They promoted staff to question their practice in line with the responsibilities towards the duty of candour. Notifications were sent to CQC as appropriate.

People's quality of care was audited and shortfalls were addressed to improve the service. The provider used the audit systems in place to monitor the quality of care effectively. Checks were made on care plans and risk management to ensure staff updated and reflected changes to people's health. This enabled healthcare professionals to monitor people's progress with their rehabilitation and to develop support plans appropriate for their needs. The service carried health and safety checks to ensure equipment and premises were safe for people to use. Medicine administration charts and stocks were audited monthly to ensure people had received their medicines when needed and that staff followed the provider's procedures. Records showed incidents and accidents at the service were analysed to identify any patterns and this information was used to put an action plan to prevent a reoccurrence.

The registered manager sought people views about the service and used their feedback to provide care responsive to their needs. People's views about the quality of the service and the care provided was gathered through completion of an annual satisfaction questionnaire. Results of the 2016 'your care, your voice' survey showed people were satisfied with the standard of care provided. The report was available in an easy to read version to ensure people could understand the results of their feedback and that their views were considered.

The registered manager worked in close partnership with organisations and healthcare professionals to develop the service. They held regular meetings with healthcare to discuss admissions and the progress people were making with their rehabilitation and to share best practice. The service worked with volunteers and relatives who visited regularly and offered companionship and support to people to go on outings or take part in various activities at the service. Staff from a hospital owned by the same provider and providing a CQC regulated activity worked between the two services. The registered manager told us this benefitted people because of sharing of good practice and cross fertilisation of ideas.