

# The Brandon Trust Heathercroft

## Inspection report

43 Old Lodge Lane  
Purley  
Surrey  
CR8 4DL

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11 November 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Heathercroft is a small residential care home that provides care and support for up to five people with a learning disability in one adapted building. At the time of our inspection the home was fully occupied.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider had good quality assurance processes in place that monitored a wide scope of practices and procedures by staff. However shortfalls identified by these processes such as the areas of the home that needed for redecoration were not always actioned . This meant improvements were not always made where they were needed.

Some areas of the premises such as the bathrooms and the hall, stairs and landing areas needed redecorations.

Relatives told us they thought their family members were safe living at Heathercroft. They said staff took appropriate measures to ensure people were protected from identified risks and potential abuse.

Staff told us the training they received to do with safeguarding adults helped to protect people from harm. Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

People's needs and risks were assessed holistically and clear outcome based guidance set out for staff to follow in people's care plans.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Effective infection control procedures were in place and staff received training with food hygiene.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had

appropriate policies and procedures in place to support people safely with their medicines as prescribed.

The new 'Plan for Life' format implemented at Heathercroft has ensured a comprehensive process of assessing people's needs and risks is carried out. People's needs were met in a personalised way with their agreement and that of their relatives.

Staff completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

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.

Records showed people were supported to have their health needs met, with access to health professionals as required.

Relatives of people told us their relationships with the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

The concerns and complaints procedures meant that people were able to make complaints or raise concerns and have confidence they would be responded to in an appropriate way.

The provider worked collaboratively with other agencies and organisations to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

At the last inspection the service was rated good (published 21 June 2017).

Why we inspected:

This was a planned inspection in line with our inspection schedule based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was 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?

Good ●

The service was 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.

# Heathercroft

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Heathercroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced. This meant the staff and provider did not know when we would be visiting.

#### 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 asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people, two staff, the registered manager and the team leader [referred to in this report as 'the managers']. We looked at three people's care records, three staff files as well as records relating to

quality assurance and management of the service. We also observed interactions between people and staff.

After the inspection

We spoke with three people's relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us their family members were safe and staff were supportive. One person's relative said, "They [staff] are absolutely fantastic, they keep people safe and well cared for. I have never seen anything there that has concerned me." Another relative said, "We [the family] believe he is safe there, the staff keep people safe and people all seem really happy."
- The provider implemented appropriate policies and procedures for safeguarding adults that were linked with those of the local authority and best practice. These helped to ensure people were protected from the risk of abuse. Systems for reporting and acting on concerns or allegations were robust.
- Staff were able to describe the signs and symptoms of abuse and had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe.
- Information on safeguarding was on display within the home including easy to read versions for people, staff and visitors' reference.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified, assessed and reviewed to help minimise possible harm.
- Risk assessments provided clear guidance for staff to help them manage identified risks whilst ensuring people's rights and independence were promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills and to enjoy accessing community services. For example, with maintaining interest in hobbies and with the promotion of travelling safely.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.

Using medicines safely

- People received their medicines safely and as prescribed.
- The managers told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. Training records supported this.
- The managers told us all staff received an annual competency check to help ensure they knew how to provide people with their medicines safely. We saw completed checks for staff with satisfactory outcomes.

- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.

#### Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- The staff rotas we inspected demonstrated there were appropriate staffing levels in place to meet people's assessed needs and relatives confirmed this with us.

#### Preventing and controlling infection

- By following best practice guidances staff helped to prevent the risk or spread of infection. Staff received training on infection control and food hygiene awareness. We observed staff wearing personal protective equipment such as aprons and gloves and this helped to prevent the spread of infections when delivering personal care to people.
- The provider had an infection control policy and procedure in place that staff were aware of and worked within.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and lessons were learnt to prevent the risk of reoccurrence.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.



# 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some areas of the home needed refurbishment as the decorations were tired. Paint was faded and chipped and some areas of the flooring needed renewing. Examples of this were seen in the hall, stairs and landing areas as well as with the bathrooms on both the ground floor and the first floor. The registered manager and the team leader acknowledged this. They told us that the areas we identified were on a priority list for redecoration. We will monitor the progress of the redecorations for the next inspection.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People or their relatives had given written consent to do with a number of different areas of support. For example, we noted consent forms on people's files for medicines and for sharing people's personal information with others.
- We observed interactions between staff and people and we saw staff sought people's consent before offering them support and respected their decisions and rights. One relative said, "I visit [my family member] often and whenever I have been I see staff asking people how they would like to be supported." A staff member told us, "It's important to ask people before doing something for them, just as we would want to be consulted first."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.

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

- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs. An example of this for one person was with their food preferences being provided to meet their cultural needs.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- The provider had introduced a new needs, risks and care plan format since the last inspection. We saw people's needs were assessed, as were any risks that they might experience with the care and support they received. Information was written in the first person and the provider had included people's preferences and choices so they would be part of the process. This helped to ensure staff were able to meet people's needs appropriately.
- Relatives confirmed they were involved in the assessment process and with reviewing their family member's care where appropriate. One relative commented, "Staff are fantastic with [my family member] and the care they provide for them is so good. Staff keep us up to date and always involve us when necessary."
- We saw assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as individual's personal history, preferences and consent.

#### Staff support: induction, training, skills and experience

- Relatives commented positively on the skills of the staff. They said staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.
- Staff received a wide range of appropriate training in various topics and specialised areas such as behaviour support awareness, communication, dementia awareness and person centred working. Staff said the training was helpful in keeping them up to date with best practice and new legislation.
- The managers said that training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.
- Inspection of the staff records evidenced that one to one supervision sessions with staff were irregular until recently. The managers told us a new supervision process had been implemented in the last month for all staff supervision sessions. We saw evidence of this. Staff told us that the new process was comprehensive and helped them in their work.
- Staff said before this new process was in place they were able to discuss anything related to their work more informally with the managers.

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

- People were supported to have a balanced, healthy and nutritious diet and this helped to ensure their well-being. One relative said that when their family member had lost weight unexpectedly, staff ensured they sought appropriate medical advice. With the appropriate help, the person soon regained their correct healthy weight.
- Care plans documented people's nutritional needs, any support they required, known allergies and any nutritional risks such as choking, weight loss or gain.

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

- People's physical, mental and emotional needs were assessed and documented in their care plans. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's

well-being. For example, information and guidance provided by speech and language therapists were followed by staff.

- Staff supported people when required to attend healthcare appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

# 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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; equality and diversity

- People's relatives spoke positively about staff and the care and support they offered people. One person said, "They are brilliant, so caring towards my [family member]. Knowing how well cared for they are [family member] takes such a weight off my mind." Another relative commented, "The staff know people well and they are really caring towards them."
- During the course of the inspection we observed people were treated well and their choices respected.
- People's diverse and cultural needs were respected, assessed and documented. Care plans included information about people's cultural requirements such as food/meal preferences and their spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People and their relatives told us they were consulted about the care and support provided. One person said, "They [staff] ask me what I'd like to do [in terms of daily activities and support] during the day." A relative said, "We are invited to review meetings and always kept up to date with their [family member's] progress."
- During our inspection we observed staff communicated effectively with people. Individuals' communication needs were assessed and documented in their care and support plans. This has helped staff to support people appropriately. For example, on the day of the inspection we saw staff asking people where they would like to go for an outing since it was a sunny day.

Respecting and promoting people's privacy, dignity and independence

- The service applied the principles and values of 'Building the Right Support' and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change when required.
- Care plans were person centred and focused on where people needed support. Positive and safe risk taking was encouraged by staff to help people enjoy as much independence as possible while offering appropriate support when it was needed.
- People were supported to maintain relationships that were important to them and relatives told us how important this was for both for themselves and for their family members. Staff recognised the significance of this on people's well-being.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as 'Good'.

At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us they were involved in the planning of their family member's care. One relative commented, "We are invited to the reviews of [their family member's care]. And staff keep us up to date if there are any problems such as with their health." Another relative said staff communicated with them regularly and sought their advice if any changes were needed.
- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Since the last inspection the provider introduced a new assessment and care planning format called 'Plan for Life'. This is a comprehensive outcome based assessment process individualised to each person. Using this format we saw people's needs and risks were assessed holistically and their care plan developed based on these assessments.
- The care plan provided staff with detailed information about people's preferences, needs and the risks people faced.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed as part of their 'Plan for Life'. Information to do with people's communication preferences and how staff might meet those needs were documented.

- Staff knew people living in the home well and were knowledgeable as to how they expressed themselves. We observed that staff took time to listen and engage with people during our inspection.
- The managers told us the service provided information that people and their relatives needed, such as their care plan and the complaints procedure in different formats as necessary. This included large print, makaton, different languages or easy to read pictorial versions, as and when required. Makaton is a basic form of sign language for people with learning disabilities designed to provide them with a means of communication for people who cannot communicate through speech.

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

- Staff supported and encouraged people to pursue hobbies and interests inside and outside the home environment. For example, some people regularly attend social clubs of their choosing. Other activities

people enjoyed included, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

#### Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the managers if they had any complaints.

#### End of life care and support

- The managers told us that no one was receiving end of life care and support at the time of our inspection. However end of life training was provided to all staff by St Christopher's Hospice in 2018 and details for people's wishes to do with this were included in people's care plans.
- From our review of people's care plans we saw they were supported to make decisions about their preferences for end of life care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had good quality assurance systems in place however some areas of need identified in these audits were not always addressed as was required in the provider's own guidelines. This meant that the provider could not always be assured appropriate action was taken where necessary to improve the quality of the services provided. Both of the managers acknowledged this and agreed to review all the recent audits to ensure the provider's quality assurance processes were implemented as required. Examples of this were seen where redecoration of the bathrooms were identified as a need, but no action had been taken at the time of this inspection. Staff had only recently started to receive formal and regular one to one supervision support.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider had an effective management and staffing structure in place that people, their relatives and staff understood and told us worked well for them. The registered manager understood their duty of candour responsibility and notified CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People's relatives spoke positively about the care and support provided to people at Heathercroft. They said the managers and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The staff group is stable and there seems to be a good level of trust and understanding of people's needs," and "They [staff] are brilliant, they keep me up to date and they are very respectful." People said they felt listened too and there was an open and transparent culture at the service that met the needs of the people they supported.

- The provider's quality assurance processes included one audit that was carried out by another manager within the company's service provision to help to ensure objective feedback was provided. This audit procedure was designed to follow the Care Quality Commission's five domains of safe, effective, caring, responsive and well-led. We reviewed the most recent audits and we noted that issues we had found at the inspection were not addressed in these audit reports.

- Staff were well supported with good training and support. Staff support included monitoring how staff were working practically with people, following care and support plans as well as monitoring their performance. In this way the managers were able to ensure improvements were made where necessary.

- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they regularly spoke with people to ensure they were happy with the service they received. We observed this during the course of this inspection.
- The managers told us the provider had an overall quality feedback process for all the care homes in the group. We were told by the registered manager that while this provided general feedback across all the services this did not provide individual feedback for each home including Heathercroft. The registered manager told us they had developed a more service based focus set of survey questionnaires for Heathercroft. They told us they would ensure feedback was analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.
- People received a service from staff who were happy in their work and they told us so. They said they worked in an open and friendly culture. One staff member told us, "I do really enjoy my work here. I love the people I work with and I am passionate about ensuring their lives are as fulfilled as is possible." Another member of staff said, "We are well supported by the managers and there is a friendly teamwork approach from all staff." Staff told us the managers dealt effectively with any concerns if they were raised.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided opportunities to build a coherent team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.