

## Four Seasons Health Care Properties (Frenchay) Limited

# Heathside Neurodisability Unit

### Inspection report

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### Ratings

#### Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

### Overall summary

This inspection of Heathside Neurodisability Unit took place on 2 February 2015 and was unannounced. The last inspection of the service was on 10 July 2013. The service met the regulations inspected at that time.

Heathside Neurodisability Unit is registered with the CQC as a care home with nursing. The service provides support and rehabilitation to people who have had a brain injury. Up to 18 people can use the service and each person has their own room with adjoining bathroom. There are sitting areas and a dining room.

The service shares a purpose-built building with another service, operated by the same provider, which is separately registered with the CQC as a private hospital. Specialist staff, such as a doctor, occupational therapists and speech and language therapists, support people who use both services. People are referred to both services by the NHS.

# Summary of findings

At the time of the inspection, both services were under occupied. This was because the NHS had not recently referred people to either service. Seven people were using Heathside Neurodisability Unit. We were unable to rate the service because it was not operating normally.

Five people had been referred to the service for a short-term period of rehabilitation after a hospital stay. Two people had been referred to the service several years ago for care and support in relation to their long-term and complex health needs.

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager has been absent from the service since October 2014. The provider had made arrangements for the service to have an interim manager. The service was not always well-led.

The service had not always sent us the required statutory notices in relation to Deprivation of Liberty (DoLS) applications and authorisations. We could not be certain that the service had consistently met legal requirements in relation to DoLS.

The provider checked the quality of the service but timely action was not always taken when areas for improvement were identified. There was a delay of over three months in implementing all of the identified actions in relation to the improvement to the management of people's medicines. This put people at risk of people not receiving their medicines appropriately.

There were breaches of Health and Social Care Act Regulations. The action we have asked the provider to take is at the back of this report.

Most people at the service were able to talk to us about the service. Some people, due to their complex needs, could not communicate their views verbally. People told us they felt safe at the service. Staff knew how to recognise and report any concerns about abuse and neglect. Individual risks to people were assessed and staff followed clear guidelines on how to protect people from

harm. Specialists, such as occupational therapists, regularly reviewed how risks were managed to ensure staff promoted people's independence whilst keeping them safe.

Staff completed accurate records in relation to people's medicines and medicines were stored securely.

People said they received effective support which promoted their independence. The provider had ensured specialist therapy staff were available to plan and organise the delivery of people's support. Staff told us they received appropriate training and were supported to develop their skills and professional expertise.

The service met the legal requirements of the Mental Capacity Act 2005. When people were assessed as not having the mental capacity to make a decision, a "best interests" decision was made. The service had appropriately made Deprivation of Liberty Safeguards (DoLS) applications to the local authority.

People said they had a choice of food and drink at the service. People with complex health needs had appropriate specialist input in relation to their nutrition. People were easily able to access the GP and dentist if they needed to.

People told us staff were caring and kind. They said staff were polite and treated them with respect. Speech and language therapists had supported people to develop their communication skills and advised the staff team about how to communicate with people. This enabled people to participate in planning and reviewing their care and support.

The service ensured that each person's individual care and support needs were met. The service obtained detailed referral information about each person's health and circumstances. Occupational therapists met with people when they started to use the service to develop a support plan to promote their independence. People were involved in making decisions about their support.

The provider asked people for their views of the service by means of a questionnaire. People's responses showed they were satisfied with the quality of support they had received. They said staff were caring and the service had supported them to develop their independence. People had access to a complaints procedure and the provider responded to complaints appropriately.

# Summary of findings

The provider had made recent changes to the way the service operated in response to incidents that had occurred during 2014. For example, a doctor had been appointed to provide advice on the management of people's medical needs to the staff team.

Staff told us team work in the service was good. Checks took place in relation to the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe. People said they felt safe. Risks to people were assessed and managed. Staff understood how to recognise and report abuse.

Staff appropriately recorded when people received their medicines.

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### **Is the service effective?**

The service was effective. Staff said they received support and professional development which enabled them to support people and promote their independence.

The service had complied with the legal requirement of the Mental Capacity Act 2005. The service had made Deprivation of Liberty Safeguards (DoLS) applications to the local authority.

People told us they enjoyed the meals at the service and had a choice about what they ate and drank. People's health needs were met.

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### **Is the service caring?**

The service was caring. People said staff were kind and friendly. They said their privacy was respected by staff.

Speech and language therapists supported people to communicate their wishes.

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### **Is the service responsive?**

The service was responsive. People were involved in the planning of their support and rehabilitation. They set goals in relation to regaining their independence. People were involved in regular reviews of their support needs and the progress they were making.

People knew how to make a complaint if they needed to. The provider asked people for their views of the service.

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### **Is the service well-led?**

The service was not always well-led.

Changes to improve the operation of the service were not always made in a timely way. There was a delay in the implementation of some of the required actions from a medicines audit for over three months. People may not have received their 'as required' medicines appropriately during this period.

The service had not always sent the Care Quality Commission (CQC) statutory notifications in relation to DoLS applications and authorisations. We could not be certain the service had always met legal requirements in relation to DoLS.

At the time of the inspection the registered manager had been absent from the service for over three months. An interim manager was in place.

Staff said team work at the service was good and there had been recent positive changes to the service.

# 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.

The inspection took place on 2 February 2015 and was unannounced. It was carried out by one inspector.

Prior to the inspection we reviewed the information we had about the service. We spoke with to a local authority social worker who had knowledge of the support and care people received at the service. We received information from a NHS commissioner about the service. We used this information to plan the inspection.

During the inspection we spoke with three people who use the service. We spoke with the interim manager of the

service (who was a registered nurse), a registered manager from another of the provider's services, a member of the provider's senior management team and two members of care staff. We also spoke with an occupational therapist and a physiotherapist who were employed by the provider to provide support to people at the service. We spoke with a dentist who was visiting a person at the service.

We looked at three people's care records and medicines administration records. We looked at three staff files and training records. We reviewed management information on the quality of service, including audit information. We read the feedback people had given the provider about the service in questionnaires and the notes of staff meetings. We viewed information on complaints and incidents.

After the inspection we received information from the local authority about safeguarding investigations. We also obtained further information from the provider's management team about the operation and development of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. A person said, “I am very happy and comfortable here, there is nothing I don’t like about it.” They said they felt safe “day and night” because staff always responded promptly to their care bell if they rang it. They said they had been involved in fire drills so knew what to do if there was an emergency.

Staff told us how they would recognise the different types of abuse and neglect which could occur in a residential care setting. They were able to explain the actions they would take, in accordance with the provider’s adult safeguarding procedures, to protect people from harm. Staff understood how to act as ‘whistle-blowers’ and report concerns outside the organisation if their managers did not take action to keep people safe.

A local authority social worker gave us information about two safeguarding incidents that had occurred in the service in 2014. We saw evidence that the provider had taken appropriate action in response to these incidents to keep people safe and minimise the risk of harm.

People were protected from the risk of developing pressure ulcers. A person’s records specified they should be supported to turn over in bed to relieve pressure on their skin. They were supported to do so every two hours. Staff had signed a chart to confirm they had done this. A wound to the person’s skin had been appropriately documented and showed the wound had healed. Staff we spoke with knew how to obtain advice about the prevention and management of pressure ulcers from the local NHS tissue viability nurse should this be required.

Risks to people in the service were assessed and managed. People told us they were regularly involved in meetings and reviews about how they could be supported safely. Occupational therapists (OTs) and physiotherapists told us they assessed and managed risks to people in relation to topics such as how they moved around their environment, managed their personal care and practised daily living skills. For example, care records showed a person had been identified as being at risk of falls and accidents when staff supported them to stand up and get out of their wheelchair. Written guidelines explained what staff should do to keep the person safe. These stated “Ensure

wheelchair breaks are on before [person’s name] stands up and one staff member supports [person’s name] around the pelvis.” The person told us they felt safe when staff assisted them with such manoeuvres.

We saw evidence that there were regular reviews of risk management guidelines to ensure they addressed people’s current needs and promoted people’s independence. As people recovered from their brain injury and other health problems, guidelines in relation to their care and support were amended. For example, guidelines were updated to reflect the skills people had developed in relation to their mobility and how staff should promote their independence.

Staff told us there were effective arrangements to ensure risk management guidelines were understood and implemented. A member of staff said, “We go through it all with the OT to make sure we are doing the right thing, it works very well, and they show us what to do.”

People told us that there were enough staff at the service. A person said, “There are definitely enough staff.” During the inspection, we observed that two people received one to one support from staff in line with their care plans. There were additional staff available to meet the needs of the other five people at the service. The provider had employed suitably qualified staff such as OTs and registered nurses to meet people’s complex needs.

The provider made thorough checks when staff were recruited to ensure they were suitable. Records showed that job applicants had their skills and knowledge tested at interview and criminal records checks were made. Additionally two references and evidence of qualifications were obtained to ensure applicants were suitable for their job role. Managers had observed staff practice to check they were competent to meet people’s needs before they were offered a permanent job.

People told us they received their medicine as prescribed. A person said, “I get my medicines on time.” Staff had completed medicines administration record (MAR) charts in accordance with the provider’s procedures. It was clear that each person had received all their prescribed medicines at the appropriate times. Medicines were stored securely and we saw that regular checks were made of MAR charts and the supplies of medicines. We confirmed staff had met legal requirements in relation to the management of controlled drugs.

# Is the service effective?

## Our findings

Staff told us therapists provided guidance to all the staff on the unit about how to support people. There were written guidelines on topics such as how to support people to manage their own personal care. Staff said therapists led practical training sessions to make sure the whole staff team delivered support consistently and in a way which promoted people's independence. A dentist told us they trained the staff every six months on how to support people with their oral care.

Therapists told us they received professional supervision which developed their skills and also attended specialist training events on how to support people following a brain injury. Records confirmed all the staff at the service had received supervision and an annual appraisal of their competence to carry out their work role and an analysis of their training needs.

Staff told us they had regular training to refresh their skills. They said this included taking courses on meeting the needs of people with a brain injury, communication skills and basic life support. The provider monitored the take-up of training courses to ensure that staff had up to date knowledge and skills in relation to people's needs.

The service complied with the legal requirements of the Mental Capacity Act 2005. Staff we spoke with knew the key principles of the Act and said they put these into practice. Care records included appropriate assessments of people's capacity to make decisions. Communication plans were in place which explained how staff supported people to participate in decision making. For example, a person's records stated, "Prompt [person's name] to use their 'loud voice' so staff can hear and understand what they are asking for."

Staff told us some people in the service had the mental capacity to make all the decisions about their care. Care records reflected the fact that people had been involved in making decisions by participating in meetings and reviews. People told us staff respected their decisions.

Some people in the service, due to the nature of their brain injury, had been assessed as not having the mental

capacity to make certain decisions about their care and support. Records showed that the service ensured family members, and other people who knew the person well, were involved when a "best interests" decision was made on their behalf about their care and support. The service complied with the Deprivation of Liberty Safeguards (DoLS). Records showed DoLS applications had been appropriately made to the local authority when people were subject to restrictions to their freedom. We confirmed the required authorisation documents were in place and people were supported in line with the conditions of the DoLS authorisation. For example, a person received support from the service to maintain contact with their family in line with the requirements of the DoLS authorisation.

People told us they enjoyed the food that was available at the service. A person said, "We look forward to the meals –it's all good, especially the fish and chips." During the inspection people had lunch and we observed that people were offered a choice of food and drinks. Staff had assessed people's nutritional needs and the support they required from staff to eat and drink. Some people in the service had complex health needs which meant they could not eat and drink without extensive support. Care records showed that specialists, such as dieticians were involved in the planning and monitoring of the delivery of their support to ensure their nutritional needs were met.

People told us that staff were concerned about their health and asked them how they were feeling. People said their general health was good and they were easily able to see a GP if they felt physically unwell. In addition, the provider had recently employed a doctor who provided clinical advice to staff in relation to people in the service who had complex medical needs. The provider told us that arrangements for the prevention of pressure ulcers and the documentation of wounds had been strengthened during 2014. Staff we spoke with confirmed they had received training on these issues.

People received routine health checks. During the inspection we spoke to a dentist. They said staff supported people with their oral health and delivered support to people to keep their teeth and gums as healthy as possible.

# Is the service caring?

## Our findings

People said the service was caring and staff were friendly and kind. A person said, “I have a very good opinion of all the staff, they are all helpful and nice people.” We read 21 questionnaires which people had completed about the service. They showed people were happy with the way they were treated by staff. For example a person had said, “The staff are very helpful. They all make the effort to learn your name and check up on how you are feeling.” A relative had written, “[Member of staff] showed amazing compassion and kindness.”

During the inspection, we observed that interactions between people and staff were pleasant and people were involved in planning their support. For example, we saw a person talking with staff about arrangements for managing their medicines more independently.

Staff said the input of speech and language therapists was very helpful as there were clear guidelines to follow when talking to people. This helped staff to converse with people and get to know them and to involve them in making decisions about their support. A person told us they had learnt to speak much more clearly since being in the service and said it really improved their quality of life as they enjoyed talking with people.

Records showed people were asked about their preferences and dislikes when they began to use the service. People said staff respected their views and they did not have to do anything they did not want to do. A person told us, “The staff are quite pushy with me when it comes to some of my therapy but that is because I like them to be like that with me. They check that I am happy with everything all the time.” Another person said, “It was distressing for me to go back to the hospital for an appointment. [Member of staff’s name] came with me and was a tower of strength to me and helped me get through it.” A person told us how they chose what to wear each day and the staff supported them with dressing and putting away their clothes.

People told us their privacy and dignity was respected. A person told us, “[The staff] always knock on my door. If my family are there they always offer to come back later.” They also said their family were made welcome at the service, and were offered refreshments which helped to make it a “friendly, happy place”. Records included detailed guidelines on how staff should promote people’s dignity and privacy when supporting them with their personal care.



# Is the service responsive?

## Our findings

Most people had been referred to the service by the NHS for a period of short-term rehabilitation after a brain injury. The service aimed for people to receive rehabilitation support for about six months in order to recover their health and regain their skills. People told us the service met this aim. They said they had regular meetings, assessments and therapy sessions with specialist staff such as occupational therapists, speech and language therapists and physiotherapists. Care records demonstrated that people had effective plans in relation to their rehabilitation and recovery. For example, a person had clear goals in relation to the skills they wished to regain in relation to managing their daily routine. The person told us, “It has been marvellous here. The things I can do now I would not have believed I could do when I was in hospital.”

People told us they received care and support which met their needs. A person told us, “I went through a lot of places before I came here but I have had the best help here.” Care records showed the service obtained referral information about people’s medical history and the progress they had made since their brain injury.

Staff asked people about their rehabilitation goals in relation to improving their levels of independence and their future plans. Their answers were recorded and people were then involved in developing an individual support plan. People said there were a lot of meetings and discussions with staff to plan how their day to day needs should be met and their skills developed. A person showed us their weekly timetable and told us about the activities and groups they

went to. They said they were getting stronger and more independent. They said, “I had a stroke and was weak. I go on a static bike to build up my strength. I also go to a “grasp group” that helps my hand grip. I go to a group to help with my reading. [Staff] encourage you to do as much as you can. It is brilliant.”

The service made reasonable adjustments to meet the needs of people with disabilities. For example, the service had printed out the details of a person’s medicines in a large font so they could easily read it.

People told us they were able to follow their hobbies and interests. A person said, “I do a lot of artwork in my room.” People said they went out shopping and to visit relatives as they wished. A person told us, “[My relative] comes here all the time. They enjoy seeing me here and come to meetings about my plans for when I leave here.”

We checked the records of a person who had used the service for several years and had complex health needs. Their needs were regularly reviewed by relevant health professionals and family members were involved in planning their care and support. The service had a complaints policy. People we spoke with said they knew they could make a complaint if they wished to. We confirmed the provider had a system to monitor and review complaints. No recent complaints had been made. People were routinely asked for their views of the service in a questionnaire. Some people had responded that parts of the service needed redecoration. At the time of the inspection a programme of planned maintenance work had commenced.

# Is the service well-led?

## Our findings

At the time of the inspection, the registered manager had been absent from the service for four months. An experienced nurse was acting as interim manager. The service was not fully operational. NHS commissioners had not made new referrals to the service for some months. People told us that the service “was much calmer and quieter” than it had been and they got “more attention from staff”.

The service had not always sent the CQC notifications in relation to the outcome of Deprivation of Liberty (DoLS) applications. We could not therefore be certain that the service had always met legal requirements in relation to DoLS. This was a breach of CQC (Registration) Regulations 2009 Regulation 18 (4a and 4b).

The provider made checks on the quality of the service. The provider had conducted a detailed audit of medicines management procedures in October 2014. The audit checked practice in the service against current guidance for the management of medicines in an adult social care setting.

Consequently, the provider had identified a number of improvement actions in relation to the management of medicines. No timescales had been set for their implementation. At the time of the inspection, not all of the actions had been completed. For example, one of the uncompleted audit actions related to ‘PRN Protocols.’ The audit report stated, “There do not seem to be any PRN protocols in place. Could these be completed by the named nurse?” A ‘PRN protocol’ explains how a person should receive medicines prescribed for conditions such as pain or anxiety which are to be taken only when the person needs it. It was important staff had guidelines in place about how to manage these medicines as some people in the service could not ask staff for these medicines when they need them due to their communication needs.

The interim manager told us the aim was to have all the actions completed within the next few days, as the service was due to be re-audited. Whilst these PRN protocols were not in place we could not be certain that people in the service had always received their PRN medicines safely as prescribed. Identified areas for improvement were not addressed in a timely way. People were at risk of receiving inappropriate care and support. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The senior manager and registered manager from another of the provider’s service told us a number of actions had taken place to improve the delivery of people’s care and support at the service. Staff told us that these recent changes at the service, which included regular meetings with a doctor employed by the provider, had “tightened up” the way the service operated in relation to the planning and delivery of people’s care. Staff said handover arrangements between shifts were effective and they were receiving more regular supervision and support.

Staff said their managers consulted with them about matters such as shift patterns and they said they were encouraged to voice their opinions. They said they were proud to work in the service which they felt had achieved very positive outcomes for people in relation to their recovery from their brain injury. Staff told us team work was good and it was an enjoyable place to work. People said the cheerfulness and good humour of the staff had a positive effect on their well-being. A person said, “It makes you feel better to have happy people around.” Notes of team meetings showed staff had the opportunity to raise any issues they were concerned about and discuss people’s care and support.

The interim manager undertook regular checks of the quality of care records. These included checks to ensure that risk assessments were up to date and accurate. A note was made of follow up actions and staff had confirmed that these had taken place.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The service had not always sent the CQC notifications in relation to the outcome of Deprivation of Liberty (DoLS) applications. We could not therefore be certain that the service had always met legal requirements in relation to DoLS. Regulation 18 (2) (c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The service had not protected people from identified risks to their health, welfare and safety. Regulation 10 (1) (b).</p>