

Heritage Care Limited

73 Repton Road

Inspection report

73 Repton Road
Orpington
Kent
BR6 9HT

Tel: 01689836661

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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 inspection took place on 29 September 2017 and was unannounced. This was the first inspection of the service since they registered with the CQC in November 2016. They were formally known and registered as Community Options Limited - 73 Repton Road.

73 Repton Road is a rehabilitation and recovery residential care home which offers support for up to five adults with mental health and complex needs including dual diagnosis. At the time of our inspection the home was providing support to five people. The home had 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.

People told us they felt safe and staff treated them well. There were safeguarding policies and procedures in place and staff knew how to report concerns appropriately. Assessments were conducted to assess levels of risk to people's physical and mental health and these were reviewed regularly. There were arrangements in place to deal with emergencies. There were safe recruitment practices in place and appropriate numbers of staff to meet people's needs.

Medicines were stored, managed and administered safely. Staff new to the home were inducted into the service appropriately. Staff received appropriate training, supervision and support. People were supported to meet their nutritional needs. People had access to health and social care professionals when required. People were provided with appropriate information and were supported to make choices available to them. People told us they were consulted about their support needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have the capacity to make decisions for themselves. People were treated with respect and their support needs and any risks associated with their care and support were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. People were asked for their views about the service to help drive improvements. There were systems in place to evaluate and monitor the quality of the service provided.

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.

Medicines were managed, administered and stored safely.

There were safe staff recruitment practices in place.

Risks to the health and safety of people using the service were identified and assessed.

There were safeguarding adult's policies and procedures in place.

There were arrangements in place to deal with emergencies.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and were supported through supervision and appraisals.

The service offered new staff an appropriate induction into the home.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have the capacity to make decisions for themselves.

People were supported to meet their nutritional needs.

People had access to health and social care professionals when required.

Is the service caring?

Good 

The service was caring.

Interactions between staff and people using the service were positive and people told us that staff were caring and respectful.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

People told us their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs and risks associated with their care and support were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were supported to meet their social, educational and work needs.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor and evaluate the service provided.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

73 Repton Road

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 carried out by a single inspector on 29 September 2017 and was unannounced. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority responsible for commissioning the service to obtain their views and used this to help inform our inspection planning.

During this inspection we spoke with three people using the service, two visiting health and social care professionals and three members of staff including the registered manager. We looked at three people's care plans and records, staff records and records relating to the management of the service such as audits and policies and procedures. We also spent time observing the support provided to people in communal areas.

Is the service safe?

Our findings

People told us they felt safe and staff treated them well. One person said "The staff are so good and caring. I don't have any concerns." Another person commented, "Yeah I feel safe. I don't have any worries and the staff are nice." A visiting professional told us, "They manage people's needs and risks well here, I feel people are safe and supported."

Risks to people's safety and well-being were identified, assessed and reviewed on a regular basis to ensure people's continued welfare. Risk assessments evaluated levels of risk to people in areas such as medicines concordance, self-neglect, risk to self and others including behaviours, accessing the community, relapse of mental health and managing finances. Assessments included information and guidance for staff on actions to be taken to reduce the likelihood of risk occurring whilst continuing to promote individuals independence and rights. For example, one person's risk assessment concluded that the risk of them becoming a missing person was low but detailed the preventative measures staff should take such as staff supporting the person to go to new or unfamiliar places and offering one to one support to get there but allowing the person to return independently. It also detailed that staff should make sure that the person had their mobile phone with them and that it was charged so they could call for support if required.

Accidents and incidents were recorded, managed and monitored to identify any developing themes which assisted staff in reducing the risk of reoccurrence. For example there were several incidents recorded whereby one person regularly left the service and did not return for long periods. As a result of these incidents staff supported the person in agreeing a plan to ensure their safety whilst maintaining their independence. The records we saw confirmed that accidents and incidents were responded to appropriately and referred to local authorities and the CQC when appropriate.

There were systems in place to deal with emergencies. People's care plans and risk assessments contained emergency contact numbers for health and social care professionals such as GP's and community psychiatric nurses, who staff could contact in times of physical or mental health decline. Staff we spoke with were knowledgeable about people's needs and any risks to their welfare and had built good working relationships with visiting health and social care professionals. There was an up to date fire risk assessment in place which highlighted the evacuation procedure to ensure people were supported to leave the building safely in the event of an emergency. Staff we spoke with knew what to do in the event of a fire, had received fire marshal training and told us that regular fire drills and evacuations were conducted which records confirmed.

There were safeguarding and whistleblowing policies and procedures in place to ensure people were protected from possible harm or abuse. Staff we spoke with were knowledgeable about safeguarding people and the types of abuse, the signs they would look for and action they would take if they had any concerns. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms and contact information for local authorities to assist in managing any concerns if required. We saw that safeguarding referrals were appropriately made to local authorities and the CQC when required and notice boards throughout the home displayed safeguarding adult's information

and contact details for people's reference.

Medicines were stored, managed and administered safely. People told us they received their medicines as prescribed by health care professionals. One person said, "The staff are good, they remind me to take my medicines when I need them." Another person commented, "I take my medicines myself, staff keep them safe for me and record it when I take them." Medicines were stored safely and only authorised staff had access to them. Controlled drugs were also stored safely and records of medicines stock balances were completed accurately. Temperature readings of the medicines cupboard and room were checked and recorded daily to ensure that medicines were safe to administer and fit for use. People using the service had a detailed individual medicine folder which contained photographs to formally identify them, medicine administration records (MAR) and medicine risk assessments. We looked at the MAR for people using the service and saw these were completed accurately with no omissions or errors reported. Records showed that staff responsible for administering medicines had completed training on the safe management of medicines and had medicines competency assessments to demonstrate they had the knowledge and skills required to ensure the safe management of medicines.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to help ensure they were suitable to be employed in a social care environment. The registered manager told us that recruitment records were held at the provider's head office and these were sent to us at our request. We saw that staff pre-employment and criminal records checks were carried out before staff started work and records also included application forms, proof of identification, references and history of experience or qualifications.

People using the service and staff we spoke with told us they thought there were enough staff available at the service. One person told us, "There is always someone here if we need them during the day and at night." A member of staff commented, "There is never a problem with staff here. It's a good team of staff and I have worked here for a long time." During our inspection we observed there were sufficient numbers of staff on duty to ensure people were supported appropriately when requested. Staffing rota's corresponded with the number of staff available on duty at each shift. The registered manager told us that staffing levels were reviewed on a regular basis and when people required extra support for arranged activities or health care appointments, additional staff cover was arranged. There was an on call manager system in operation providing out of office hours support should staff require it in an emergency.

Is the service effective?

Our findings

People told us they thought staff were appropriately trained to support them and staff knew them well and how best to support them. One person said, "I like living here, the staff know me very well and they are caring. They know what I need help with and always help me with my shopping." Another person commented, "I am independent and like to do most things myself but the staff are supportive when I need them and they make sure I am well."

There were systems in place which ensured staff new to the service were provided with an induction. This included a period of shadowing experienced members of staff to become familiar with practice within the service, getting to know people using the service and completing the providers training programme. Staff we spoke with confirmed that they had received an induction and training when they started. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Staff we spoke with told us they felt supported by the registered manager and received supervision on a regular basis, an annual appraisal of their practice and performance and training appropriate to the needs of the people using the service. One member of staff said, "I have supervision on a regular basis. We discuss things like my keyworker role and training to ensure I am kept up to date. The training we have is very good and really relevant to the work that I do. I feel very much supported by the manager, they are approachable and always listen." Another member of staff told us, "I get lots of support to do my job well and supervision is always regular. The training we have is very good. It is sometimes class room based or on line but it's always very good. We also get specialised training to meet people's needs such as suicide and self-harm, eating disorders and anxiety." We looked at the provider's training folder which included a staff training matrix and saw that the service was 95% compliant with staff training. The matrix confirmed that staff received training in areas such as first aid, medicines management, fire safety, substance misuse, safeguarding, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, food safety and infection control.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with demonstrated a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. The registered manager told us that people using the service had capacity to make decisions about their care and treatment and no one was subject to a DoLS authorisation. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and

relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

Staff monitored people's mental and physical health and where any concerns were identified people were referred to health and social care professionals as appropriate. People told us they had access to health and social care professionals when required. One person said "If I'm not feeling well staff support me to visit the doctors." Another person told us, "I meet with my care coordinator from the mental health team on a regular basis. They come to see that I am ok and help me with anything I need." A visiting health professional told us, "Staff are very good at communicating with us to make sure people are well. If there are any problems they call us and we discuss with them how best we can support people. Staff work really well with the people here and they are very responsive to their needs." Care records documented people's appointments with health and social care professionals and outcomes of meetings were recorded to ensure staff were aware of people's on going needs.

People were supported to maintain a healthy diet and to meet their nutritional needs. Care plans documented people's nutritional support needs for example support with meal planning and in meeting any dietary requirements such as low sugar diets, shopping and cooking. One person told us how staff supported them to budget for food shopping and to assist them when going shopping. They said, "Staff come with me to help me get my shopping. They make sure that I buy some good healthy foods as I like a lot of the bad foods." There was a large communal kitchen in the home which enabled people to have appropriate storage for the food they bought. Risk assessments were completed to ensure people were safe to use kitchen appliances independently.

Is the service caring?

Our findings

People spoke positively about the staff and the support they received. Comments included, "Staff are caring, they make sure I am well and that I have everything I need", and, "Staff are helpful and supportive. They respect me", and, "I like living here, the staff really care."

The atmosphere in the service was homely and relaxed and we observed positive caring and friendly interactions between people and staff. We saw that staff were responsive to people's individual needs and requests and offered support when required. For example we saw that one person wished for a member of staff to accompany them to an appointment which was promptly arranged. Interactions demonstrated that staff knew people very well, for example by calling people by their preferred names. During our inspection we observed that people's independence was respected and encouraged with people coming and going as they pleased and attending arranged social events and or activities of choice.

People told us they were consulted about their care, treatment and support needs and were provided with appropriate information to support them with decision making. One person said, "Staff always ask me what I want and how I can achieve it, they work with me. We have meetings on a regular basis and I have a keyworker who supports me." There was a keyworker system in place at the service which enabled a selected member of staff to work independently with an individual using the service. The keyworker's responsibilities were to build working relationships with people and their relatives where appropriate and to co-ordinate individuals care which included working with other professionals involved. Care plans detailed keyworker meetings that were held on a regular basis and recorded people's health and well-being, aims and achievements and highlighted any actions required to meet people's aims. For example we saw that one keyworker record documented that a support plan was implemented to support the person in managing their anxiety on a daily basis.

Relationships between staff and people using the service and keyworker sessions were discussed in team meetings, staff shift handovers and in staff supervision sessions to enhance and promote effective communication between members of staff. This also ensured that people's change in needs and aspirations were identified and met effectively. During our inspection we observed a staff handover meeting which was also attended by a visiting health care professional. We observed there was a multi-disciplinary approach in supporting people to best meet their desired aims and outcomes.

People were provided with information about the service in the form of a service guide which detailed the provider's statement of purpose, values and aims. This was available in a format that met people's needs and requests. Information of relevance was also available to people in communal areas, for example information leaflets posted on notice boards about health and social care services and local social events and clubs. People were also provided with opportunities to give feedback about the service by way of a comments and suggestions box which was placed in the entrance hall of the home. People told us they were also encouraged to discuss things that were important to them at residents meetings that were held on a regular basis. One person said, "We have meetings often. We talk about the things we do and what we would like to do."

People told us their privacy and dignity was respected by staff. One person said, "I do like living here. Staff respect my privacy and I can come and go as I please. My aim is to get my own place though." Another person told us how they liked to spend time in their room and this was respected by staff. Staff gave us examples of how they promoted people's privacy and dignity for example by knocking on people's doors before entering their rooms and ensuring information held about people was kept confidential. People's needs with regards to their disability, race, religion, sexual orientation and gender were also respected and documented in their care plans. Records showed that staff supported people to meet their identified needs and wishes for example in supporting individuals to meet their spiritual needs and in supporting people to develop relationships and social networks.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and supported them appropriately. One person said, "They support me to be as independent as possible but it's good to know they are there when I need them." Another person commented, "Staff are always there if I need them. They know what I need help with and they help me when I need it." A third person told us, "They help me with everyday things but there are lots I do for myself." A visiting professional told us, "Staff here are very responsive to people's needs. They work really well with people and know everyone well as individuals. They support people to achieve their aims and to ensure their well-being."

People's physical and mental health needs were assessed before they moved into the home to ensure they could be safely met within the home environment. Assessments were conducted and individual care plans were developed with people's participation to ensure their preferences were considered and respected. One person told us, "I always review my support with staff to make sure I'm heading in the right direction." Assessments of people's needs were also obtained from other professionals involved in individual's care providing a multi-agency approach in the support provided. A visiting professional told us, "I visit the service on a regular basis and meet with the staff to discuss people's needs. We have a good working partnership that helps us to support people better."

Care plans and risk assessments were developed with people's participation and following information gathered from other professionals. Care records included assessments of people's physical and mental health needs which detailed their strengths and objectives and risk assessments to support positive risk taking in a safe and supported way. Care plans contained guidance for staff about how people's needs should be met. For example we saw assessments of people's mental health needs and contact details of health and social care professional's that staff should contact in the event of a crisis. Guidance was also documented how staff should defuse certain situations or behaviours and how best to offer emotional support in times of crisis or personal anxiety. Care plans and records were up to date and reviewed on a regular basis in line with the provider's policy to ensure people's needs were met appropriately. Where changes in people's needs and support had been identified by staff, records showed that staff had responded appropriately and where required had referred people to relevant health and social care professionals for intervention.

People were empowered and supported to seek and engage in a range of social activities and educational opportunities that reflected their interests and needs. Care plans detailed people's preferred and chosen activities such as maintaining family and social networks, attending social clubs and events, specialised support groups and seeking educational and working opportunities. One person said, "I like to visit my family every week. I also go shopping and visit a local farm." Another person told us, "I'm doing an NVQ qualification and work at a garden project which I like. I have also started to attend a local support group."

There was a complaints policy and procedure in place and this was displayed in communal areas for people's reference. People we spoke with told us they were aware of how to raise a complaint and felt confident their complaints would be listened to by staff. One person said, "I have never needed to make a

complaint but I know staff would listen if I did. If there is anything wrong I just tell staff and they sort it." We looked at the home's complaints file and noted that no complaints had been made.

Is the service well-led?

Our findings

People told us they thought the service was well run and the manager and staff were approachable and supportive. Comments included, "I love it here, the staff are great", and, "The manager is very good, I like them a lot", and, "They are always there when I need them", and, "I think the service is managed well, staff always know what they are doing".

There was a registered manager in post at the time of our inspection and they had worked at the service for a number of years and understood their role and responsibilities well. 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. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team.

During the course of our inspection we observed that the registered manager and staff worked well together to promote the provider's purpose, values and ethos in improving people's ability to live independently and to maintain their well-being. We observed the registered manager spending time with people using the service and supporting staff when required. Staff told us they enjoyed working at the home and felt supported by the registered manager. One member of staff said, "I have been working for the organisation for years and love working at the home. I know people here really well and it's good for them to have stable regular staff. I feel very supported by the manager to do my job and they are very approachable." Another member of staff commented, "I've worked here for years and I really like my job. The manager is very supportive and really listens to me."

There was a system of meetings in place to ensure effective communication within the home. These included daily shift handover meetings which informed staff about people's well-being and activities of the day, monthly staff team meetings which included items for discussion such as people's health and well-being, day trips and activities and staff training and house meetings in which people using the service and staff discussed relevant issues and the day to day management of the home.

There were systems in place to seek feedback from people about the quality of the service. Residents meetings were conducted on a regular basis and provided people with the opportunity to discuss things that were important to them. We looked at the minutes for the last residents meeting held in August 2017. Items for discussion included a recovery exercise, smoking, activities in the house and day trips out. Feedback about the service was also sought through provider surveys that were conducted on an annual basis. We looked at the results for this year's survey and saw that feedback was positive. Comments included, "Staff are friendly and supportive", and, "I have gained more confidence and self-esteem as I feel very happy here. This is the best place I've lived at."

There was a system of audits in place to monitor the quality of the service and support provided to people. These included audits of health and safety, medicines, care plans and records, the environment and an

annual service audit undertaken by the provider's operations manager. Audits were conducted on a regular basis, when scheduled and records of actions taken to address any areas of improvement were completed and recorded.