

Bramley Health Limited

Heron View Care Home

Inspection report

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Date of inspection visit:
12 June 2019
14 June 2019

Date of publication:
22 July 2019

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

About the service

Heron View Care Home is a residential care home providing personal and nursing care for up to 12 younger and older adults some of whom have mental health needs. There were nine people living at the service at the time of our inspection. Heron View Care Home accommodates people on the ground floor of one adapted building situated on a residential road. The service is wheelchair accessible from street level and throughout.

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

People received their care from vetted and suitable staff who were deployed in sufficient numbers to keep people safe. The provider had a clear safeguarding policy which had been followed to protect people. Risks to people were assessed and mitigated to reduce the possibility of them experiencing avoidable harm. Medicines were administered appropriately.

People's needs were assessed and met by staff who were trained and supervised. People received the support they required to eat and drink. 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. People accessed health services whenever they needed to.

Staff were caring. People's dignity was protected by staff and their independence was promoted. People and staff shared positive relationships and visitors were made to feel welcome at the service.

Personalised care records were in place. The staff were still learning the skills and knowledge needed to respond effectively to people's behavioural needs. Information was accessible to people and activities were being developed for people. Staff supported people around their spiritual needs and the service was capable of caring for people with end of life needs.

The service was well-led. Staff felt supported in their roles. People, relatives and staff contributed their views to shape the service. The quality of care and support people received was monitored through quality audits. The service worked collaboratively with other agencies and organisations, in particular the service drew upon the expertise that healthcare professionals provided.

Rating at last inspection

This service was registered with us on 16 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Heron View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

Heron View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 June 2019 and ended on 14 June 2019.

What we did before the inspection

Before our inspection we reviewed information we held about Heron View Care Home. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people, two relatives, two visiting friends and two healthcare professionals. We spoke

with five members of staff and the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- The provider had procedures in place to protect people from abuse and improper treatment.
- Staff we spoke with were aware of different types of abuse and explained to us the actions they would take to keep people safe. These included reporting concerns to the registered manager.
- Where concerns had arisen, the registered manager informed the local authority safeguarding team and cooperated with subsequent investigations.

Assessing risk, safety monitoring and management

- People's risks of experiencing avoidable harm were reduced by the risk assessments and risk management plans in place. For example, where people presented with behaviours which could challenge, risk assessments and risk management plans provided staff with the information they required to deescalate situations. An alert system was in place so staff could respond quickly to behavioural situations and keep people safe.
- People who smoked were supported with risk assessments to reduce the risk of fires starting. These risk assessments included the locations where smoking was allowed and where cigarette lighters were safely stored.
- Where people presented with a risk of malnutrition, the staff monitored and recorded people's weight and food intake. Where there were concerns regarding rapid weight loss, referrals were made to the GP.
- People were made safer by the readiness of staff to respond to a fire emergency. Staff received fire awareness training and drilled for building evacuation. People had individual personal emergency evacuation plans (PEEPs) in place which detailed the support they required to safely exit the building in the event of an emergency.

Staffing and recruitment

- People were cared for by safe and suitable staff.
- The provider ensured that staff were recruited safely by reviewing applications, interviewing prospective staff, taking up references and reviewing criminal records checks. The provider also confirmed the identities of staff and their eligibility to work in the UK.

Using medicines safely

- People received their medicines safely. Medicines were administered by registered nurses and recorded in people's medicine administration record (MAR) charts.
- Medicines were stored within locked cabinets in the medicines room. The medicines room also contained

a locked fridge for the storage of medicines which need to be kept cold. The temperature of the medicines room and the medicines fridge were monitored by staff to ensure medicines remained safely stored in line with the manufacture's guidance.

- Where people required 'when required' medicines they had protocols in place which specified the circumstances and frequency of doses to be administered.
- Care records and people's MAR charts clearly stated where people had known allergies.

Preventing and controlling infection

- The environment of the service was clean and tidy. One relative told us, "It's nice and clean."
- People were protected from infection by the hygiene practices used by staff. Staff wore personal protective equipment (PPE) when delivering personal care to people. PPE included single use gloves and aprons. When in the kitchen, staff also wore head covering.
- The registered manager undertook quarterly infection prevention and control audits. These checks included observing staff washing their hands to ensure that correct handwashing techniques were used.
- Anti-bacterial hand gel was available around the service for people, staff and visitors.
- Where people were at risk of self-neglect care records contained risk assessments which were designed to keep people safe and ensure their risk of infection was managed.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and shared learning with the staff team.
- Where mistakes had been made, action was taken to prevent recurrence.

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 this inspection this key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by health and social care professionals as well as the provider prior to people being offered admission. This was because the provider needed to ensure it could meet people's assessed needs.
- People and their relatives participated in assessments.
- People's assessments included a description of their physical and mental health, behaviours, eat and drinking, mobility and personal care,
- People's needs were reassessed when their needs changed.

Staff support: induction, training, skills and experience

- People's care was delivered by supervised staff. Staff received supervision on a regular basis from the registered manager who maintained records of these one-to-one meetings.
- Staff received regular and ongoing training to meet people's needs. Training covered areas including safeguarding, mental capacity, first aid and infection control.
- The staff team was new to the service, to people living in it and each other and were developing their skills around managing behavioural support needs. The registered manager explained that further training, role modelling and supervision would be provided to ensure greater staff competence and confidence when addressing behaviours which may challenge.

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

- Care records noted the support people required to eat and drink. Where meals and drinks were required to be provided in specific consistencies this was stated in care records, displayed in the kitchen and known by staff.
- Where required referrals were made to nutritionists to assess and plan people's diets.
- People chose the food they ate each day. However, this selection was made from a printed menu. The registered manager said that the service was exploring the introduction of pictorial menus to assist people to make choices

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and senior staff liaised extensively with commissioners, health and social care professionals, other providers and hospitals to ensure a smooth and safe transition of people into the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services whenever required. One relative told us, "The home takes [family member] to appointments."
- Staff maintained a record of people's health appointments which included their reasons and outcomes.
- People had Hospital Passports within their care records. These were care records which accompanied people should they require hospital admission. Hospital passports contained information about people including their physical and mental health needs, communication and preferences

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

- We found that people were supported in line with legislation. Where people were thought to lack capacity they were supported with mental capacity assessments and best interests meetings.
- The provider made appropriate DoLS applications to the local authority to put in place restrictions which kept people safe.
- We observed people moving freely around the service, including the garden which was secured.

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 this inspection this key question has been rated as Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were caring. One person told us staff were, "Very nice people."
- Staff engaged with relatives to gather and record information about people's lives. This enabled the personalisation of care records which provided staff with greater insights into people's preferences and behaviours. One member of staff told us, "Getting to know people is brilliant."
- Relatives and visitors told us they were made to feel welcome, as were their pets. People had the opportunity to care for the service's pet guinea pigs which lived in the garden.

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

- People made decisions about how they received their care and support. For example, people chose what they ate and drank and the activities they engaged in.
- Care records noted people's likes and what they found enjoyable. For example, one person's care records stated they liked, "Politics, listening to music, dancing, smoking." Other people's likes included, "Staying out in the fresh air", "Fruit salad" and "Looking at photographs." Staff used this information to support people in line with their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity around their personal care by encouraging independence. Where people lacked independence, staff provided skills teaching through hand-over-hand support.
- Staff supported people to preserve their personal appearance. We observed a member of staff noticing that one person's braces had become entangled at the back. The member of staff discreetly brought this to the persons' attention and asked for their permission to adjust them. The person looked happy that their dignity and appearance had been maintained.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as Good: This meant people's needs were met through good organisation and delivery.

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

- The registered manager ensured that people had personalised care plans in place. These guided staff in meeting people's needs as they preferred. People's needs were regularly reviewed to ensure they remained accurate. One member of staff told us, "The three and six month reviews are so important because assessed needs change after people arrive. We involve families as much as we can, and they are a wealth of information."
- Where people presented with behaviours which may challenge their care records contained behavioural support plans. These identified factors which were known to trigger behaviours and provided staff with guidance on how they should respond.
- The service was still developing its ability to manage behaviours at the time of our inspection. We observed that there was a mix of capabilities and confidence within the staff team. One member of staff who we saw respond to a behavioural incident appropriately told us, "You get to know people. When people are getting frustrated you can tell by body language and you intervene early and to calm the situation by listening or redirecting." However, we also observed that some staff were not responding in line with the 'low arousal' response outlined in care records. This had the potential to negatively reinforce and encourage behaviours which may challenge. The registered manager acknowledged this and explained a programme of on-going behavioural support training was in place for the relatively new staff team. CQC will continue to monitor how people's behaviours which may challenge are managed at the service.
- People's bedrooms were personalised. People and their relatives arranged bedrooms and en suite bathrooms as they chose. We saw people had family photographs and mementos displayed in their rooms.

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 can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided people with information in an accessible format. For example, the safeguarding and fire safety information displayed around the service was presented in an easy-to-read pictorial format.
- People's care records contained assessments of their communication needs and noted how staff should meet these.

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

- People who choose to, were offered support to attend places of worship including churches and

synagogues.

- People were supported by keyworkers. Keyworkers are members of staff with specific responsibilities for people such as liaising with relatives, making appointments, planning activities and personalising bedrooms. People met with their keyworkers each week. Records of these meetings were maintained and showed discussion around issues such as people's physical and mental health and what they would like to do the following month. Keyworkers also produced monthly reports which contained people's views about their care and support.
- We observed people engaging in activities including colouring, using foot spas, playing music, receiving hand massages, having a sing-a-long and receiving support to go into the local community one to one with staff. A member of staff told us, "We are improving our activities as we get to know people better and find out what they like."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available and understood by people.
- Complaints were managed in line with the provider's policy. The registered manager took the appropriate action where required.

End of life care and support

- People had not been identified as being on the end of life pathway. However, the service had established professional relationships with the healthcare specialists who would become involved if people were assessed as requiring 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 this inspection this key question has been rated as Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the registered manager. One person told us, "She's lovely". A relative said, "We can't speak highly enough of her"
- Staff were similarly positive in their comments. One member of staff told us the registered manager was, "Friendly but firm. She is approachable. She listens. She keeps her word and that is important to me." Another member of staff said, "When I have had personal problems they [the registered manager] were great."
- Staff told us they were happy in their work. One member of staff told us, "This is a good place to work. I get a lot of job satisfaction."
- The registered manager promoted a culture of transparency within the team and with external agencies.

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

- The registered manager undertook a range of audits at the service. These included audits for the storage of potentially dangerous substances, infection control practices, contents of the first aid box, fire drills, care records and staff files.
- Additional audits were undertaken by the provider's quality assurance manager. Where shortfalls were identified the registered manager developed an action plan which was reviewed to confirm that tasks had been completed.
- The manager attended handover meetings where changes to people's needs and appointments that day were discussed. This meant the registered manager had a firm grasp on events at the service and the quality of care being delivered.
- Staff and the registered manager were clear about their roles and responsibilities.
- The registered manager ensured that both the CQC and local authority were kept informed of important developments at the service.

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

- The service gathered people's views through residents' meetings and surveys. In addition, people were encouraged to share their views during weekly meetings with their keyworkers.
- Relatives told us they felt listened to by the registered manager. One relative told us, "We feel confident enough to get things changed, which is a big thing."

- Staff shared their views about delivering care to people and the support they receive from the registered manager. This information was gathered through surveys, reviewed by the registered manager and used to drive improvements. One member of staff told us, "I can share ideas and trust they will be listened to."
- Staff attended monthly team meetings. We reviewed the records of five team meetings. These showed discussions taking place about issues including risks to people, people's changing needs, the challenges staff faced, organisational developments and issues relating to equality and diversity.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other agencies. This included hospital discharge teams, healthcare professionals, commissioners and social workers.
- The registered manager attended the local authority's provider's forum where best practice in care was discussed.
- The registered manager felt supported in their role by the provider organisation. This included attending the provider's clinical governance meetings which was attended by other registered managers, quality auditors and directors.