

MMCG (2) Limited

Heritage Care Centre

Inspection report

30 Gearing Close
London
SW17 6DJ

Tel: 02080030115

Date of inspection visit:
26 July 2022
29 July 2022

Date of publication:
01 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heritage Care Centre is a care home providing nursing and personal care for up to 72 older people. At the time of our inspection there were 68 people using the service including those living with dementia. The care home accommodates people in four units, two on the ground floor and two on the first floor.

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

We found, and people and their relatives told us that they felt Heritage Care Centre was a safe place to live and staff thought it was a safe place to work. Risks to people were regularly assessed and reviewed. This enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were appropriately recruited staff in suitable numbers to meet people's needs. Medicines were safely administered. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

The home's previous registered manager had retired, and interim cover had been put in place by the provider. This meant that whilst the management and leadership were transparent and had an open, positive and honest culture, the staff did not always experience the same level of support they had previously. This was because different managers had different styles and this led to some confusion for staff. A new manager had been identified who was very familiar with the home and registered as a manager at another home in the organisation. They were commencing in post in the very near future. The organisation's vision and values were clearly set out, understood by staff and followed. Areas of responsibility and accountability were identified, and a good service maintained and reviewed. Audits were thoroughly carried out and records kept up to date. Community links and working partnerships were established and kept up to minimise social isolation, where possible. Healthcare professionals said that the service was well managed and met people's needs in a professional, friendly and open way.

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.

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

Rating at last inspection

The last rating for this service was outstanding (published 27 December 2018). The overall rating for the service has deteriorated to good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heritage Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Heritage Care Centre

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Heritage Care Centre 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.

Registered Manager

This 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. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection took place on 26 and 28 July 2022 and was unannounced.

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 health professionals who work with the service. We used the 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. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the proposed manager, regional manager and quality assurance team. We spoke with eleven people using the service, four relatives, 12 staff and two health care professionals to get their experience and views about the care provided. We reviewed a range of records. They included staff rotas, recruitment, training and supervision, people's care and medicine records, risk assessments, care plans and reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures.

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 were protected from the risk of abuse.
- People and their relatives told us this was a very safe place to live. This was reflected in people's body language which we observed was relaxed and positive, indicating that they felt safe. One person said, "I'm happy living here. I feel safe." Another person commented, "The staff really care about us." A further person told us, "Oh yes I feel safe here, it's nice and comfortable."
- Staff were trained how to identify abuse towards people, took appropriate action if encountered and were aware of how to raise a safeguarding alert. There were no current safeguarding concerns. The provider had a safeguarding policy and procedure that they made available to staff.
- Staff advised people how to keep safe and any areas of individual concern about people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were enabled to take acceptable risks and enjoy their lives safely by staff who followed risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated, as people's needs, interests and pursuits changed, in order to keep them safe.
- There was a well-established staff team who knew people's routines and preferences. They identified situations where people may be at risk and acted to minimise those risks. A relative said, "My [Person using the service] is very safe here due to the daily diligence and caring behaviour of staff."
- The general risk assessments included reference to equipment used to support people. This equipment was regularly serviced and maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations was being met.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills and knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a three-month probationary period with a review. This could be extended if required so that staff could achieve the required standard of care skills.
- Sufficient numbers of staff provided people with flexible care that met their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One relative said, "They seem to have enough staff."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We always follow the guidance."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Visiting Care Homes

- The care home's approach to visiting was aligned to government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The provider kept accident and incident records that were regularly reviewed to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

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 Outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff understood quality assurance, were aware of risks and regulatory requirements
- The previous registered manager had retired and although they had only officially left in February 2022, they had been on long-term sickness leave for a substantial period of time. During this period the provider had ensured management cover was in place. This was provided by a number of different managers and people using the service, relatives and staff felt that this confused staff's previously clear understanding of their roles and responsibilities. This was due to the differing management styles and areas of focus and meant the previous very high standards were not maintained, although people were satisfied with the staff and the care and support, provided. This was reflected in the praise from people and their relatives. One person said, "The issue is not having a permanent manager for a long time, and this has had the effect on staff of not having consistent and clear management. This is due to frequent changes of interim managers who have different styles." A relative told us, "There is no direction for staff and hasn't been for a long time. There are different directions for carers [care workers] and nurses because there was no management consistency as the managers changed and weren't permanent." A staff member commented, "It has been a bit confusing with lots of chopping and changing."
- A proposed new manager had been identified to take over. They were currently a registered manager at another location within the organisation, and would be applying to become the registered manager, at the home. They had previously worked at the Heritage Care Centre, were very familiar with the home, people using the service, relatives and staff team. One person said, "When [Proposed manager] comes back that will be great." A relative told us, "Fantastic news." A staff member said, "I can't wait."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- The management team, staff and provider carried out regularly reviewed audits that were thorough and kept up to date. There was also a service development plan. This meant people received an efficiently run service.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

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

outcomes for people

- The home's culture was person centred and provided an open, inclusive, and empowering atmosphere for people to live in that achieved good outcomes for them.
- People, their relatives and staff told us when the prospective new manager was appointed that the service would return to being very well-led as it had previously been. People's comments and positive, relaxed body language towards the proposed manager, who was visiting, indicated that they had every confidence in them. One person said, "With the new manager things will get back to normal."
- People and their relatives said staff were very good and worked hard to meet their needs, make their lives enjoyable and reflected the organisation's vision and values when carrying out their duties. One person told us, "It's the staff that make it." A relative said, "I appreciate their [staff] hard work." A staff member said, "I'm so happy working here. The residents [people using the service] are in my heart."
- People and their relatives had the services provided explained to them so that they were aware of what they could and could not expect from the service and staff. This was reiterated in the statement of purpose and guide for people that set out the organisation's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. A relative said, "We are always kept updated."

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

- People, relatives, and staff were consulted by the provider, listened to and their wishes acted upon.
- People, their relatives and staff told us they were given the opportunity to voice their views about the service. One person told us, "I'm very happy here. The carers [staff] have a good knowledge of people and always ask after my family." One relative said, "They management and staff do listen." A staff member said, "We can speak up."
- The management team and staff checked throughout the day that people were happy and getting the care and support they needed in a friendly family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, quarterly supervision and staff meetings took place so that they could have their say and contribute to improvements.
- Staff ensured that people had access to advocacy services and advice, if required.
- Relatives said they made visits and had regular contact with the home, who kept them informed, up to date with anything about people, good or detrimental and adjustments were made from feedback they gave.
- The provider sent out surveys to people, relatives and staff and suggestions made were acted upon.
- There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-

operation with other service providers.

- The complaints system enabled the management team, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as speech and language therapists, physiotherapists, and occupational therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- Healthcare professionals thought the home was well managed and there good lines of communication.