

Mr. Gordon Phillips

Heathvale House

Inspection report

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good

Summary of findings

Overall summary

We carried out an unannounced focused inspection of Heathvale House on 22 November 2016. The inspection was prompted by a notification of a serious incident that happened at the home and was conducted to check if people using the service were safe. This report will focus only on the topic of whether the service is safe and should be read in conjunction with the report we produced after our unannounced inspection in June 2015.

Heathvale House is a residential care service in Thornton Heath. The home supports up to nine male adults experiencing mental health difficulties. At the time of our inspection there were five people living in the home.

The service did not have a registered manager. The previous registered manager had left the service three months before our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider was in the process of recruiting a manager who was deemed suitable to apply for registration with the CQC.

At our previous unannounced comprehensive inspection of Heathvale House in June 2015, the service was rated good. However, we found that at night there was not a sufficient number of staff to help keep people safe and meet their needs. After the comprehensive inspection, we received confirmation that a further member of staff had been employed to work at the home during the night.

During our focused inspection in November 2016, we found there was a sufficient number of suitable staff working during the day and at night to meet people's needs. Appropriate checks were carried out on prospective staff before they began to work with people. This helped to ensure that people were not supported by staff who were unsuitable for their role.

The provider had taken reasonable steps to protect people from abuse by training staff in safeguarding vulnerable adults and ensuring people living in the home and staff knew how to report any concerns.

People had personalised risk assessments which gave staff information on how to manage the risks identified. There were plans in place to keep people safe in the event of an emergency.

There were appropriate arrangements in place for storing, administering, recording and disposing of medicines. Staff received training in administering medicines and knew how to do so safely.

All areas of the home were clean and well maintained. Staff controlled the risk and spread of infection by following the service's infection control policy.

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.

People were protected from abuse. Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff were recruited through an appropriate recruitment process and relevant checks were conducted before staff began to work with people. There was a sufficient number of suitable staff to meet people's needs and help keep them safe.

People received their medicines as prescribed. People were protected against the risk and spread of infection.



Heathvale House

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 was 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 under the Care Act 2014.

We carried out an unannounced focused inspection of Heathvale House on 22 November 2016. The inspection was prompted by a notification of a serious incident. We inspected the service against one of the five questions we ask about services: is the service safe.

Before our inspection, we reviewed the information we held about the service. This included notifications sent by the provider, the previous inspection report and the provider's action plan which set out the action they would take to make the required improvements.

During our inspection we spoke with three people living in the home, four members of staff as well as the Operations Director and a registered manager from another home owned by the provider. We looked at four people's care files, three staff files, the provider's policies and procedures and the systems in place assess and monitor the quality of care people received.



Is the service safe?

Our findings

At our last inspection in June 2015, we found there was an insufficient number of staff working at night to help keep people safe and meet their needs. During this inspection people told us and staff agreed that there were enough staff working during the day and at night. People commented, "There are always a few people [staff] here in the day and someone on at night. I think that's enough. There aren't many of us living here", "I don't think there's a problem with the number of staff. There's always someone here" and "There are enough people working here all the time." Staff members told us, "There are enough staff for the number of people living here at the moment" and "I think the right number of staff are here."

There were vacancies within the staff team and the provider was in the process of recruiting new staff. In the meantime, agency staff were used to ensure that each shift was fully staffed. The number of staff working at the home was reviewed when a new person was considering moving into the home. The home did not have a registered manager. Staff at the service were being supported by a registered manager from another home owned by the provider and senior staff from the provider's head office whilst the provider was in the process of trying to appoint a new manager. We observed there was a sufficient number of staff on the day of our visit to meet people's needs.

People using the service told us they felt safe from abuse. People told us, "I feel safe here", "I'm alright. Nobody bothers me" and "I don't need to worry about that here". Staff were aware of their responsibility to protect people from abuse. They had received safeguarding training and knew how to recognise the signs that a person was being abused and how to report any concerns. Staff were aware of what was meant by "whistleblowing" and told us they would report any concerns they had about another staff member's behaviour if they considered it to be inappropriate.

Staff had access to information in people's care plans about behaviour that might lead to conflict with other people or staff. Staff spoke confidently and knowledgably about the action they would take to de-escalate a conflict situation. Staff knew how to recognise the symptoms that a person's mental health was deteriorating and support them appropriately. Where necessary, there was prompt liaison with the person's care manager and/or mental health professional.

People had personalised risk assessments. For each risk identified, a plan was developed to manage and minimise the risk. They covered a variety of risks people faced including the risk of abuse, non-compliance with medication and a deterioration in their mental health. Care plans gave staff information on how to manage identified risks and keep people safe. People were involved in the risk assessment process and had signed their risk assessments to confirm they agreed with the identified risks and the management plans in place to minimise the risks.

People were cared for by staff who had been recruited through an effective recruitment procedure which was consistently applied by staff. Staff were only recruited after an interview, receipt of satisfactory references and other checks had been carried out. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Applicant's physical and mental fitness to work

was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff had been trained in the safe administration of medicines. When staff administered medicines to people they were required to complete medicines administration record charts. The records we reviewed were fully completed. People had signed an agreement to be assisted with their medicines. People knew what medicines they were taking and what they were for. People told us they were supported to take their medicines when they were due and in the correct dosage.

People were protected against the risk and spread of infection because staff had been trained in infection control and followed the service's infection control procedures. Staff spoke knowledgably about how to minimise the risk of infection and were aware of their individual roles and responsibility in relation to infection control and hygiene. All areas of the home were clean. People told us they were satisfied with the standard of cleanliness throughout the home.

The home was of a suitable layout and design for the people living there. The home and garden were well maintained. The gas, electricity and water outlets were regularly tested and serviced to help ensure they were safe.