

Heritage Care Limited

4 Sandford Road

Inspection report

4 Sandford Road
Bromley
Kent
BR2 9AW

Tel: 02083131017

Date of inspection visit:
13 November 2017

Date of publication:
19 December 2017

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 13 November 2017 and was unannounced. This was the first inspection of the service since they registered with the CQC in November 2016.

4 Sandford Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates five people in one adapted building. The home specialises in providing care and rehabilitation to adults with mental health needs.

The registered manager stopped working at the home the week prior to our inspection. A deputy project manager and the deputy manager supported the inspection process. However the provider had identified a new manager to run the home. The deputy project manager said the new manager would be applying to the CQC to become the 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.

There were safeguarding procedures in place. People using the service and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. The home was clean, free from odours and was appropriately maintained.

Full assessments of people's care and support needs were carried out by managers before people moved into the home. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. The provider's ethos was to encourage, empower and rehabilitate people to become independent. Staff felt proud when people moved out of the home into their own accommodation. People told us their independence was encouraged, they ate healthy foods and cooked for themselves. People had access to a GP and other health care professionals when they needed them. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a caring, respectful and dignified manner. People's privacy and dignity was respected. People had been consulted about their care and support needs. People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should

expect. People could communicate their needs effectively and could understand information in the current written format provided to them.

People received personalised care that met their needs. People knew about the provider's complaints procedure and said they would tell staff or the deputy manager if they were unhappy or wanted to make a complaint.. Peoples care plans included a section on diversity that referred to their religion, faith or cultural needs.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. The provider had effective systems in place to regularly assess and monitor the quality of service that people received. There were regular residents meetings where people were able to express their views and opinions about the home. The provider took into account the views of people using the service expressed through annual surveys.

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.

There were safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

The home was clean, free from odours and was appropriately maintained.

Is the service effective?

Good 

The service was effective.

Full assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and received training relevant to the needs of people.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us their independence was encouraged, they ate healthy foods and cooked for themselves.

The ethos of the home was to encourage, empower and rehabilitate people to become independent.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner. People's privacy and dignity was respected.

People had been consulted about their care and support needs.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew about the provider's complaints procedure and said they would tell staff or the deputy manager if they were unhappy or wanted to make a complaint.

People understood information in the current written format provided to them.

People's care plans included a section on diversity that referred to their religion, faith or cultural needs.

Is the service well-led?

Good ●

The service was well-led.

The home did not have a registered manager in post. However the provider had identified a new manager to run the home.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received.

There were regular residents meetings where people were able to express their views and opinions about the home.

The provider took into account the views of people expressed through annual surveys.

4 Sandford 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 was the first inspection of the service since they registered with the CQC in November 2016.

4 Sandford Road is a care home that specialises in providing care and rehabilitation to adults with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates five people in one adapted building.

This inspection was carried out by a single inspector on 13 November 2017 and was unannounced. Prior to the inspection we reviewed the information we held about the service. This included notifications received from the provider about deaths, accidents and safeguarding allegations. A notification is information about important events that the provider is required to send us by law. We also 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 and four members of staff including the deputy manager and the deputy project manager. We looked at two people's care plans and records, four staff files and 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 that staff treated them well. One person said, "There are plenty of staff so I feel safe living here." Another person said, "I don't need to be concerned about my safety here. I am safe."

The provider had systems and processes in place to protect people from abuse. We saw a 'Welcome Pack' that was given to people when they started using the service. The pack included a copy of the provider's safeguarding adult's procedures. People told us they were aware of these procedures. We also saw that safeguarding was discussed by people and the manager at a recent residents meeting. Training records we saw confirmed that all staff had received training on safeguarding adults from abuse and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any safeguarding concerns they had to their line manager. They also said they would report concerns to the local authority safeguarding team of the CQC if they felt they needed to. The provider had a whistle-blowing procedure and staff told us they would use it to report poor practice if they needed to.

Staff told us that appropriate pre-employment checks were carried out before they started working at the home. The deputy manager told us that recruitment records were held at the organisation's head office. The provider's human resources department confirmed with us in writing that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They had also obtained criminal record checks, two employment references, health declarations and proof of identification.

We saw that there were enough staff on duty to meet people's needs. One person said, "There is definitely enough staff during the day and night to look after everyone." The deputy project manager showed us a rota and told us that staffing levels were arranged according to people's needs. The staffing rota corresponded with the identities and the number of staff on duty. They told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Individual risk assessments had been completed where people required additional support and monitoring from staff, for example with mental and physical health conditions and when self-medicating. Assessments included risk management plans with information for staff about actions to be taken to minimise the chance of risks occurring. Each risk assessment included a summary of the person's needs and associated risks. This enabled staff to understand the risks and how to manage them. There were arrangements in place to deal with foreseeable emergencies. People using the service and staff on duty told us they knew what to do in the event of a fire. We saw records confirming that people and staff had received training in fire safety. We also saw a folder that included records of weekly alarm testing and servicing of the alarm system. Regular routine maintenance and safety checks had also been carried out on gas and electrical appliances.

People received the medicines they needed safely and as prescribed. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. We observed

one person being supported by staff to administer their own medicines through a self-medication programme. This person had a self-medication risk assessment in their individual medicines folder which detailed the support they required from staff. We saw that staff followed the self-medication programme. Medicines were stored securely. People's medicine folders included photographs, medicine administration records, and medicines risk assessments and weekly medicine counts. We checked medicine administration records for people and saw that they were receiving their medicines as prescribed by health care professionals.

The provider kept a record of all accidents and incidents affecting people using the service. We saw that following a medicines error on the 30 April 2017 the person's risk assessment had been reviewed on the 1 May 2017. The deputy manager and staff told us that any issues were discussed with staff at daily handover meetings to reduce the likelihood of risks or errors reoccurring. We also saw that health and safety issues were regularly discussed during staff meetings and residents meetings.

The home was clean, free from odours and was appropriately maintained. The provider had an infection control policy that had been reviewed in February 2016. We saw that infection control audits were carried out at the home on a regular monthly basis. The deputy manager and staff told us that personal protective equipment was always available to them when they needed it. We saw stocks of gloves and aprons located in a cupboard in the office to prevent the spread of infection.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "I think the staff are well trained and they definitely know what they are doing." Another person told us, "Some of the staff have been here a long time and are well used to supporting people with the type of needs I have."

Full assessments of people's care and support needs were carried out before people moved into the home. These assessments along with referral information from the community mental health team were used to draw up individual care and support plans and risk assessments. People's care plans described their needs and included guidance for staff on how to best support them. We saw that care plans and risk assessments had been kept under regular review and people were supported to attend medical appointments and meetings with mental health professionals when required.

Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. They received regular supervision and an annual appraisal of their work performance. We saw records confirming that all staff were receiving regular formal supervision with their line manager.

Staff had the knowledge and skills required to meet the people's needs. The deputy project manager told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included first aid, food safety, fire safety, medicines, infection control, equality and diversity, safeguarding adults, health and safety, Control of Chemicals Hazardous to Health (COSHH) and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff had completed other training relevant to the needs of people for example mental health awareness. One member of staff told us that the training they received on mental health awareness had helped them to understand people's support needs.

People were very independent and were able to do most things without any support from staff. We observed staff supporting people with their independence by letting them do what they needed to do for themselves. For example they promoted people's independence by encouraging them to eat healthy foods and cook for themselves. People's care plans included sections on their diet and nutritional needs, alongside their support needs, for example with shopping, cooking and meal planning. People told us they bought their own food and cooked for themselves. One person said, "We have a cooker, a microwave a kettle and a toaster and can eat when we want." Another person said, "I have my own sections in the fridge and freezer and my own cupboard to store my food. I do all of my own cooking and I don't need any help from staff." A third person said, "I like the fact that we cook for ourselves here. It makes me more independent. The staff have helped me to find a cooking class and I go there every week. Staff sometimes help me to cook more complicated meals if I ask them."

Staff told us the provider's ethos was to encourage, empower and rehabilitate people to become

independent. They supported people to learn or relearn basic life skills so that they could move back into and contribute to the local community. One member of staff told us, "None of the people living here have had a relapse in their mental health this year. I have just supported one person to complete a housing application so hopefully they will get a place soon. It's great when you see people finding their voice and doing well for themselves. I think we are achieving our aims here." Another member of staff said, "I get a great sense of pride when people move out of the home into their own accommodation. Sometimes they come back to see us when they are settled. It's great to have been part of their journey." People told us the home was comfortable and met their needs. One person told us they had a television and music player in their room. They told us that when they had visitors they could use the living room, dining room or their own rooms if they wanted privacy. The home had a very well kept garden. The deputy manager told us that people liked to use the garden in the summer for barbeques, to relax and to hold residents meetings.

People had access to a GP and other health care professionals when needed. Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. The deputy manager told us that people were registered with a GP and had access to a range of other health care professionals such as dentists, chiropodists and opticians. They also had regular appointments with the local Community Mental Health Team (CMHT), if and when they required them. We saw that people's care files included records of their appointments with healthcare professionals. One person said, "I can see the community psychiatric nurse (CPN) when I need to. I can go on my own for other health care appointments." Another person said, "I have regular meetings where I can talk to my key worker. If I have any problems or I need any help I let the CPN know."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the centre was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager and staff demonstrated a good understanding of the MCA and DoLS. They said that all of the people currently using the service had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person said, "I would definitely say the staff are caring. I get really good helpful support from them." Another person said, "The staff are very good. They always listen to what I have to say and try to help me with whatever I need." A third person commented, "The staff are nice to me, I never have any problems at all with them."

Staff clearly knew people well and were able to describe their behaviours and characters to us. The deputy manager and staff told us that most of the staff team had worked at the home for many years and had a great deal of knowledge and experience in supporting people. They said that having this well established staff team ensured that people received consistent support that met their needs.

People told us they had been consulted about their care and support needs. One person said, "I have a keyworker. We meet and talk about everything I need." Another person told us, "The staff are helping me to do lots of things for myself like looking after my medicines and cooking for myself. I see my CPN every six weeks and I can tell them how I am doing. I have an advocate as well and they have helped me to discuss my needs here at the home."

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. We saw a payphone was available for people to make calls to friends and family. The deputy manager and staff told us that all of the people were independent and did not require any support with personal care; however on occasions they might prompt people to purchase toiletries, shave or change their clothing. One person told us, "The staff are respectful and help me where I need it but they are not pushy. They speak to me nicely and I feel confident that I can talk with them and tell them things in confidence. They respect my privacy and they knock on my door if they want to speak with me."

People were provided with an information guide that included the provider's complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The deputy manager told us this was given to people when they moved into the home. One person told us, "I was given some brochures and leaflets about the home when I moved in, so I know what they do for people."

Is the service responsive?

Our findings

People told us the service met their care and support needs. One person said, "I know if I stay here and do what I need to that I will be able to move on. The staff are great with me. I am learning so much." Another person said, "I am well looked after here. I get everything I need."

People received personalised care that met their needs. People's care files included care plans that described the person's mental health and physical health needs and provided guidelines for staff on how to best support them. We saw that risk assessments had been completed for example on physical health and mental health relapse. One person told us their independence was being promoted, "I go out a lot and do things for myself." They said they were learning new skills and they were growing in confidence. We observed them supporting a gardening team to cut the lawn at the home. They told us they also supported the gardening team at other care homes and with other private gardening jobs. They attended a gardening course and a social club. They said, "I am always encouraged to do things for myself. One day I will move out of this place into my own flat. I am gaining confidence all the time especially with cooking and finding work." Another person told us, "I am on a programme now where I am taking my own medicines. The staff have been briefed on what they need to do. They dispense my medicines to me in the mornings and I take it throughout the day. This is helping me with my independence." A third person told us that they were supported five days a week by befrienders. They said, "I generally go for something to eat and to look around the shops. That's what I like to do." A fourth person worked three days each week and went shopping and for regular meals out.

People told us they knew about the provider's complaints procedure and they would tell staff or the deputy manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. We saw copies of the provider's complaints procedure located in the dining room and staff office. One person told us, "If I had a complaint I would have no problem raising it with staff but I have never needed to." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The deputy manager told us that no complaints had been received at the home. However, if they did receive a complaint they said they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout the process.

The deputy manager told us that all of the people could communicate their needs effectively and could understand information in the current written format provided to them, for example the information guide and the complaints procedure. This was confirmed with the people we spoke with. The deputy manager said that if any person planning to move into the home was not able to understand this information they would provide it in different formats to meet their needs for example compact disc, different written languages or through interpreters.

Peoples care plans included a section on diversity that referred to their religion, faith or cultural needs. We noted that these sections on two peoples care plans recorded 'none identified'. The deputy manager told us that these people had expressed that they had no diverse preferences or needs. The deputy manager and

staff told us that the home had supported people with diverse needs in the past to attend their places of worship. They told us that the home would continue to encourage people to express themselves and support them to do whatever they wanted to do.

All of the people currently using the service were younger adults. The deputy manager told us that no one required support with end of life care. However there was a section in people's care records that people could complete if they wanted to record their wishes during illness or death.

Is the service well-led?

Our findings

People told us the home was well run and organised. One person said, "It's nice living here. Everything is in place." Another person said, "I think the home is well run and we can have a say on how it's run at the residents meetings."

The registered manager stopped working at the home the week prior to our inspection. The deputy project manager told us a new manager had been identified who would be applying to the CQC to become the registered manager. The deputy manager was running the home with support from the deputy project manager until this happened. The deputy manager and the deputy project manager demonstrated good knowledge of people's needs and the needs of the staff team. Notifications were submitted to the CQC as required. Staff told us they had confidence in their current line managers and were looking forward the new manager coming to work at the home. A member of staff said, "The deputy manager is very experienced and has, like most of us, worked for a long time at the home. There is an out of hours on call system in place that ensures management support and advice is available when we need it. I can talk to anyone at head office about anything at any time. We have an amazing network of support for staff." One person told us, "I know the registered manager left last week but a new manager is starting soon. I know who they are and think they will do a good job."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in areas such as medication, infection control, health and safety, incidents and accidents, care files, staff training, supervision and appraisal, safeguarding and concerns and complaints. We saw reports from audits of staff management, policies and procedures, medicines and people's finances that were carried out at the home by the provider on the 10 and 12 October 2017. The reports recorded that all areas audited were met and the home did not need to any further follow up audits in these areas. The deputy manager showed us a development action plan for the home for 2017/2018. The development plan included areas for developing the service including maintaining quality and staff training. We saw that team meetings were held every month and were well attended by staff. A member of staff said, "We talk about what people need and how we can make improvements at the home. If there are any incidents or accidents we discuss them to try to make sure the same thing does not happen again."

There were regular residents meetings where people were able to express their views and opinions about the home. The minutes from the last residents meeting held on the 9 November 2017, indicated that the meeting was well attended by people. They discussed issues such as house rules, key working, health and safety and compliments and complaints. It was agreed that people would contribute to brunch every Thursday morning. A member of staff and a person using the service said they were looking forward to the first brunch this week. The provider took into account the views of people through annual surveys. We saw the 2017 survey was carried out in October 2017 and an action plan had been produced. This included actions from the survey with dates for the actions to be completed. Actions included ensuring that smoking cessation was promoted at residents meetings. We saw that smoking was discussed during the last residents meeting.

