

Heritage Care Limited

101 Brook Street

Inspection report

101 Brook Street
Northumberland Heath
Erith
Kent
DA8 1JJ

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31 August 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 30 and 31 August 2017. This is the first inspection of the service since their registration in September 2015 with a new provider, Heritage Care Limited.

101 Brook Street provides respite care for people who require nursing or personal care for up to six adults who have a range of needs including learning disabilities. There were six people receiving personal care and support at the time of our inspection.

At this inspection we found staff were not supported through regular formal supervision and annual appraisals in line with the provider's policy, and this required improvement. The registered manager told us that they were aware of this concern and that they have now put a plan in place to ensure every staff received a formal supervision by end of September 2017 and then regularly in the future.

There was a registered manager in post. 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.

The registered manager told us that staff were being closely monitored on their shifts and were supported through the staff meetings. Staff meeting records we saw confirmed this. The service provided an induction and training, and supported staff to help them undertake their role.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks.

There was an effective system to manage accidents and incidents, and to prevent them happening again. The service carried out comprehensive background checks of staff before they started working. Staff supported people so that they took their medicines safely.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People and their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing. Staff

prepared, reviewed, and updated care plans for every person.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity, and human rights.

The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. People and their relatives commented positively about staff and the registered manager. Staff told us they felt supported and able to approach the registered manager, at any time for support.

The provider had systems and processes in place to assess and monitor the quality of services people received, and to make improvements where required. They used the results from the audits and made improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people. The provider carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe. They administered medicines to people safely.

Good ●

Is the service effective?

One aspect of the service was not effective.

Staff were not supported through regular formal supervision and annual appraisals in line with the provider's policy, and this required improvement.

The service supported staff through training and team meetings.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

Relatives commented positively about staff and told us they were satisfied with the way their loved ones were looked after.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Requires Improvement ●

Staff supported people to access the healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People and their relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had systems and processes to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in decisions about making improvements to the service.

101 Brook Street

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 took place on 30 and 31 August 2017 and was unannounced. The service was inspected by one inspector.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

We spoke with four people and three relatives, three members of staff, and the registered manager. We looked at four people's care records and six staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I am happy here." Another person said, "I am safe here, or else I will not come back here." A relative told us, "I do think my [loved one] is safe." Another relative said, "We feel my [loved one] is kept safe and their needs are being met safely." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to.

The provider maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The registered manager implemented service improvement plans to make sure people's needs were met safely. For example, when a person's needs were reassessed and determined that their changing needs could not be met by the service, an alternative placement was provided, to meet their needs safely. The service worked in cooperation with the local authority in relation to safeguarding investigations, and notified the CQC of any allegations received in line with the requirements of the regulations.

Staff completed risk assessments for every person who used the service. These covered areas including being out in the community, using the kitchen, fire evacuation, manual handling, transport, and behaviour. We reviewed four people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, we saw staff regularly supported a person to access the community on their own when road safety had been identified as an area of risk. A member of staff told us, there had been no incident in the community or at the service involving this person. This was confirmed when we reviewed people's care records.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted people were advised to shut their room door to avoid other people entering without permission. Following an incident, staff were given additional guidance about how to manage people when they presented behaviour that challenged. Records also showed that actions to reduce future risks were also discussed with staff.

The service had enough staff to support people safely in a timely manner. The registered manager told us how staffing levels were determined and staff were deployed to reflect people's individual needs and

requirements. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. For example, when people went on a holiday additional staff were deployed. We saw staff responding to people's needs at the service in a timely manner.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people only received care from staff who were suitable for their roles.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances.

Staff supported people to take their prescribed medicines. One person told us, "They [staff] give my medicines every night." The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. Staff had a clear understanding of these protocols.

Staff carried out medicine checks at each shift handover to ensure people received their medicines safely. The registered manager conducted regular medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicines safely. Medicines were stored safely. Staff monitored the medicine cabinet temperatures regularly to ensure the effectiveness of medicines was not affected.

Is the service effective?

Our findings

Staff were not supported through regular formal supervision and annual appraisals in line with the provider's policy, and this required improvement. For example, the provider's policy said regular staff would receive six supervisions in a year and the bank staff would receive four. However, staff supervision records showed a lack of regular supervision. For example, record showed that one staff had not received supervision in 2017 and five staff had only received one supervision session. Annual appraisal had not been completed for six staff members. The registered manager told us that they were aware of this concern and that they have set actions to complete supervisions and appraisals for all staff by the end of September 2017 and then maintain this.. We shall check the impact of these actions at our next inspection.

The registered manager told us that staff were being closely monitored on their shifts and were supported through staff meetings. Staff meeting records we saw confirmed this. Staff told us they felt supported and able to approach the registered manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Staff are trained, they are able to take [my loved one] out in the community, and we are happy with their training." We observed staff offered distractions and incentives to ensure people were supported to meet their needs.

Staff completed training relevant to their roles and responsibilities. Staff told us they completed common induction standards; the recognised qualification set for the induction of new social care workers, when they started work. Staff completed mandatory training, these trainings covered areas from food hygiene, infection control, equality and diversity, health and safety, safeguarding, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff. Staff training records we saw confirmed this.

Staff asked for people's consent, when they had the capacity to consent to their care. Care records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example, how staff administered medicine to a person.

The registered manager knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "I had my breakfast, I like it, and it is good." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff were aware of people's needs and their food choices. A member of staff told us, "We prepare a shopping list in consultations with people and they come with us for shopping."

We carried out observations at a meal time. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. Staff made meaningful conversation with people, and helped those who ate slowly, encouraging them to finish their meals.

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One relative told us, "They [staff] will let me know if my [loved one] is not well." People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would inform the family if people's needs changed and if they required the input of a health professional such as a GP, dentist or a hospital appointment.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "I like all staff." One relative told us, "Staff are really super friendly, they have a good relationship with [my loved one]." Another relative said, "Staff are polite."

We observed staff treated people with respect and kindness and people were involved in their care. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. This included meal times, when people returned to the service from shopping or day centre and holiday. In the afternoon, we observed two people leading a member of staff to the kitchen for making tea and putting utensils for cleaning. Another person returned to the service from shopping with a member of staff, they appeared relaxed and calm.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. People who were able to express their views and their relatives told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One relative told us, "There is communication with us about the care plan and I am happy about it." Staff knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs. Relatives told us there were no restrictions on visitor times and that all were made welcome.

Staff respected people's privacy and dignity. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that they were respected.

Staff encouraged people to maintain their independence. For example, one person told us, "I do most of the things myself, shower, laundry, I need staff help with shopping and cooking." Staff prompted people where necessary to maintain their personal hygiene, dress and undress, eat and drink, keep their rooms clean, and participate in shopping, cooking, washing and laundry. Care records we saw confirmed this.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff confirmed that people were supported with their spiritual needs where requested. For example, one person was supported to attend a religious place of worship that met their spiritual needs.

Is the service responsive?

Our findings

People and their relatives told us they had care plans and knew what was in them. One relative told us, "My [loved one] has a care plan and they [staff] regularly update it." Another relative said "I did participate in the assessment; I read the care plan and talked about the changes with the manager."

Staff carried out pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included level of support people needed and what they could manage to do by themselves. For example, preparation of tea, having a shower, and dressing and undressing.

Staff discussed any changes to people's needs with the registered manager, to ensure any changing needs were identified and met. The registered manager updated care plans when people's need changed and included clear guidance for staff. We saw four care plans, all were up to date and staff knew about them

Staff completed daily care records to show what support and care they provided to each person. The registered manager told us they discussed any changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. Care records showed staff provided support to people in line with their care plan. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities they enjoyed. Each person had an activity planner, which included visiting places of worship, day care centre, meeting family and friends, holidays, going out into the community, shopping, and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in. One relative told us, "My [loved one] enjoys activities they had bowling day before and yesterday a disco club." One person said, "I go to day centre five day a week, I like knitting." We saw them knitting in the dining room. We also, saw three staff and four people returned from a three-day holiday on the second day of the inspection. People told us that they enjoyed their holiday. For example, one person said, "It was lovely, I made new friends."

People told us they knew how to complain and would do so if necessary. One relative said, "We had a minor concern, and reported it to the manager, it has been sorted out." The service had a clear policy and procedure about managing complaints. The service had maintained a complaints log, which showed when concerns had been raised the registered manager investigated and responded in a timely manner to the complainant and where necessary held meetings with the complainants to resolve the concerns. These were about general care issues. They had all been satisfactorily managed.

Is the service well-led?

Our findings

People and their relatives commented positively about the registered manager and the service. One person told us, "I love this place." One relative said, "I really like the manager, they are very accommodating and flexible." Another relative commented, "We have good communication with the manager, they work with us about any change of needs to [my loved one] and we are happy with the manager."

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. We saw the registered manager interacted with staff in a positive and supportive manner. Staff said they enjoyed working at the service and they received good support from the registered manager. One member of staff told us, "The manager is helpful, they worked as a member of staff team, and if required, they even do cooking and give personal care to people."

The registered manager held regular staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

People who used the service completed satisfaction surveys in December 2016. We saw the results and all the comments were positive. For example, about how staff supported them to engage in chosen activities. The provider analysed the findings and developed an action plan in response to the recommendations to show how they were implemented. For example, the service complaints information was displayed in the communal area and in each bedroom and people were informed about who their key worker is.

The service had systems and process to assess and monitor the quality of the care people received. This included audits covering areas such as, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training and supervision. We noted that some improvements had been made in response to audit findings. For example, these included the review and update of risk assessments and care plans, staff completed refresher training and staff supervisions and annual appraisals work was in progress.

The service worked effectively with health and social care professionals. We saw the service had made improvements following recommendations from these professionals. For example, care plan was updated for a person to reflect change of their diet needs. One social care professional told us, that the service was well run, and that the manager was helpful and responded to their queries in a timely manner.