

Mr. Gordon Phillips

Heathvale House

Inspection report

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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 5 October 2017 and was unannounced. We carried out a comprehensive inspection in June 2015 and the service was rated as good.

Heathvale House provides accommodation, care and support for up to nine men with complex mental health needs. The aim is to help people to live with more independence in the community. There were eight people using the service when we visited.

The service had a registered manager in place. 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.

People told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. Staff were aware of the provider's policies and procedures about how to identify potential abuse and how to report abuse.

We looked at the systems in place for managing and administering medicines and found the systems in place were safe.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The provider ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable for their roles within the home.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by health and social care professionals.

People and professionals told us staff were consistently kind and caring and established positive relationships with them. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Comprehensive care plans were in place detailing how people wished to be supported and had been produced jointly with them. People told us they agreed with the information in the care plans and were fully involved in making decisions about their support.

People participated in a wide range of activities within the home and in the community and received the support they needed to help them to do this. There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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.

The inspection was undertaken by one inspector on 5 October 2017 and was unannounced. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered manager, three staff and three people using the service. We inspected three people's care records and three staff records and other records associated with the management of the service. After the inspection we spoke with a health care professional and a social care professional involved in the care of people using the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "It's ok here you know, it's safer than where I was before. Do I feel safe here - yes I do." Another person said, "Of course it's safe here. The staff are very good to us." A health care professional we spoke with told us, "When we go there we see the staff are good with people and part of that is keeping them safe."

Staff were aware of the different types of abuse and knew the correct procedure to follow to report their concerns. Staff thought their concerns would be acted on immediately by the registered manager or more senior staff if necessary and taken seriously. Staff told us they received on-going training in safeguarding and whistleblowing. They said this training was regularly refreshed and helped them keep up to date with best practice. Records we saw confirmed safeguarding incidents were raised with the local authority safeguarding teams.

People continued to be protected against identified risks. The service carried out comprehensive risk assessments for people to help ensure that identified risks were minimised and dealt with effectively. We saw clear guidance for staff in the form of risk management plans that helped staff to minimise risks. Some examples of the risk assessments we saw covered managing people's mental health, managing medicines, managing behaviours that challenge, cooking, food and eating and support with personal care. Where there was an escalation in a person's behaviour that others found challenging the provider sought advice and guidance from health care professionals. People whose files we inspected were subject to regular Care Programme Approach (CPA) meetings. Staff told us risk assessments were reviewed regularly to reflect people's changing needs and records confirmed this. The Care Programme Approach is the framework for providing care to adults with mental health problems. It is the way of assessing people's needs and planning with them the best way for health and social services to ensure that those needs are met. Health and social care professionals (such as a GP or social worker) involved with the person will meet with them to discuss and assess their health and social care needs. Where appropriate staff from the home and relatives plan with the person their care and support plans.

The service continued to employ sufficient numbers of suitable staff to keep people safe. The registered manager told us there was a review of staffing following the last inspection. They said, "We have good levels of staffing now. Usually at least three staff on each shift and two waking staff at nights." This was evidenced by the staff on duty at the time of this inspection and by the staff rota we inspected. Rotas showed there were sufficient staff deployed on shift to keep people safe. A staff member told us, "We have good staff support here for each shift." A second member of staff said, "There are good staffing levels here. If a lot of people have appointments and staff go out with them, we can call on more staff to cover."

The provider operated a safe recruitment process to ensure they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service. They carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. These included evidence of good conduct from previous employers, and a criminal records check. These checks helped to make safer recruitment decisions and prevent the employment of staff who

may be unsuitable to work with people who used care services.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines. Medicines were stored safely and securely in a central medicines cabinet. Storage of these medicines followed relevant guidelines. Staff followed required protocols when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.

Is the service effective?

Our findings

The people we spoke with told us they thought staff were well trained and they said they received effective support. One person said, "The staff here are good, they know how to help us in the way we really need help. They do a lot for us and I think the staff are well trained." A health care professional told us, "The staff are good and they work well in conjunction with us. I'd say they were well trained." Another social care professional said, "We have had a good joint working relationship and the staff keep us well informed of any issues or concerns."

Staff were skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager who reviewed their progress and offered support. Training was provided during induction and then on an ongoing basis. Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medication and moving and handling.

The training programme in place included courses that were relevant to the needs of people who lived at Heathvale House. These included epilepsy, challenging behaviour, substance misuse and autism. This meant that staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. The registered manager told us that the aim was for staff to receive regular supervision every six to eight weeks and we saw evidence that this was adhered to in the minutes of these meetings held on staff files. All the staff we spoke with said they were fully supported to undertake their roles. Records confirmed staff continued to receive regular supervision and appraisals.

People said they had regular meetings with their care co-ordinator from their community mental health teams. In addition to supporting people with their mental health, staff supported people with their physical health. This included supporting people to attend regular health screening appointments and check-ups. Staff were aware of any long term health conditions people had and what support they required with these. Staff supported people to attend regular appointments with healthcare professionals. We saw evidence of this in people's care files.

Each person had a health action plan that contained all their necessary health information. People had their own diary of all the medical appointments they had attended. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people. Every person also had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of when to apply for a DoLS authorisation to ensure any restrictions were lawful and in the person's best interest. The registered manager arranged for these restrictions to be reviewed to ensure they remained in people's best interests. Staff and people were aware of any other restrictions in place under the Mental Health Act 1983, including through Community Treatment Orders (CTOs).

People continued to receive any support they required with nutrition and to ensure they ate and drank sufficient amounts to meet their needs. One person told us they chose what they wanted to eat and staff were available to help cook if they needed it. Whilst people were able to eat what they liked, staff provided people with information about how to achieve a balanced and nutritious diet that met their individual needs.

Is the service caring?

Our findings

We saw from our observations over the period of this inspection that people were treated with kindness and compassion in their day to day care by staff. People told us, "Staff do care for us here." A healthcare professional commented on the caring relationships they saw were developed with people.

One member of staff said, "We get to know people well and we do care for them." Another member of staff said, "On the whole we have good relationships with people and we help them where they need it and that really helps them." A healthcare professional told us the people seemed to be happy in the home. They said the staff and the registered manager cared about people.

We saw frequent, positive engagements between people and staff. Staff informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

The registered manager told us that they spent time with people on a daily basis in order to build good relationships with people.

Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved in their care planning.

Staff were aware of the importance of empowering people to make decisions. One staff member said, "We give people options and encourage them to make decisions with the information." People continued to have their privacy and dignity respected. One person told us, "Staff knock on the door before coming in." A member of staff said, "We always work hard to maintain people's privacy and dignity." We saw staff respected people's personal space and were observed knocking on people's bedroom door prior to gaining entry. A member of staff told us, "I wouldn't enter someone room without their permission."

People's equality and diversity was embraced and respected. People confirmed that staff provided food that reflected their cultural preferences. One person told us, "The staff know the food I like and I can ask them to make it for me and they [staff] will." Staff treated people's cultural and religious beliefs with respect. People confirmed there were minimal restrictions on when friends or family could visit them at the service.

Is the service responsive?

Our findings

The service continued to deliver person centred care to people in a way they chose and in line with their agreed care plans. One person told us, "Yes I do have a care plan, it was written with me and updated recently." Another person we spoke with said, "I have a care plan and I go through it with my keyworker. We meet quite often, it's regular."

We saw that each person had a care plan that documented their history, life story, preferences and health and mental health care needs. Care plans were updated to reflect people's changing needs to ensure staff gave the most up-to-date care and support. Where possible people were encouraged to develop their care plans in conjunction with staff and other healthcare professionals ensuring matters important to them were documented and adhered to. One person told us, "The staff are interested in my views about things, I am often asked what I think about this or that."

Our inspection of people's care files evidenced that care reviews looked at people's mental health needs, physical needs, relationships, occupation and education, activities, accommodation, risks and medicines. The reviews were carried out together with people and their keyworkers. People told us they contributed to their reviews and were satisfied that their views and preferences were taken account of. Keyworkers told us they prepared people for their care reviews so they could ensure their full input before the review meetings took place.

The service continued to encourage people to participate in activities, both in house and in the local community. During the inspection we observed people accessing the community to purchase items and food, meet with friends and to attend healthcare appointments. Activities available to people in-house included, board games, a full sized pool table, darts and cooking sessions. People's care plans contained an activities assessment which documented their likes and dislikes. One person told us, "I'm always going out. I go out all the time, sometimes with staff and sometimes not."

People continued to receive support from a service that welcomed feedback and guidance from other healthcare professionals. People's health and wellbeing was regularly monitored regularly and records confirmed where concerns about how people presented including if there had been deterioration in their mental health status, this was shared with healthcare professionals immediately. Health reviews included visits from care coordinators and medicines reviews.

People were supported to have individual keyworker sessions whereby people were supported and encouraged to raise any concerns and complaints. We spoke with staff who knew the correct procedure in how to respond to and report people's complaints. Records confirmed complaints raised were fully investigated and a positive resolution sought in a timely manner, with some being concluded on the day the complaint was raised. During the inspection we observed people speaking with staff and the registered manager about concerns they had and staff responding appropriately.

Is the service well-led?

Our findings

People and staff spoke about the registered manager in a positive way. One person said, "This manager is there for us and he seems to care about the people living here." A member of staff said, "He's a very good manager, he's made a big difference since he came." Another member of staff said, "He is prepared to go the extra mile for people and for us as well." We found staff were positive in their attitude and were committed to provide the best support and care to people. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. He told us, "My door is always open for people and staff to discuss anything they want and they all know that."

Staff reflected the same positive attitude about the service. They said the service was forward looking and the registered manager supported them to consider ways they could provide people with better standards of care and support. One member of staff said, "We are encouraged to raise any suggestions we might have if there are things we think we could be doing better as a team or individually. We can discuss at our individual supervision or at the team meetings with the manager." Other staff said they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

A social care professional said that they were satisfied with the quality of care provided and the service maintained good liaison with them regarding the progress of people. They said that the registered manager was helpful and provided them with prompt feedback. From our conversations with the registered manager they were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people. Daily handover meetings helped to ensure staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

Regular audits and checks had been carried out by the registered manager in areas such as cleanliness of the premises, care of people, care documentation and health and safety. The home carried out a feedback survey in September 2017 and the completed forms received indicated that people were satisfied with the services and care provided. The registered manager told us a report following the analysis of the survey was to be drawn up. Other audits included checks with the system for administering medicines and checking whether documents such as people's health action plans, support plans and risk assessments were reviewed. These audits have helped to ensure the service delivered high quality care.