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Heathfield House

Inspection report

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13 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Heathfield House provides support and accommodation for up to ten people who have mental health needs and/or learning disabilities. There were ten people using the service at the time of this inspection.

The inspection was carried out on 12 and 13 April 2016. The first day was unannounced.

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.

There were some systems in place to check the fire procedures and that equipment protected people in the event of a fire. However, several fire doors did not automatically close (and had not done so since March 2016) and therefore placed people at risk of harm.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. However, there were some potential safeguarding incidents that had not been reported to the local authority or to the Care Quality Commission (CQC).

Care records included people's needs and preferences but some information had not been reviewed and updated.

There were a number of quality assurance audits in place to monitor the quality of the service. However, the shortfalls identified at this visit were not picked up during the checks that were currently in place.

Staff received support such as having one to one supervision meetings with the registered manager and receiving an annual appraisal of their work. Training and refresher training had been arranged in various subjects relevant to staff member's roles and responsibilities.

Checks were carried out to make sure staff were suitable to work with people using the service and there were enough staff to meet people's needs.

People received the medicines they needed safely.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provide a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff understood people's right to make choices for themselves.

People had access to the health care services they needed.

There was an appropriate complaints procedure and this was produced in an accessible format. People told us they knew about the complaints procedure. They were confident the registered manager would respond to any concerns they might have.

Staff supported people in a caring way and with kindness and patience.

There were systems in place to gather the views of people using the service and others.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the (Registration) Regulations 2009 in relation to not ensuring the premises were safe in the event of a fire, information on people's needs had not always been reviewed and therefore did not fully reflect people's current needs. In addition, audits were not effective in identifying all the areas that needed to be acted on or improved and the Care Quality Commission had not been always been informed of notifiable incidents and events.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff completed safeguarding training and information was available to them on reporting concerns. However, safeguarding concerns had not been reported to the Care Quality Commission and it was not clear if staff fully recognised potential safeguarding concerns.

Action had not been taken in a timely manner to fix the fire doors that did not close automatically and to fully prevent people being at risk of harm in the event of a fire.

Risk assessments had been reviewed and updated where necessary.

The provider deployed sufficient numbers of staff to meet people's care needs.

The provider operated effective recruitment procedures to make sure staff were suitable to work with people using the service.

People safely received their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed to support people using the service.

We saw no examples of people being deprived of their liberty unlawfully.

People had access to the health care services they needed.

People could choose what they wanted to eat and staff prepared and cooked meals that met people's preferences.

Is the service caring?

Good ●

The service was caring.

Staff supported people to choose where and how they spent their time.

Staff treated people with kindness and patience.

People were involved in decisions about their care and the support provided by staff.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans were in place about how people needed to be supported. However, some information had not been reviewed and updated to fully reflect people's needs.

Staff were aware of people's needs and preferences and encouraged people to make daily choices about their lives.

The provider had a complaints procedure and people told us they knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were arrangements in place to monitor the quality of the service, however, these did not always effectively identify areas which needed to be addressed and improved.

The registered manager was visible and inclusive and was enthusiastic about providing a good quality of life for the people using the service. Staff were clear about the values of the service and spoke confidently about caring for people using a person-centred approach.

Requires Improvement ●

Heathfield 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.

This inspection took place on 12 and 13 April 2016 and the first day was unannounced.

The inspection was carried out by a single inspector.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us.

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider or registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We met with the registered manager, a senior support worker and six people who used the service.

We looked at the care records for two people using the service, two staff employment files, viewed a sample of training completed by staff, checked two people's medicines and viewed records relating to the management of the service, including audits carried out on different areas of the service.

We also requested the views of the service from four health and social care professionals but on this occasion we did not receive their feedback.

Is the service safe?

Our findings

There were various fire checks in place. These included fire drills, with the last one taking place in March 2016. Fire equipment was checked and serviced at the appropriate intervals and a fire risk assessment had been completed. Fire door guards were checked on a weekly basis to ensure they were fit for purpose, but the documentation to check fire doors were working effectively had not been completed by staff. The service had new flooring recently laid and in March 2016 it was recorded that several bedroom doors did not automatically close. These were fire doors that needed to close appropriately to keep people safe in the event of a fire. Although we saw that this has been recorded by the registered manager and that they had noted the provider had been informed that this needed attention, on the day of the inspection this issue had not been sorted out and there was no date for when this would be addressed.

The day after the inspection the registered manager confirmed to us that all the fire doors had been checked and now closed appropriately.

The above relates to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there had been one safeguarding allegation documented and that this had been investigated and concluded. The local authority and police had been involved, however, the Care Quality Commission (CQC) had not been informed of this concern. Furthermore, we saw in the incident records that there had been two incidents in August and September 2015 where a person using the service had hit another person living in the service. The registered manager confirmed that they had informed the community team but this had not been reported to the local authority safeguarding team or to CQC. Therefore it was not clear what the systems and processes were to prevent possible abuse and it had not been identified that these incidents could be deemed safeguarding concerns.

This relates to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the service. Comments included, "I do feel safe living here," and "It's safe living here." There was a safeguarding policy and procedure in place and the registered manager was aware of the revised version of the Pan London safeguarding policy and procedure. There was information available for people using the service and staff in reporting any concerns and who to contact. A member of staff was clear that they would report any abuse issues to the registered manager or to the provider. They were also aware of contacting external agencies, such as CQC and the local authority and told us that they "had to protect the person (using the service)."

Systems were in place for the safekeeping of all monies held on behalf of people. Cash was kept safely, and transactions and accounts were detailed and regularly audited.

Various risk assessments were in place. These included, personal emergency evacuation plans which

detailed the support people needed from the staff for the safe evacuation should an event such as a fire occur. Identified risks, such as, absconding, financial and self-neglect were considered along with guidelines for staff on how to support the person safely and appropriately.

Incidents of when people expressed themselves in particular ways that might affect them or others were recorded. This included the steps taken to minimise risks and provided details of how to diffuse certain situations.

We saw that there were sufficient numbers of staff to take people to appointments, visit family and go out for a walk when people asked for this support. A staff member said they felt there were enough staff working at any one time. Six people could go out without the support from staff. The registered manager informed us that two staff had recently left and two staff had joined the team early April 2016. The registered manager was waiting for all the necessary recruitment documentation for a third new staff member before they would be added to the rota.

We looked at the staff rota for March and April 2016. On the first day of the inspection the April rota showed that one of the new staff members was due to work from the 13 April to the 22nd April, which included some days working a shift from 8am-8.30pm with no day off during that period. We talked with the registered manager about ensuring staff did not work excessive hours without a complete break from work to ensure they were rested. On day two we saw the registered manager had made amendments on the number of days staff worked in April to ensure they did not work too many days in a row. The registered manager had also included another staff member to sleep in at night so that this was now shared amongst three staff members and not two. They confirmed they would continue to monitor the shifts staff worked so that this would not occur again.

There were appropriate procedures for the recruitment of new staff. We saw the registered manager had carried out the interviews along with a person using the service. This was so that they were involved in asking questions and meeting the person who might be supporting them in the service. A staff member confirmed that they had been interviewed and all the necessary checks had been carried out before they started working in the service. The staff records included checks on the new staff member's identification, work experience, references and a disclosure and barring check (DBS), which identified any criminal record.

People received the medicines they needed safely. One person told us, "I think my medicines keep me well," and another person said "staff look after my medicines as I don't feel confident to do this without them." Staff stored medicines securely and recorded and accounted for each person's medicines. Dates of opening were clearly recorded to ensure medicines were safe to administer and had not expired. Staff kept records of all medicines they gave to people and these were up to date and accurate. There was a medicines profile for each person and this included a photograph, details of any allergies and the side effects were noted to inform staff of what to look out for. We checked two people's medicines and these had been correctly administered and recorded. Staff we spoke with told us they had completed online and face to face training on the administration and safe handling of medicines and the training records confirmed this. There was a medicines policy and procedure in place which the registered manager was in the process of reviewing. The registered manager told us that they observed staff carrying out this task although they did not have a system to record their assessment of the staff member's competence. An external provider, who supplied medicines to the service, had carried out an audit in August 2015. Areas requiring attention had been noted by the registered manager that they had been addressed.

Is the service effective?

Our findings

We observed positive and professional interactions between staff and people using the service. Staff told us they received support through one to one and group support. A staff member explained that the staff meetings were a "two way process" and also commented that "If we don't express our feelings then who will know what we feel?" Records confirmed that staff met regularly with the registered manager. Supervision meetings had set agenda items to discuss so that both the registered manager and staff member could focus on particular areas of their work, such as communication and training needs. Staff also received an annual appraisal of their work to ensure any issues were identified and goals could be set for the forthcoming year.

We saw that new starters received an induction and spent time shadowing experienced staff. The registered manager had started to introduce the Care Certificate for new staff which are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support.

Training records showed that staff received ongoing training that the registered manager considered essential. This included first aid; fire safety; safeguarding and food hygiene. Staff told us they found the training helpful. Staff were in the process of studying, or had obtained, a qualification in health and social care. One staff member had a qualification in mental health awareness but the other staff members had not completed any training on this subject. The registered manager confirmed two days after the inspection that this had been arranged for the remaining staff members to ensure they understood the different aspects of this subject as some of the people using the service had mental health needs.

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. We found the registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw no examples of people being deprived of their liberty unlawfully. One person using the service confirmed that they could go out whenever they wanted to and told us, "Nobody stops me going out." Another person said they could go out without staff but preferred staff to support them as that was their choice.

Staff had received training in MCA and DoLS and understood people's right to make choices for themselves and where necessary, for staff to act in someone's best interest. We saw staff offered people choices throughout the day, such as taking part in activities. Care records included some information about people's routines and preferences and we saw staff knew about and respected these.

People commented favourably about the meals in the service. One person said the food was "perfect," whilst another told us they had the "opportunity to cook a meal if they felt able to." A third person confirmed that staff cut their meals into small pieces as they were unable to swallow large pieces of food. They also commented that the meals were "fairly varied and healthy." During the inspection we saw staff prepared meals from fresh ingredients. Staff recorded people's preferences and dietary needs. For example, they prepared vegetarian meals if this was the diet people followed. People using the service and staff were involved in planning the weekly menu for the service and preparing meals. Staff confirmed meals were recorded, which we saw evidence of, so that staff could monitor the type of meals people enjoyed but also ensure people had a balanced and nutritious diet. Some people chose to eat out in the community and staff where possible monitored their health to make sure they remained healthy and well.

Arrangements were made for people to access the healthcare services they needed. One person described how they saw the optician and a chiropodist in the service. The care plans we looked at included details of people's health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist and hospital appointments. Appointments along with any outcomes were recorded so that staff could respond to any issues or the need for further treatment effectively. People were weighed weekly so that staff could record and respond to weight loss or gain swiftly.

Is the service caring?

Our findings

People using the service were complimentary about the staff team. Comments included, "staff are helpful," "If I want or need something they do it for me," can talk about anything" and "staff are always there to talk to." People could be supported with their personal care by the same gender of staff. We saw this was noted in care records and a person using the service confirmed that they were helped by a female member of staff which was their preference.

Staff told us that they supported those people who wished to attend their preferred place of worship. Staff also ensured people maintained personal and social relationships through taking them to visit family members if they were not able to visit the service. We saw this took place during the inspection. One person confirmed that they saw their relative "every week." People did not have an independent advocate as they could either represent themselves and their views and/or had input from family members. The registered manager said they would refer people to the appropriate local advocacy services if this was needed.

People were supported to give their views on a regular basis about the service. We saw minutes from the meeting held for people using the service. The last meeting had been in March 2016. We saw that (DoLS) had been explained to people using the service along with reminding them how to make a complaint and there had been talks on possible outings.

We saw staff supported people to choose where and how they spent their time. While most people sat in the main lounge, others chose to stay in their rooms. During the inspection, we saw some people chose to return to their rooms during the day, as well as spending time in the conservatory and the garden.

We observed staff supporting people in a caring and patient manner. Staff spoke calmly and reassured people where they needed this form of support. Staff were aware of people's daily routines and abilities. For example, staff knew some people liked to be near or in the kitchen carrying out small tasks, which we saw during the inspection.

Is the service responsive?

Our findings

People's care plans included information about what they could do independently and areas where they needed support from staff. However, in one person's care records information had not always been checked and amended. We saw a Hospital Passport for a person using pictures and this was in plain English to make the information easier for people to understand. This meant people using the service and healthcare professionals working with them had the information they needed to meet their health care needs. However, we noted that this document was dated 2013 and there was no date showing that staff had reviewed this and checked to ensure the information remained accurate or relevant.

There was an end of life form within the person's documents but it had not been completed, we were told the staff were waiting to discuss this with relatives but we saw no date of when this would occur. There were protocols in place for communication, initially written in 2013 but these were not dated to show they had been reviewed since then. It was also noted to seek professional support via a Speech and Language therapist, but we were informed that this had not been done and it was not documented who had decided that this referral did not need to take place.

There were other documents in place from the person's previous placing authority and it was not clear if these were for background and historical information and what was still relevant, current and accurate about the person now they were living in the service.

There was a form recording the weekly meetings named members of staff, (known as keyworkers) would have with people using the service. Some people, we were told, did not want to have weekly meetings. However, people's refusal had not been documented. Therefore it was not clear if they had been offered a chance to meet staff each week.

We viewed a sample of daily records. Staff documented what people had done each day but had occasionally noted that people had "co-operated" with staff. We talked with the registered manager about the language staff used and they confirmed they would carry out checks on a sample of these records to ensure staff wrote in a professional way that was not negative or implied people using the service had done as staff had asked of them.

The registered manager told us that care plans were reviewed every six months, although there were monthly reviews carried out on care records. These checked on the care and support people had received and if there had been any incidents or issues. These were up to date, although the reviews had not identified where some documents needed to be checked and amended.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that pre admission assessments had been completed before people moved into the service. One person confirmed that they had met with the previous manager and visited the service before deciding to

move into the service. The registered manager confirmed that where possible people were encouraged to visit the service and spend time meeting the other people and staff before making the final decision to move in.

Care records outlined how staff should support each person. We saw it was noted that staff should promote the person's "rights and choices" in a way that people could understand. There were some details about the person's routines at night but not in the morning and we raised this with the registered manager who said they would review the information to ensure people's personal routines were clearer.

People took part in a range of activities. One person told us they went to college and that they liked going there. Another person said they went "shopping and did their own washing." People went out for day trips and used public transport to access places in the community. They also had the opportunity to go on holiday and we saw photographs of holidays around the service. One person confirmed they were looking forward to going away again later in the year. Throughout the inspection we saw people playing board games and watching TV. People had the chance to have one to one support and take part in group activities if they wanted to.

People had been asked to give their views on the food provided in the service and we saw the results were displayed in the communal area of the service for people to see. The results from this were positive with some minor points raised that the registered manager said they would be addressing, such as making sure people knew what was on the menu. We also saw a sample of completed satisfaction questionnaires from 2016 about the service in general. Comments from relatives included, "Excellent care given to X and suited to her individual needs." Also, "staff are very welcoming and caring." We also saw a compliments folder where cards and comments were included for the registered manager and staff team to view.

The registered manager had also produced a newsletter as and when they had information to share. We saw this was available for people in the hallway and included photographs and news about the service. They confirmed they were due to write one again soon to provide people with an update on the service.

There was a complaints procedure in place which was also available in pictorial version for people who might respond more to pictures rather than words. People told us they knew how to make a complaint or what to do if they were unhappy about something. One person said "If I had a complaint I would talk with staff." A second person told us they would also contact the "council" if they needed to raise a concern. There had been no complaints using the formal complaints procedure but staff did record minor complaints and issues so that action taken could be recorded.

Is the service well-led?

Our findings

The registered manager had not informed the Care Quality Commission (CQC) when there had been a safeguarding allegation which the police had been made aware of or when there had been incidents where a person using the service had hit another person. We discussed with the registered manager what were notifiable incidents so that we received information on incidents and events and could see what action the registered manager had taken.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The inspection found that some of the quality assurance and monitoring checks had not always been fully effective. For example, the checks on people's care records, although reviewed every month, had not identified that some of the information had not been reviewed and contained out of date information. There had been no immediate work on the fire doors to ensure they closed properly and kept people safe in the event of a fire. Furthermore, the registered manager said they would analyse incidents to check if there was any pattern to them, however, they did not currently look to see how many had taken place and if there were any explanations that might show why these had occurred. In addition, although staff received training in safeguarding and there was information in the service on how to report a concern, it had not been identified by the registered manager or provider that the incidents that had occurred had needed to be investigated and reported to the local authority and to the CQC.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found that the monitoring processes and systems did have shortfalls, the registered manager and staff had carried out a number of checks and audits to monitor the service. This included, checks on health and safety and equipment in the service. Water temperatures were taken daily to ensure they were at a safe level and weekly spot checks took place looking at areas such as, infection control, fire safety and maintenance of the building. We also saw that daily checks of the medicines were carried out along with a full weekly check to ensure people safely received their prescribed medicines. The provider met with the registered manager and produced a monthly report. The March 2016 report had looked at finances and health and safety.

Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive. Staff spoke with people in a kind and friendly way and interacted with them throughout the inspection. We saw examples of teamwork where staff undertook tasks to ensure people's needs were being met, such as making sure people attended appointments or had their lunch when they wanted it.

Staff said there was good communication between each other and the registered manager. There was a diary and communication book and daily handover when the shift started and ended so that any problems, appointments and general information could be passed on. Staff confirmed the registered manager was, "hands on" and "very approachable." Staff said they were committed to providing good quality care and

support to people. Staff told us they had a good understanding and awareness of their roles and duties in relation to delivering good quality care and said "everyone knows their job."

The registered manager kept staff fully informed about any issues that needed to be discussed. We saw staff meetings had been held in December 2015 and again in February 2016. Staff told us they had the opportunity to feedback their views either at staff meetings, in supervisions or appraisals, or by approaching the registered manager directly. Meeting minutes showed the staff team discussed a variety of issues, including deprivation of liberty, promoting choices for people and activities.

The registered manager engaged positively with the inspection and acknowledged there were some areas in the service that since they started in the position as manager in 2015 they knew still needed to be improved. They kept up to date by attending training and had a degree in health and social care. The registered manager said they also received updates from different health and social care organisations, such as Skills for Care and the Social Care Institute for Excellence (SCIE).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to a service user and/or any incident which is reported to, or investigated by the police. Regulation 18 (2)(e)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured that the premises were safe to use for their intended purpose and used in a safe way. Regulation 12(2)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been established or operated effectively to prevent abuse of service users. Regulation 13(3)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The systems and processes in place were not effective as they had not enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality of the services provided.

Regulation 17(2)(a)(b)

The registered person had not ensured that there was an accurate and complete record in respect of each service user.

Regulation 17(2)(c)