

Brunelcare

Little Heath Care & Support

Inspection report

Earlstone Crescent
Cadbury Heath
Bristol
BS30 8AA

Tel: 01174500320

Website: www.brunelcare.org.uk/locations/little-heath-care-home-and-reablement-centre/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Little Heath Care and Support is a care home providing personal and nursing care to up to 64 people. At the time of our inspection, 61 people were living at the service. The service provides support to people who are living with dementia as well as those with care, physical or sensory needs. Little Heath Care and Support is a purpose built care home with bedrooms on two floors and access to communal areas, gardens and facilities such as a shop and hairdresser salon.

People's experience of using this service and what we found

Risks to people and their safety was monitored and managed so they were supported to stay safe. The living environment and equipment were regularly checked to reduce and manage risks. The registered manager was in the process of creating environmental risk assessments. Effective infection prevention and control measures were in place.

People were kept safe from avoidable harm because staff were trained and understood how to protect them from poor care and abuse.

People appeared relaxed and comfortable living at Little Heath Care and Support and staff knew them well. Staff respected people's privacy and dignity and understood and responded to their individual needs. Information was recorded and shared appropriately to enable staff to help people get the support they needed in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with their medicines in a way that met their needs. People were supported to access specialist support and routine health checks. Staff worked with other health and social care services to promote good outcomes for people and keep them safe.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Some people and relatives told us they felt more staff were needed. Staff were safely recruited by the provider. There were clear lines of accountability and staff received training to ensure they were confident in their roles. Staff were passionate about the service and committed to providing high quality, person-centred care. The actions of staff reflected the vision of the provider.

Effective assurance processes were in place and the quality and safety of the service was well monitored. Systems helped identify shortfalls and areas for improvement. Audits were carried out regularly and overseen by the provider to ensure people received a safe and well run service. Performance information was reviewed by the management team and used to learn and make changes to develop and improve the

service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 July 2022).

At the last inspection, there were breaches of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider referred to best practice guidance about recording in relation to medicines management. At this inspection we found the provider had taken action to improve in this area.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 7 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Heath Care and Support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Little Heath Care & Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Little Heath Care and Support is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Heath Care and Support is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Some people living at the service were unable to communicate verbally. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at the service and 10 relatives to hear their views about the care provided. We spoke with 12 staff. This included the registered manager, deputy manager, and nominated individual, as well as staff at all levels. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 2 professionals who had contact with the service.

The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 4 people's care plans and the daily records kept in 6 people's rooms. We looked at 4 staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents. We considered this information to help us to make a judgement about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection people's care plans and risk assessments did not always contain important information. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found people were at risk because nutrition and hydration charts were not always completed accurately. Although we found these were in place and accurately completed at this inspection, everyone had the same fluid intake target of '6-8 glasses / day'. We highlighted to staff that this was not individualised, and it was not clear how large the glasses were. Staff told us they would review the records.
- Regular checks and monitoring were in place to ensure the safety of the environment and equipment was maintained. We saw records which showed building, equipment and fire safety were regularly monitored and issues were addressed as required. However, risk assessments of equipment and the environment were not always completed. The registered manager had recently completed recognised health and safety training and was in the process of carrying out environmental risk assessments.

We recommend the provider continues to prioritise producing general risk assessments to ensure risks and their management are clear and reflect best practice.

- Daily checks of records, the environment and individual needs were carried out. Monitoring helped staff to be aware of risks, and to analyse, manage and reduce them where possible.
- Systems were in place to ensure people were protected from the risk of fire. This included checks by staff and an assessment by an external company. Each person had a personal evacuation plan which detailed the support they would need in the event of an emergency.
- Individual risk assessments were in people's care records. These were regularly reviewed and helped protect people from the risk of harm associated with their care. For example we saw risk assessments relating to people's physical health, daily living needs and emotional wellbeing.
- Staff knew people well and knew the risks people might face and how to manage the risks. For example, risks associated with skin integrity, mobility and expressions of emotional distress.

Using medicines safely

At the last inspection we recommended improvements were made to ensure the recording of medicines management met best practice guidance. At this inspection we found improvements had been made.

- People received their medicines as prescribed and in line with best practice. Systems and policies provided staff with guidance to achieve this.
- We checked medicines monitoring records, stock recording and information about time specific medicines. These were all clear, complete and accurate.
- Robust medicine audits were carried out very regularly to ensure good practice and standards were maintained. We noted that these were very detailed, but the management team were keen to closely monitor compliance and standards in this area.
- People told us staff supported them to take their prescribed medicines as and when they should. One person said, "They are good with my tablets, I know roughly what I am taking and why, I can leave it up to them".
- Care plans included guidance for staff about people's prescribed medicines and how they needed and preferred them to be administered.
- Some people received their medicines covertly. This is when medicines are disguised in food or drink. Appropriate steps had been taken to ensure this was done safely and in the person's best interests.
- Only some staff administered medicines. They received training and their competency was regularly checked to ensure their practice was safe.
- Errors were reported, investigated and appropriate action taken to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- All the people we asked told us they were happy living at the service and felt well cared for. Relatives told us they felt their family members were safe. Comments included, "She is absolutely safe" and "[Name] is very safe. Safe as houses". People appeared comfortable and relaxed during our inspection.
- Staff received training about how to recognise and respond to safeguarding concerns. All the staff we asked knew what actions they should take to keep people safe. Staff told us they would always act if they had any concerns. One staff member told us they would always raise concerns, and would, "Keep on taking it higher until I was satisfied".
- Concerns were shared sensitively by staff and documented in care records.
- Information was available to people, staff and relatives about how to report concerns.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were usually in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Although the registered manager kept a tracker of DoLS applications, we found one person's authorisation had expired within the previous 10 days. A repeat application was submitted to the local authority during the inspection.
- Staff had received training in MCA and DoLS and systems and processes supported them in practice.
- We observed staff seeking verbal consent before they supported people. People told us this was usual and

said, "Staff check before they do anything".

Staffing and recruitment

- People were supported by enough staff to meet their needs during the inspection. A dependency tool was used to support decisions about staffing levels, and rotas reflected assessed needs.
- We received mixed feedback from people and relatives about staffing levels. Comments from relatives included, "The resources are stretched, but there is always someone about" and "The staffing levels are a real concern, it is especially noticeable at the weekend. Sometimes I can sit with [Name] and I don't see anyone".
- People told us, "When I press the button, there is always somebody about" and "They could do with more staff, sometimes you have to wait quite a time. They come when they can"
- Staff felt the number of staff on duty was appropriate for the people who lived at the service. One staff member said, "There are some hard days, but it's usually not too bad. Extra eyes and ears would always be good though".
- Professionals gave positive feedback about staff. One professional told us, "There's usually always someone around. They're really friendly".
- Since the last inspection, 33 staff had been recruited and a core team of skilled and experienced staff ensured people received care and support which was responsive to changing needs.
- Staff were recruited safely by the provider, and all relevant checks were carried out before new staff started working at the service. This included employment checks and the completion of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported families and friends to visit in line with government guidance. At the time of our inspection, visiting was not restricted.

Learning lessons when things go wrong

- The registered manager and deputy manager carried out a range of daily checks and monitored accidents and incidents to identify shortfalls and drive ongoing improvements.
- The provider monitored, reviewed and analysed incidents, safeguarding concerns and complaints to identify themes and act as required.
- Changes to practice and lessons learned were shared with the team in handovers and meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's quality assurance systems did not always effectively identify shortfalls or monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality assurance processes were in place and the quality and safety of the service was well monitored.
- At our last inspection we raised concerns about the consistent and accurate completion of records. Since then, the management team had introduced additional daily checks and there was oversight to ensure risks to people or the service were identified and managed appropriately.
- Audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved. The audit subjects included medicines, care records and infection prevention and control. There was oversight and monitoring by the provider to ensure people lived in a safe and well run service.
- There was a commitment to improvement and providing high quality, person-centred care.
- The staff structure meant there were clear lines of accountability and staff understood their roles and responsibilities.
- The registered manager had the skills and experience to perform their role. They led by example and were visible in the service. Managers ensured their knowledge was up to date so they could safely support staff in their roles.
- Staff were passionate about the service. They told us the service was well led and they felt supported by the management team. Comments included, "This is the best company I've worked for", "We're really supported by [Name]" and "We can get advice about anything, it's just a call away".
- Professionals were positive about the registered manager and wider team. One professional told us, "The team make this one of the better care homes".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives felt staff were supportive and caring. One relative said, "I love the whole place and the staff. I never want my [relative] to be moved from here". Another relative appreciated the support

they had received, stating, "They are like friends to us. Not only do they look after [Name], they look after the family. Nothing is too much trouble".

- We observed that people appeared happy and comfortable around staff. This was seen through body language, as well as warm, friendly and fun interactions.
- The actions of staff reflected the vision of the provider which focused on making the most of every moment.
- We heard about positive outcomes for people living at the service. For example, one person's mobility had improved, and in other cases relatives praised the care their family member received as they approached the end of their life.
- Staff felt there was a positive culture for them. We heard examples of how staff had supported each other during recent difficult events, and the team respected and valued each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- Incident reports were reviewed by the management team, and the information was used to learn and make changes.
- Relatives gave us mixed views about communication with the service. Comments included, "They know [Name] well. They communicate with us when there are changes" and "We've had concerns around [Name's] behaviour. We have had a meeting with the management. I'm not sure that it was documented. We're not always updated in the way we want".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw staff listening to people, offering choice and giving them time to respond.
- The provider encouraged people, relatives and staff to give feedback and share their views. One person told us, "I can complete a questionnaire anytime, and give feedback – I just help myself to one", although another person said, "I don't know anything about resident meetings or questionnaires, but I am very happy".
- Resident meetings had not taken place during the pandemic, but these had recently restarted. At the last meeting, it had emerged that people did not always know what activities were planned. A change was made to ensure people received a copy of the activity programme each week.
- The last surveys were carried out with people who lived at the service, relatives and staff in 2022. There was a plan to carry out another survey soon. Feedback from the last surveys was positive and comments were used to continue developing the service.
- Staff were encouraged to contribute to the development of the service. They participated in regular supervision and performance appraisals. This provided opportunities for staff to reflect on their contributions and professional needs. Staff told us they received sufficient support. Comments included, "I've had so much support from [Name] to complete my training course. They've been amazing".
- Some people were supported by advocates. These are trained, independent people who provide support, information and help to empower people to express their needs and preferences.

Continuous learning and improving care

- Quality assurance systems helped to identify shortfalls and areas for improvement. Actions were taken to improve performance when necessary and learning was shared within the service.
- Staff were motivated to provide high quality care which reflected current best practice and provided people with a good quality of life. They were encouraged to engage in ongoing learning and professional

development at all levels. Some staff were training as nursing associates, whilst others had completed national qualifications and took on lead roles within the service.

- The complaints system enabled the management team, staff and provider to learn from concerns and act when required to improve the service.
- The service had received compliments from relatives and professionals. Comments included, "I would like to compliment every aspect of the care [Name] received, especially the fantastic and respectful end of life care".

Working in partnership with others

- The provider worked with other health and social care services to promote good outcomes for people. Staff made referrals to other services, such as physiotherapy, dieticians and GP surgery for advice and support and to improve people's health and wellbeing.
- One professional told us, "The staff are hands on, they take on board what we say. They're proactive and get on with things".