DMP Healthcare (Heatherbrook) Ltd

Heatherbrook

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

About the service
Heatherbrook is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 45 people. The premises are a purpose-built care home built over three floors. Only the first two floors are used for the provision of care.

People's experience of using this service and what we found
Procedures were in place to help protect people from the risk of abuse, and staff understood their responsibility for safeguarding people. Risk assessments were in place which provided guidance about how to support people in a safe way. There were enough staff working at the service to meet people's needs and robust staff recruitment practices were in place. The service sought to learn lessons when accidents and incidents occurred. Steps had been taken to protect people from the risk of infection. Medicines were mostly managed safely.

People's needs were assessed before they commenced using the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People had a choice of what they ate and drank. The service worked with other agencies and professionals to support people's health care needs. 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.

People told us staff were kind and caring and treated them respectfully. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

Care plans were in place which set out how to meet people's needs. People and their relatives were involved in developing these plans. People had access to a range of social and leisure activities, and we saw people enjoying these on the day of our inspection. Complaints procedures were in place. Information was provided in various formats to help make it accessible to people. End of life care plans were in place and the provider worked with other agencies to meet people's needs at the end of their lives.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice.

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

Rating at last inspection
The last rating for this service was good (published 13 September 2017). Since this rating was awarded the

registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Heatherbrook

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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector, an assistant inspector 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
Heatherbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager in place at the time of inspection. However, there was an acting manager in place who was in the process of applying to register with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration and inspection reports from the previous provider. We reviewed notifications of serious incidents the provider had sent us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the

service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, acting manager, operations manager, deputy manager, head of housekeeping, head chef, catering assistant, activity coordinator, a cleaner, a registered nurse, a senior care assistant and three care assistants.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at supervision records for staff and updated polices.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the risk of abuse. Staff had undertaken training about safeguarding and were aware of their responsibility to report any allegations of abuse. The acting manager was aware of their responsibility to report allegations to the local authority and the Care Quality Commission. However, the providers safeguarding adult's policy did not make this clear. We discussed this with the provider, who sent us a revised version of the policy, containing the correct information, the day after the inspection.

● There were arrangements to help protect people from the risk of financial abuse. Where the service held money on behalf of people this was kept in a locked safe. Records and receipts were maintained of financial transactions. We checked some of these and found them to be accurate.

● People and relatives told us it was a safe environment. A relative said, "[Person] always smiles when a carer comes into the room. I always watch [person's] reaction and it reassures me that [person] knows them. They are very patient with [person]."

Assessing risk, safety monitoring and management

● Risk assessments were in place for people. These set out the risks individuals faced and included information about how to mitigate those risks. Assessments were person centred and detailed, covering a range of risks including falls, moving and handling, choking, malnutrition and dehydration and skin integrity. Assessments were subject to regular review.

● Steps had been taken to help ensure the premises were safe. Safety certificates were in place and in-date for gas, electrics and fire alarms at the service. Records showed in-house safety checks were also carried out, for example, in relation to fire alarms and emergency lighting.

Staffing and recruitment

● People told us there were enough staff to meet their needs. Staff also said there were enough staff and that they had enough time to carry out all their duties. We observed staff were able to carry out their duties in an unhurried manner and attend to people promptly when they needed support.

● The provider had not recruited any new staff since they took over the service on 11 November 2019. We checked staffing records dating before this time which showed appropriate checks had been carried out on staff to test their suitability. These included criminal record checks, employment references and proof of identification.

Using medicines safely

● Medicines were mostly managed in a safe way. Only qualified nurses administered medicines and medicine record keeping was of a good standard. Appropriate arrangements were in place for the

management of controlled drugs and guidelines were in place about when to administer PRN [as required] medicines.

● We found the treatment room on the first floor, which was used to store medicines, was unlocked. The nurse on duty was administering medicines at the time. The acting manager ensured the room was locked as soon as it was brought to their attention. The nurse on duty was from an agency. After the inspection, the provider wrote to tell us they had addressed the issue with the supplying agency. After the inspection the provider also installed an electronic keypad on the treatment room door which meant it locked automatically. This reduced the risk of staff leaving the room unlocked in future.

Preventing and controlling infection

● The provider had an infection control policy which provided guidance about how to reduce the spread of infection, for example through good hand washing and the use of protective clothing. Staff told us they wore gloves and aprons during support with personal care and we observed this to be the case.

● The home was visibly clean and free from offensive odours on the day of inspection. We observed staff carrying out cleaning of the premises throughout the inspection. The head of housekeeping told us cleaning schedules were supposed to be maintained but said they did not check these. We found they were maintained on the first floor, but on the ground floor they had not been maintained since October 2019. We discussed this with the provider, and after the inspection they sent us a copy of a supervision meeting with the relevant staff which addressed this issue.

Learning lessons when things go wrong

● The provider had systems in place to learn lessons when things went wrong. Accidents and incidents were recorded and reviewed. This review involved an analysis of the reasons for the accident and what could be done to reduce the likelihood of a similar incident occurring again in the future.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The acting manager told us, after receiving a referral, they carried out an assessment of a person's needs. This was to determine what the needs were and if the service could meet those needs. Records confirmed assessments were carried out in line with good practice and legislation and covered areas such as mobility, health and personal care needs, communication, family and social relationships and medicines. They also covered needs relating to equality and diversity such as sexuality and religion.

Staff support: induction, training, skills and experience

● Staff were supported to develop knowledge and skills to help them in their role. The provider had identified that since they took over the service not all staff training was up to date and we saw a training plan was in place to address training shortfalls. This showed training would be up to date by mid-Mach 2020. Where there were gaps in staff training, steps were taken to ensure people's needs were still met by skilled and competent staff. For example, not all nursing staff had up to date catheter care training, but the provider ensured as least one nurse with this training was on duty at all times.

● No new staff had been recruited since the current provider took over the service. However, the acting manager was able to explain the induction process they would use when new staff were recruited. This involved a mixture of training, shadowing experienced staff, and completing the Care Certificate. This is a training programme designed for staff that are new to the care sector.

● People told us staff were effective. One person said, "They are fantastic, thoughtful, and I can honestly say I don't want for anything physically or mentally."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat a varied, balanced and nutritious diet. There was a rolling menu in place which reflected people's cultural identities. We saw at meal times staff showed people different meals, so they were able to make a choice. People told us they enjoyed the food, one said, "[Food is] very good. I have no complaints at all. I always have a diabetic sweet at lunch. I thoroughly enjoyed the chicken today."

● We spoke with catering staff who told us they prepared meals using fresh ingredients and we saw there was a good supply of fresh produce in the kitchen. Catering staff were also knowledgeable about specific dietary requirements people had, and this information was recorded in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The provider worked with other agencies to meet people's health care needs and to support them to live healthier lives. Records showed people had routine access to health care professionals including tissue

viability nurses, chiropodists, dentists, opticians and speech and language therapists. A GP visited the service every week.
● Care plans covered people's health care needs and the service sought to promote a healthy lifestyle for people. For example, people were supported to eat healthily with fresh fruit offered every day, and gentle exercise sessions were held.

Adapting service, design, decoration to meet people's needs
● The premises had been designed and adapted to help make them accessible to people with mobility needs. There were no steps leading into the building and a lift connected the two floors which were used by people. Handrails were in place in corridors, and toilets and bathrooms had been adapted to help make them accessible to people.
● The premises were designed to be dementia friendly. The provider told us they were in the process of painting each bedroom door in a colour of significance to the person who used it. A sensory board was mounted on a wall that included tactile and visual stimulation for people. Artwork was on display that was reflective of people's youth and culture.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Records showed that DoLS authorisations were in place for people and any conditions set were adhered to. The provider had notified the Care Quality Commission about DoLS authorisations, in line with their legal responsibility to do so.
● Mental capacity assessments had been carried out with people, and where it was assessed they lacked capacity to make a decision, then best interest decisions had been taken. For example, where people lacked capacity to make decisions about taking medicines, and refused to do so, best interest decisions had been taken to administer medicines covertly. These decisions involved staff from the service, relatives and health care professionals.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated in a caring and respectful way by staff. One person said, "Extremely" when asked if they thought staff were kind. A relative told us, "They were absolutely fabulous on [person's] birthday. They decorated their room and made a cake. They also treat them with dignity."
- 'My Life' books were in place for people which staff had developed with the person and their relatives. These provided information about the person's life. For example, where they grew up and went to school, their previous employment, family and friends and hobbies and interests. These helped staff to get to know the person, which in turn helped them to build good relationships with people. A member of staff told us, "With my role I would make sure I find out everything about a person, what their cultural needs are and make sure that we try to meet them as much as we can."
- The service sought to meet needs related to equality and diversity. Protected characteristics such as religion and sexuality were covered in care plans. Representatives of various religions visited the service to provide spiritual support to people. Food and activities reflected people's culture. The registered manager told us none of the people using the service at the time of inspection identified as lesbian, gay, bisexual or transgender. However, they added if someone did, they would seek to meet that person's needs in a person-centred way.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care. They were involved in their initial assessment and subsequent reviews of care plans, as were their relatives where appropriate. Care plans were person centred which meant they reflected what was important to the person.
- Staff told us they supported people to make choices, for example, about what they wanted to wear or eat and drink. We observed staff offering people choices during the inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence, and told us how they did this. One member of staff said, "When we're going into a room, obviously knock, introduce yourself. Make sure the curtains are closed, doors closed, whether they are ok. You ask the question about how they like things done. As much as you can, get them to do as much as they can with regard to personal care and everything, and then assist from there, if they want you to assist them." Another staff member said, "You have to involve them, communicate with them, let them make their choices."
- People's right to privacy was respected. We observed staff knocking on bedroom doors before they entered. Each person had their own bedroom with ensuite toilet which helped to promote their privacy.
- There was a confidentiality policy in place which made clear staff could not share information about

people unless authorised to do so. Confidential records were stored securely on password protected electronic devices and in locked rooms.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were in place for people which set out their assessed needs and how to meet them. These were of a good standard, detailed and personalised around the needs of the individual. Plans covered needs associated with personal and health care, mobility, equality and diversity and activities.

● Care staff were all given a hand-held electronic device which contained people's care plans and prompted staff if a particular care task was due, for example if a person was due for a drink or required turning. This device also highlighted if any such task had been missed. This helped staff to meet people's needs as they were required. Care plans were subject to regular reviews, so they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care plans covered people's individual communication needs and what support they required in this area. Staff demonstrated a good understanding of how to communicate with people. We observed staff using a variety of communication techniques with people during the inspection. The acting manager told us all people using the service spoke English which helped with their communication. Information was produced in accessible formats, for example, the menus were produced in written and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to develop and maintain relationships with family and friends. We observed several visiting relatives on the day of inspection and those we spoke with told us they were made to feel welcome. Care plans showed relatives were involved in planning people's care where appropriate.

● People were supported to take part in a variety of activities. The provider employed two activities coordinators who told us they provided group activities and one to one activities for people who were unable to leave their bedrooms. We observed a music quiz which was well attended by people and records showed other activities included a knitting club, safe darts, bowls and films.

Improving care quality in response to complaints or concerns

● Systems were in place for responding to complaints. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they

were not satisfied with the response from the service. A copy of the procedure was on display within the premises. The provider also amended the Service User Guide on our suggestion, so that it included the complaints procedure, to help make it more accessible to people.

● People told us they knew who they could complain to and had faith that issues raised would be addressed. A relative told us, "When I have concerns, they are very easy to talk to and to get it resolved."

● The acting manager told us there had not been any formal complaints since the new provider took over the running of the service. We saw that complaints made before this were recorded and dealt with appropriately.

End of life care and support

● End of Life care plans were in place for people and the provider worked with other agencies to meet people's end of life care needs. Where 'Do Not Attempt Resuscitation' forms had been completed for people, these had been signed by the GP.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service sought to support people with person centred care that met their individual needs. Care plans were personalised, and staff had a good understanding of the needs of people they supported. This helped to achieve good outcomes for people.
- There was an open and inclusive working culture at the service. Staff spoke positively about the acting manager and other senior staff. When asked if they felt supported by the acting manager, one staff member said, "Very much so, they make sure there's enough staff, they always listen and will always solve your problems." Another member of staff told us, "I can't praise them [acting manager] more, they are one of the best managers I've had." A relative said, "[Acting manager] is very approachable and always speaks to us."

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; Continuous learning and improving care

- The provider sought to be open about when things went wrong, which helped to drive improvements. Accidents and incidents were recorded and reviewed to see what lessons could be learnt. The provider responded proactively to issues we found during the inspection. For example, in response to the room used to store medicines being left unlocked, the provider fitted electronic keypads to medicine rooms which meant they locked automatically, which reduced the risk of staff leaving them unlocked.
- The acting manager and staff undertook regular training to help them continuously develop knowledge to improve care. The provider had identified where there were gaps in staff training and had implemented a training schedule to deal with this.

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

- At the time of inspection, the service did not have a registered manager in place. There was a manager who was responsible for the day to day management of the service, and they were in the process of applying to register with the Care Quality Commission. They were supported by a deputy manager/clinical lead and senior staff from the organisation. There were clear lines of accountability and staff were aware of who they reported to.
- Quality assurance and monitoring systems were in place to help drive improvements and identify shortfalls. For example, audits were carried out in relation to medicines, health and safety checks and care plans. Senior managers working for the provider visited the service to carry out checks, which included checking records, touring the premises and speaking with people and staff.

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

● The provider engaged with people and staff, so they were able to have an input into the running of the service. Staff told us there were staff meetings and we saw minutes of these. In addition, meetings were held for people who used the service and their relatives. Minutes showed these included discussions around mealtimes, décor and activities. The provider told us they planned to introduce surveys for people, relatives, staff and professionals in the near future to seek their views about the service.

● Good practice was carried out in relation to equality and diversity. Policies and procedures were in place on this which provided guidance to staff. A staff member told us about how the provider had been supportive of their particular circumstances in relation to equality and diversity. Care plans covered people's needs in relation to protected characteristics such as religion and sexuality. The acting manager told us, "This home is open to everyone, regardless of creed or colour."

Working in partnership with others

● The provider worked with other agencies to share knowledge and develop best practice. For example, they worked with the local authority and attended a provider's forum run by them, in addition to being members of a local care association made up of care providers within the same London Borough.