London Borough of Croydon

Heatherway Resource Centre

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

Overall summary

This inspection took place on 10 February 2015 and was unannounced.

Heatherway Resource Centre is owned and managed by the London Borough of Croydon and provides short term respite care for up to fifty people who have a learning disability. Heatherway Resource Centre can offer short stay respite accommodation, care and support for up to five people at any one time.

We last inspected Heatherway Resource Centre in July 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

Carers were positive about the service provided to their relatives and said staff communicated well with them, ensuring both parties were kept up to date with any changes to the care and support required.

The staff working at Heatherway Resource Centre were knowledgeable about people's support needs and received regular training and support to make sure they could meet these. Staff were aware of safeguarding adults procedures and any concerns were reported to the registered manager. Staff made contact with other healthcare professionals as necessary if there were concerns about a person's health or welfare.

Staffing numbers on each shift were sufficient to help make sure people were kept safe. Additional staff were provided for one to one support when required.

Medicines were stored securely and safely. Safe practice was being followed around the administration of medicines.

Staff were caring and treated people using the service with dignity and respect. There was a strong focus on dignity with a number of staff acting as champions promoting good practice within the service.

The registered manager and majority of the staff team had been in post for a number of years and worked well together.

Summary of findings

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. There were sufficient numbers of staff to keep people safe and to meet people's needs.

Risks to people were assessed and reviewed to help ensure their safety.

Medicines were stored securely and administered safely.

The home provided a clean and comfortable environment. Any maintenance issues were addressed promptly.

Is the service effective?

Good

This service was effective. Staff received training, supervision and support that helped them to provide effective care and support to people using the service.

People were able to make choices about what they wished to eat and drink. Menus were based on their dietary preferences with any special requirements catered for.

People and their carers were involved in decisions about their care.

Is the service caring?

Good

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff got to know people well and provided the care and support during their respite stay in line with their known wishes and preferences.

Is the service responsive?

Good

This service was responsive. Staff provided care and support in line with people's needs and wishes.

People using the service or their carers felt able to raise concerns.

Is the service well-led?

Good

This service was well-led. Carers felt able to speak to the registered manager about their experience of the service. The registered manager held meetings with staff to discuss the service and identify areas for improvement.

Processes were in place to check all aspects of service delivery and ensure people received good quality care.

Heatherway Resource Centre

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.

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 CQC. A notification is information about important events which the service is required to send us by law.

One inspector visited the home on 10 February 2015. During the inspection we met three people using the service, three care staff and the registered manager. The people using the service we met with were unable to give us verbal feedback but we observed the care and support provided to them in communal areas. We looked at the care records for three people and also looked at records that related to how the home was managed.

We received feedback from seven carers of people using the service by telephone following our unannounced inspection.

Is the service safe?

Our findings

Carers told us, “We have never had any problems” and “I have no qualms about sending my [relative] there, I know they will look after them.” One carer commented, “We are very lucky to have this provision, I find it excellent.” Another carer spoke positively about the changes made to staffing levels to make sure their relative was safe when staying at Heatherway Resource Centre.

A staff member told us “We know how to keep people safe and meet their needs.” Another individual said “Very good care here, staff treat people as individuals.”

Staff had been trained and were knowledgeable in recognising the signs of abuse and how to report their concerns to the registered manager or the local authority safeguarding team. Staff were confident that any concerns raised would be taken seriously and acted upon to make sure people were kept safe. At the time of our inspection there was one safeguarding concern being investigated and appropriate action had been taken to keep people safe whilst this was being looked into. There were processes in place to protect people from financial abuse with monies checked at the daily handover and records kept of all financial transactions.

Risk assessments were undertaken for each person who used the service and these set out what to do to help keep them safe. One staff member spoke of the importance of keeping people safe saying “We know where the clients are during the shift and we let other staff know where we are.”

Staff gave us examples, and records showed, where changes had been made to risk assessments and client support profiles following any incidents or significant events during a person’s overnight stay. One staff member commented “We share with the team ‘as soon as’ through the handover and care notes.”

Records showed that staff had completed first aid training and we saw contact numbers displayed for staff to call for advice or extra assistance if this was needed. Staff were aware of how to respond in the event of an emergency to ensure people were supported safely.

The registered manager told us that staff did not use restraint or any other interventions which restricted people’s movement such as bed rails. Staff worked to prevent and de-escalate situations to help keep people safe. Support profiles included information about possible triggers that may cause people to become upset or distressed and about how staff should respond.

There were sufficient staff to support people’s needs and low staff turnover meant that people received consistent care and support. Records showed that staffing levels varied depending on the number of people using the service and their individual assessed support needs. Days of the week were allocated in advance for people with higher or moderate support needs with the numbers staying and staff on duty changing from day to day according to their assessed needs. For example, three people were staying overnight on the day we visited with three staff on duty. The numbers of waking night staff also varied according to the individual needs of people using the service.

The arrangements for the management of people’s medicines were safe. An up to date medicines profile was kept for each person and carers told us that staff contacted them in the week before any planned stay to check the medicines the person was taking. One carer told us, “They are always concerned about the medicines my [relative] is taking, they ring the week before to confirm what they are.” Records were kept of the quantity of medicines received by the service when a person started their respite stay and those that were returned with the person when they were going home to provide a clear audit trail. We observed that staff discussed medicines at handover with the designated shift leader taking responsibility for their security and safe administration. We saw that administration records were appropriately signed when medicines were given to people.

Checks were carried out to help make sure that the premises met people’s needs and maintained their safety. Records showed any concerns regarding the building were reported and addressed promptly. On the day of our inspection the home was clean, well maintained and provided a welcoming and homely environment. Regular health and safety checks were carried out by staff to make sure equipment such as the fire alarm, fridge freezers and hot water outlets were safe and in good working order to help minimise risks to people and staff.

Is the service effective?

Our findings

Carers told us, “There is a consistent staff team there, that tells you a lot”, “very nice staff” and “They are all very pleasant, very dedicated and very fond of [my relative].” One carer told us, “I have no grumbles about the staff.”

Staff had the skills and knowledge to support people effectively. Staff said that they received the training they needed to care for people and meet their assessed needs. Records showed that staff had undertaken training across a number of areas including safeguarding, food hygiene, infection control and moving and handling. Staff also received training in topics more specific to the needs of people using the service, for example, around dementia care needs or managing behaviour if an individual became upset or angry. One staff member told us, “We do quite a lot of training, online refreshers and classroom courses.”

Staff said they received regular one to one supervision with a senior staff member where they could discuss their work and identify any training needs. Staff also told us they received an appraisal each year.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which help to protect people when they are being cared for or treated in ways that may deprive them of their liberty. The registered manager had not yet made application to the local authority for people who used the service at Heatherway Resource Centre. DoLS authorisations may be required as the majority of people would not be able to freely leave the service during their stay and were subject to constant supervision by staff.

We saw information was available about the Mental Capacity Act 2005 (MCA) and training records showed that staff had completed training about the legislation and its application. Staff we spoke with were aware of working in peoples best interests and, where possible, involving them in decisions about their care. Staff told us,”You talk to them, we ask them each as individuals.” Our observation was that staff tried to involve people in making everyday decisions about what they ate and drank and what they wanted to do.

People's nutritional needs were being assessed and monitored. We saw information about each person’s support needs around eating and drinking were recorded in their profile. There was a list in the kitchen of people’s dietary requirements including likes and dislikes and any allergies they had. For example, people who liked their food pureed or those who could not tolerate dairy products. Individual support plans were in place for people who required assistance to eat and these were written in the first person from the person’s viewpoint.

Menus were drawn up on a weekly basis based on the known dietary preferences of people who were going to be using the service. There were two choices for each meal and each menu included information about each person’s special requirements. We observed staff using food ingredients to help people make a choice about what they wanted to eat that evening.

Staff were responsible for ensuring people’s health needs were met whilst they stayed at Heatherway Resource Centre. Each person’s individual health needs were assessed before they first came to use the service and the contact details for healthcare professionals such as their GP were recorded. Appointments could then be made directly with the GP if required or staff could access a local urgent healthcare centre should this be required. Staff said they would also contact 111 for advice or call an ambulance in an emergency.

Bedrooms were set up for each person’s needs and preferences during their stay. For example, curtains were removed for one person’s stay with privacy film used instead and special bedding provided. Photographs were used on the bedroom door for another person who was living with dementia to help them find their way there independently.

Is the service caring?

Our findings

A carer told us, “They have known [my relative] for years, the manager and staff are very good, very kind.” Another carer said “[My relative] is happy, they are so nice.” Other comments included “[My relative] is so full of smiles when they go there, that must mean something” and “very friendly staff”.

One staff member told us, “We get to know people well and they know us well.” Other staff said, “I know all of them, I treat people here the way I would want to be treated” and “We treat people as individuals and with respect and dignity.”

Observed interactions between staff and people using the service were positive. Staff were welcoming and knew the support needs of each person well. For example, the preferred snack and drink for each individual and where they liked to sit. Staff shared jokes with one person using the service who clearly enjoyed this interaction.

The registered manager and five staff members had signed up as Dignity Champions and some staff members had recently a conference around dignity in care. Dignity Champions are people who believe that care services must be compassionate, person centred and are willing to try to do something to achieve this. .A document titled ’10 Dignity Do’s’ had been supplied to all staff working at Heatherway Resource Centre and was displayed on noticeboards to remind people how important this core value was. Staff members told us “We always knock on their doors” and “We ask them and treat them as individuals, it’s respect.” Staff showed us a sign that had been added to the bathroom door allowing staff to show the room was engaged if a person went in to use this facility.

Minutes of team meetings included discussions about dignity, For example, staff had been reminded to make sure curtains were closed when working with people during the dark Winter mornings.

Staff tried to allocate the same bedroom to people using the service wherever possible. People

could bring in personal belongings to make their stay more enjoyable with familiar items around them. We saw that bedrooms were set up for each person in advance of them arriving with particular bedding, radios and telkevision available as appropriate. Objects of reference were being used for one person to help with communication along with items to help them stay calm and relaxed.

Is the service responsive?

Our findings

One carer spoke about their relatives changing needs and how well the service had responded to meet these saying "They have handled it very well, we are delighted." Another carer said, "They phone you every time and check for any changes" in the week before each planned stay and went on to say "They are on the phone quickly" if there were any issues or problems.

Care and support needs were assessed before people came to use the service. Access was though local authority care managers who would refer people supplying the service with a needs assessment initially. The person and their carer(s) would then be invited to visit and a further assessment completed with them at their own home or day placement. This looked at both their strengths and needs across areas such as communication, personal care, domestic and financial skills.

A care profile was then written by an allocated member of staff who acted as key worker for the person. Each profile included contact details for their carer(s) and GP in the event of any problems and included information about the person's ability to communicate along with their support needs around areas such as mobility, nutrition and preferred leisure activities. Any risks to the person were highlighted and guidance was included to help support the person if they became distressed or angry.

A large white board in the office was used to help plan the support and make sure staff had the information they needed to provide this. This included information about the required staffing levels and their specialist health needs to help make sure they received the support they required.

Comments made in questionnaires by people following their stay included "I enjoyed going out for a meal" and "I enjoyed seeing my friends." Activities were mainly provided for people staying at weekends and included trips out for meals, shopping and to the pub. Other activities offered included sewing and art and craft. A Summer programme of activities was being finalised at the time of our visit with trips planned to the seaside, a theme park and for a boat ride down the Thames.

The majority of carers said they were satisfied with the activities on offer at Heatherway Resource Centre. One carer said, "They always seem to go out" and another person commented, "I have just had a letter about the planned activities on offer this year." One carer said they would like to see their relative go out in the fresh air more often when they stayed.

The client exit questionnaires and carers surveys were given out following each person's respite stay. A carer commented, "We get a letter each time they have been but we have never had any problems." The questionnaire for clients was in an accessible format using symbols and we saw some people had been able to fill these out independently. Recent comments made included "very happy to go to Heatherway", "enjoyed their stay" and "excellent stay, thank you". We saw the surveys and questionnaires were monitored by the registered manager with any actions recorded if required.

The service had a complaints procedure and this was available in a picture format to make it more

accessible to people using the service. Carers said that they felt able to approach the registered manager or staff if they had any concerns. Their comments included, "I find it very easy to approach them" and "Yes, I feel able to complain." There had been no recent complaints about the service. The majority of carers spoken with said they could not think of any improvements that could be made to the service. One carer said they would like their relative to stay more nights at Heatherway saying "They can't go enough times, they love going."

Is the service well-led?

Our findings

Carers told us that the registered manager was approachable and listened to them. One carer said, “We have always had a straight answer, it gets sorted out.” Another carer commented, “She’s very very good.”

The registered manager has worked at the home for many years and demonstrated an in-depth knowledge of the service throughout our inspection. Rotas showed that she worked on shift regularly and had just completed a sleep-in shift when we visited. The registered manager said she liked to be ‘hands-on’ and their desk was located in the main office which meant she was always up to date with events in the home.

Staff said the registered manager was approachable and they felt comfortable talking to her if they had any issues or concerns. They confirmed that the senior management team were also available for support if the registered manager was unavailable. One staff member said, “Our manager listens to us.” Another person said the registered manager was “straightforward and very helpful”.

Staff told us they worked well as a team and everyone was aware of their roles and responsibilities. Comments included, “We communicate well as a team” and “We work fantastically as a team.”

Staff meetings were held with minutes recording discussion around the support needs of people using the service, updating risk assessments and the use of communication aids. The registered manager had recognised that these meetings were not being held regularly in recent months and had introduced a system for weekly meetings to remedy this shortfall.

A senior staff member had recently been given responsibility for checking care profiles and making sure these were being reviewed regularly by key workers.

Records showed that regular checks were carried out on the environment, medicines and care records. Monthly monitoring visits were conducted each month by a senior manager. Their reports addressed areas such as the premises, care records and complaints and they met with people and staff during their visits. We saw action was taken when required following these visits.

Incidents and accidents were recorded including details of what happened and the action taken in response to support the person and any others involved. The registered manager reviewed all reports and signed off each, identifying any changes required to minimise the risk of the event reoccurring.