

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Heatherbrook

80 Como Street, Romford, RM7 7DT

Tel: 01708737961

Date of Inspection: 13 November 2012

Date of Publication:  
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Care UK Community Partnerships Limited
Registered Manager	Mrs. Maribel Madrid Pascual
Overview of the service	Heatherbrook is a care home providing nursing care for people with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Safety and suitability of premises	8
Staffing	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

---

### What people told us and what we found

---

People told us they felt Heatherbrook provided a good service that had improved and that they felt happy with the care their relatives received. One person said "things have got better, they're being put right". Another person told us that the service being provided was "not bad at all. They do their best to do things for people".

Another person told us "any healthcare needs of dad's are looked after well. I speak to staff when I have worries and they are great about it". We found that arrangements were in place to safeguard people from the risk of possible abuse and there had been a programme of environmental improvement making the service more suitable and comfortable for people with dementia. There were checks in place to monitor the quality of services people received and improvements had been made where these checks highlighted such a need.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

People were supported in promoting their independence and community involvement. The manager told us that the service's aim was for there to be a community orientated activity taking place on a weekly basis. For instance, activities that had been recently introduced included visits to the market, trips to the local park, lunch at a local pub and trips to the shops. A summer fete took place and involved people and their relatives running stalls. There were now regular visits from a hairdresser, specialist exercise instructor and links had been made with a local school to give a carol concert. There was also someone coming in to give a church service every week.

People expressed their views and were involved in making decisions about their care and treatment. Care plans recorded people's likes and dislikes in relation to the way they wanted to be cared for. Files documented when staff had had contact with relatives and what had been discussed. Relatives had also signed care plans, showing their involvement in decision making about their relative's care and treatment. Residents' meetings took place every month and relatives were invited to attend these meetings. There were also relatives' meetings that took place quarterly.

People told us that they felt the staff were helpful and that they ran a good service. One person told us "it's much better than it was. I know I can leave mum here and she is going to be okay". Another person told us "the staff are good at helping. My family are happy with the treatment mum gets".

We observed staff treating people with dignity and respect. For instance calling them by their names, sitting down and spending time talking with people and comforting them when distressed. The chef also knew peoples' names and spent time speaking to them about food options.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans contained detail of peoples' assessed needs and how these needs were to be met. We selected care needs from different care plans such as diabetic monitoring, cream application, fluid intake, bathing, weighing and toileting needs. We found that care had been delivered in line with individual care plans in every instant that we checked. People told us that their relatives' healthcare needs, such as chiropody and diabetes were being taken care of. One person told us "staff are putting things right". Another person told us that staff were good at helping their relative when they had difficulty eating and drinking.

Physical health checks were taking place when routine care was carried out to check on people's skin condition. People were being weighed on a monthly basis or more often as required. Every day one person would be the 'resident of the day' which meant that the unit nurse would review that person's care to ensure it met their needs and that care was being delivered according to the assessed need.

Specialist professionals visited the service on a regular basis. The GP visited weekly. A list of people who needed to be seen and why was sent to the GP prior to the visit so that it was clear what the healthcare needs were. Other visiting professionals included tissue viability nurses, falls clinic staff, speech and language therapists, chiropodists, community psychiatric nurses and psychiatrists.

**People should be protected from abuse and staff should respect their human rights**

---

**Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

**Reasons for our judgement**

---

We spoke to people who used the service but their feedback did not relate to this outcome.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. A safeguarding policy was in place as well as a local protocol that included contact details of the local safeguarding team. The manager demonstrated links with the local safeguarding team and attendance at training courses organised by the local authority which helped to familiarise the service with local contacts and local procedures. Staff had been trained in safeguarding awareness and understood what constituted abuse and how to report suspected abuse when we asked them.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

---

### Our judgement

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

### Reasons for our judgement

---

We spoke to people who used the service but their feedback did not relate to this outcome.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. There had been a premises improvement plan introduced in the last six months that prioritised work on the environment. This work had included new carpet, flooring and decoration. Rooms had been turned from storage spaces in to a hairdressers and a multi faith room. Curtains and chairs in communal areas had been replaced. The environment was clean and well maintained. There was a system for recording and carrying out any maintenance repairs that were needed.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

---

**Our judgement**

---

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

---

**Reasons for our judgement**

---

We spoke to people who used the service but their feedback did not relate to this outcome.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing had recently been reviewed and had resulted in staff being moved between the two units at Heatherbrook to ensure a better skill mix. Senior carer posts had been created to introduce a better staffing structure at the service.

An initiative had been introduced for staff to participate in formal training through the qualification and credit framework (formerly known as the National Vocational Qualification). Two activity coordinators had recently filled posts and a bank of staff to cover absence and leave had been increased rather than relying on temporary agency workers.

Core training records showed that staff were trained in subjects such as dementia awareness, infection control and fire safety. Staff had also been trained in topics that were specific to the needs of the service such as falls prevention, dignity in care and challenging behaviour.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

We spoke to people who used the service but their feedback did not relate to this outcome.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. There were a number of clinical audits in place. These included medicines management, dementia care, care planning and infection control. Where these checks had highlighted issues, action had been taken.

A number of health and safety audits were taking place and included electrical testing, water disinfection and fire safety. Service contracts were in place. The manager also conducted a regular walk around to check on the environment.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A relatives' survey had recently been conducted and the service was awaiting the outcome results from head office. We were told that there had been a focus on getting more people to complete this annual survey this year in order for the results to be more meaningful to the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---