Inspection Report

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 Inspections: 06 September 2013
31 August 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 45 bedded 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'.

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 carried out a visit on 31 August 2013 and 6 September 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information sent to us by commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During this inspection we spoke with five people using the service and their visitors, and the relatives of five other people. We also spoke with the home's manager, deputy manager, an activities co-ordinator and other staff.

Most of the relatives we spoke with said they were very pleased with the quality of the care provided. One relative told us, "I really can't fault it, they are very good with [my relative]. I feel they are safe and looked after". Another relative said, "they are very caring and encourage her to eat. I can go away on holidays and know that she is safe. I have no concerns".

People using the service and their representatives were consulted about the care and treatment they received. The six care plans we looked at showed that the staff understood people's health and physical care needs, as well as their life histories and social interests. This meant staff were able to plan and deliver individualised care.

Effective systems were in place to protect people from the risk of abuse.

Most of the relatives we spoke with told us there were enough staff to safely meet people's needs, although two people said the staff were often busy and their relatives had to wait for support.

Appropriate measures were in place to monitor the quality of the service, including actions to seek the views of people living at Heatherbrook and their representatives.

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 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Due to cognitive impairments, most people using the service were unable to tell us how staff sought consent to their care and treatment. During our Short Observational Framework Inspection (SOFI), we saw that staff asked people about their choices and preferences during lunch time. For example, people were asked which meals, drinks and condiments they wanted, and their decisions were respected.

Each of the five care plans we looked at contained pre-admission assessments, which were carried out before people moved into the service. This meant that people's care needs were known to the nurses and care workers before they started to look after them. The care plans included information about people's daily routines, likes and dislikes, and individual wishes. Relatives told us they had been consulted and asked to sign care plans. One relative told us they had been involved in a best interests meeting, which had also involved the home manager and the service's GP and community pharmacist. Another relative said, "he has a care plan, which we have signed. It was agreed that there would be a male care worker for personal care, as this is what my [relative] would choose."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The care plans we checked had information about whether people had the capacity to make decisions about their care and treatment, and a record of whether staff had seen evidence that there was an Enduring Power of Attorney in place. The training records showed that staff had received relevant training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan . The care plans we looked at contained guidance about how to meet people's identified needs and wishes. The care plans also recorded how people wished to be addressed and if they wished to receive personal care from a staff member of their own gender.

During our Short Observational Framework for Inspection (SOFI), we saw that staff interacted positively with people using the service. Staff were attentive and supportive, for example, one person became distressed during lunch time and two members of staff offered reassurance and comfort. We saw that seating arrangements meant staff supporting individual people could not see what was happening in the rest of the room. We also saw that some people found it difficult to hear each other and staff, due to a radio playing in the dining area during lunch. The provider may wish to note that some people might not be consistently receiving the supervision and support they need at mealtimes.

The staff we spoke with demonstrated an understanding of people's healthcare and personal care needs. Records showed that support from other health and social care professionals had been obtained, such as GP's, podiatrists, dentists and opticians. One relative said, "when mum first came in we had a meeting as we wanted to be involved. I attend appointments when I can, but the staff will speak with me if there are any healthcare concerns." Two of the relatives we spoke with told us there used to be regular visits from a psychogeriatrician which they found very useful, but this service had now been stopped by the local community health services. The manager told us people living at Heatherbrook could still access other psychogeriatric support but families had developed good relationships with the previous doctor.

The care plans we looked at included risk assessments that detailed any identified risk and provided staff with information and guidance about how to minimise these risks.

We spoke with one of the activities organisers and looked at the activities schedule, which included shopping trips, cake decorating, poetry, painting, hairdressing and manicures. There was also time allocated for one-to-one sessions with people who were unable to or chose not join group activities. The service had a range of sensory equipment which could

be used in the communal areas or in people's bedrooms. This equipment included fabrics to touch and soothing music, which meant that could not participate in more structured activities could enjoy other forms of relaxation. One of the relatives told us about the service's day trip to Southend this summer and the shorter trips to nearby parks and Romford Market. People using the service received visits from local ministers of worship and there were social events arranged with a nearby primary school. This meant that people were supported to retain their links with their local community.

There were arrangements in place to deal with foreseeable emergencies. Staff were able to explain to us the actions they would take in an emergency situation and the training records showed us they had basic life support, first aid, fire safety, and health and safety training.

Safeguarding people who use services from abuse ✓ Met this standard

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 with people using the service but their comments did not relate to this outcome. The relatives we spoke with said they felt their relatives were safe. One relative said, "I know people are safe here and I pop in almost daily at all different times. I think the staff do a marvellous job."

The provider responded appropriately to any allegation of abuse. We looked at the safeguarding notifications for the service since the previous inspection. We saw that the service had promptly identified and reported any concerns.

We looked at the service's safeguarding policy and procedure, as well as the whistle blowing policy. The staff we spoke during this inspection were able to demonstrate their understanding of how to protect vulnerable people and the training records showed that staff had regular training.

Staffing ✓ Met this standard

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

There were enough qualified, skilled and experienced staff to meet people's needs. We carried out two visits to Heatherbrook as part of this inspection. The first visit took place at a weekend and the second visit took place during the week. We looked at the rotas and found that arrangements had been put in place to cover any staff sickness or annual leave. The rotas showed that the deputy manager worked some weekends and the manager occasionally came in at weekends for social events and to carry out monitoring visits.

We spoke with the manager and the deputy manager about staffing levels. At the time of this inspection three people were assessed to require one-to-one care and this was in place. The deputy manager told us that he could at times support staff on the units in addition to his managerial duties. The manager said they checked staffing levels and carried out monitoring visits at night time and at weekends in order to check if people's needs were being effectively and safely met.

Most relatives told us they thought the service had enough staff. One relative said, "they always take people to the toilet regularly" and another relative said, "there seems to have been quite a few new staff recently, but we have peace of mind as staff are always spot on with the care, laundry and food." Two other relatives said they had noticed that a number of staff had left within the past twelve months and one relative was concerned that there were not enough staff available to assist their relative in a timely manner. Relatives also spoke about recent staff sickness that had impacted upon the catering and laundry service within Heatherbrook.

We discussed these concerns with the manager, who confirmed that six staff had left in the past year. We looked at the reasons why staff had left and there was no specific trend. The manager demonstrated that she regularly spoke with relatives if they had concerns and sought to put in place suitable actions to provide reassurance.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown the results of the most recent annual survey, which had involved sending questionnaires to the representatives of people using the service. Most people that responded were positive about the care and support provided at Heatherbrook. The manager and some relatives told us about the regular meetings for relatives and friends. We looked at the minutes for the previous two meetings and saw that the manager had taken actions to address areas that people felt could be improved upon.

We were shown other systems that the manager had in place to monitor the quality of the service and make improvements, as required. Accidents and incidents were being recorded and reviewed, which meant the service could identify and trends and take actions to reduce reoccurrence.

The minutes for staff meetings showed that audits were being carried and ways of improving the service were being discussed with the staff. We looked at several audits carried out by the home manager and other managers from the provider organisation, which included infection control and care planning.

The provider took account of complaints and comments to improve the service. We looked at the complaints received by the service within the past twelve months, which had resulted in improvements taking place where necessary. For example, the service had purchased new crockery and bibs as one of the relatives had expressed concerns about more of these items were needed, particularly during the evening meal time.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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