

City Care Partnership Limited

Heaton Vale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heaton Vale is a residential care home providing accommodation and personal care in a flat scheme setting of up to 10 flats for people aged 18 with Autism and/or a learning disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection there were 10 people using the service, of which 8 people were receiving support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Processes were in place to assess people under the principles of the Mental Capacity Act (MCA) however, we found that the service was not always working in line with this.

Robust care plans were in place which provided guidance for staff on how the person wished to receive their care. However, improvements were required over records staff completed to evidence how the person spent their day.

We received mixed responses from people and relatives regarding staffing levels, which meant that people could not always access activities they wished to complete. However, relatives reflected recent improvement in staffing and the challenges that the care sector faces in recruiting staff. The provider was able to demonstrate on-going recruitment and improvements in recent months.

Safe recruitment processes were followed. Staff received on-going training and development to support them in their roles.

People were encouraged to have choice and support was personalised to their wishes. Staff supported

people to be as independent as possible in their homes and out in the community.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect by staff knowledgeable about the person and their support needs.

People were supported to be as independent as possible in the home. Staff knew people well and spoke passionately regarding the people they supported and working for the provider.

Relatives were positive regarding their loved ones living at the service and support that was provided.

Right Culture:

Relatives gave mixed feedback regarding communication and involvement with the service. With some relatives sharing their wish for communication to be improved.

We identified some improvements were required in relation to medicines and the provider policy to ensure that staff were clear of their responsibilities.

Staff spoke positively about the management team and felt supported to develop in their roles.

People who lived in the service overall spoke positively about the staff and the support they received.

The registered manager, management team and staff demonstrated a personal-centred culture which focused on meeting people's individual needs.

Professionals gave positive feedback of partnership working with management and staff at Heaton Vale and achieving outcomes for people.

The registered manager was committed to making continued improvements.

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 outstanding (published 13 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations

We have identified a breach in relation oversight of the MCA and management of actions to keep people safe.

We made a recommendation for the provider to review their medication policy and the registered manager to review medicines in the service.

We made a recommendation over communication and engagement with relatives.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below

Requires Improvement ●

Heaton Vale

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by 2 inspectors.

Service and service type

Heaton Vale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heaton Vale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We observed interactions between staff and people living at Heaton Vale. We spoke with 7 members of staff in various roles. We reviewed 4 people's care records and other records relating to people's care and support. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines administration records' (MAR) were not always completed in line with best practice to ensure they were accurate and contained detail regarding directions for use for medicines prescribed occasionally and topical creams.
- The provider's medication policy did not include information relating to 'when required' (PRN) medicines or handwritten MARs to ensure staff understood their responsibilities in this area.
- People had health action plans which provided detailed information about the person's health including medicines prescribed. However, this did not always reflect the medicines people were currently being prescribed.

We recommend the provider reviews their medicines policy and support they provide in this area.

Assessing risk, safety monitoring and management

- Management of Control of Substances Hazardous to Health (COSHH) were not robust. At the time of inspection we found that substances relating to COSHH were not suitably secured or risk assessed, and this put people at risk of harm. An internal environmental audit identified that locks on cupboards were required to secure COSHH in flats, however these actions had not been completed at the time of the inspection.
- We immediately raised our concerns to staff and the registered manager at the time of the inspection and action was taken to address the issues identified.
- People's needs were appropriately assessed. Care plans and assessments were in place which provided guidance for staff on how best to support and protect people from harm.
- Robust plans were in place to support people when expressing emotional distress. Heaton Vale utilised the provider's central support team of bespoke PBS (Positive Behaviour Support) practitioners to develop support plans in partnership with external professionals. This provided strategies for staff to follow to minimise risk to people and keep them safe from harm.

Staffing and recruitment

- Relatives told us that challenges in staffing levels meant that people could not always complete planned activities in the community. One shared, "It has improved more recently, [Person] has been stuck in the house it can be a challenging situation." Another told us, "You have to ask the question why you can't get enough staff in the sector."
- Staff told us that staffing levels had impacted some activities for people accessing the community. Comments included; "Some days you can't get people out" and "Staffing is improving, it's getting better."

- We discussed feedback regarding staffing issues with the registered manager. They were aware of the challenges they faced with recruitment and shared their plans to address this.
- Recruitment processes were robust. Checks were carried out to ensure suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- Relatives informed us they felt their loved ones were safe living at Heaton Vale. Comments included; "They [staff] do a good job" and "[Person] is in a good place."
- Systems were in place to protect people from abuse. Allegations of abuse, accidents and incidents were recorded appropriately and reported to other agencies.
- Staff understood their responsibilities to report abuse and felt confident that the management team would act on concerns. A person shared, "If I had queries and concerns, they would be acted on."

Preventing and controlling infection

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

Visiting in care homes

There was no restriction of visiting arrangements at the time of the inspection in line with the guidance in place at the time.

Learning lessons when things go wrong

- System were in place to review accidents and incidents.
- Following an incident, teams held debriefing meetings and reflected on their practice to consider improvements in care. Staff told us, "We do have a debrief. People who were involved, how it went, what we could do differently. It's about learning."

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires Improvement This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not always working within the principles of the MCA.
- Decision making for people did not always clearly evidence that appropriate legal authorisations were in place. For example, 1 person's care plan stated they had restrictions on the number of cigarettes available to them. Consideration of MCA in relation to this restriction was not evidenced. Another person was restricted around access to certain foods. We found no evidence that the MCA process had been followed in this area.
- Where applications had been completed for other particular decisions, we found the service was working within the principles of the MCA appropriate legal authorisations were in place to deprive a person of their liberty. Those conditions related to DoLS authorisations were being met .
- We discussed our concerns with the registered manager who was robust in their response and reviewed information in relation to MCA. Following further review, the registered manager provided a plan of action to ensure the service was complying with MCA principles.,

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

- People's needs were fully assessed at Heaton Vale with on-going review.
- Care plans were personalised with key information about the person and how best to support. This included information about 'what is important to me', 'things you really need to know about me' and 'things to keep me safe'.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's

communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they joined the service. This was a combination of online, face to face training and shadowing experienced staff prior to supporting people independently. Comments from staff regarding induction included; "Induction was great" and "I think for me this was the best way starting a new role."
- People were supported by staff who had received relevant training to their role, with yearly refresher training to ensure that learning kept up-to-date.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "We have those job consultations, there is good communication."

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

- People were encouraged to be as independent as possible when preparing food and drink. Various strategies were in place to support people to make choice about what they wanted to eat and drink.
- Where people had additional support needs around eating and drinking, information was accessible for staff to review.

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 support positive outcomes for people.
- Professionals spoke positively regarding the support given to people at Heaton Vale. Comments included; "I wouldn't hesitate to work with them again" and "[Person] has a normal life in the community."
- People were supported to access appropriate healthcare services when required. Evidence of appointments and actions taken when people were not well were recorded in their care plans.

Adapting service, design, decoration to meet people's needs

- During the inspection inspectors observed that the décor in some flats required improvement as paint was discoloured and door frames were worn. This was discussed with the registered manager who shared that a scheme of work is currently being completed to re-decorate flats alongside the communal areas.
- Some people's flats were personalised and people's individual preferences were reflected in the design and decoration of their home.
- Other flats were less personalised due to some people's individual needs and were adapted to ensure that risk was mitigated. One relative told us, "I believe the environment is appropriate to his needs."

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.

At our last inspection we rated this key question outstanding At this inspection the rating has changed to 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 we spoke to told us they felt well supported and cared for by staff. We were told, "I like the staff here, they are good" and "Staff know me well."
- During the inspection, we observed people looked comfortable with the support given to them. Staff understood their needs and how to support them which reflected on information reviewed in people's care plans.
- Relatives spoke approvingly over the care their loved ones received. Comments included; "They've [staff] done a good job. Everything that's happened to [Person] he's happy" and "Generally really happy. Impressed."
- Staff were appreciative over the support colleagues provided to people. One staff member told us, "People [staff] here are working for the right reasons, you can see that in the support." Another said, "People [staff] just want to be here, make a difference."

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

- Throughout the inspection we observed staff presenting people with choice. This included meals, drinks and planned activities for the day or the future.
- Care plans demonstrated on-going reviews with people. This included capturing the person's views on their current support and improvements they would like.
- Reviews were completed with people and surveys sent out to families. However, we received mixed feedback from relatives over their involvement. One relative said, "We do have meetings and reviews about things". " While another shared, "I did ask for some feedback from the last one [review]. I could be more involved."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. During the inspection we observed staff knocking being entering flats, asking people permission before providing support.
- People's dignity was considered, and independence promoted as much as possible. One person reflected with the inspector and staff that they were supported to make choices and do things they enjoyed.
- Care plans guided staff on how to promote independence and privacy as much as possible. This included how a person wished to receive their care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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

- People's care plans contained person-centred information about their lives. Plans also included 'better day plan', 'morning routines' and 'likes and dislikes' on how they wished to receive their care.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. During the inspection inspectors observed people being presented choice that reflected information recorded in their care plan.
- Relatives gave positive feedback over activities their loved ones took part in. One told us, "They [Staff] encourage [Person] to do things It's part of [Person] well-being and develops his social skills and life skills."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations which meet Accessible Information standards

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's interests were reflected in care plans. This included a weekly schedule of activities the person took part in, in the home or out in the community which included social groups.
- People were active in the local community. A staff member told us, "[Person] goes to the shop independently, staff there know them well. They are involved in different groups."
- A relative spoke positively of social skills their loved had developed since living at Heaton Vale. They told us, "[Person] has come on leaps and bounds since living there."
- The provider organised personalised events for people. One staff member told us, "We recently had comic con and everyone is involved, it's like a family."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us of an example where they had raised a concern, and this was quickly

addressed by the registered manager.

- The service treated all concerns and complaints seriously, investigated them and learned lessons. This included sharing the learning with the whole team and the wider service.

End of life care and support

- At the time of the inspection no person was in receipt of end-of-life care and support. The registered manager shared that training was available for staff if this was required, alongside assessment for care planning.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records were not robust to demonstrate the provider was following the principles of the Mental Capacity Act 2005 (MCA).
- Daily records for people were inconsistently recorded. This meant that information regarding a person's day and well-being was not always recorded in line with good practice.
- The service had identified in an internal audit that additional measures to safely secure Management of Control of Substances Hazardous to Health (COSHH) products were required in peoples flat. However, the service had failed to take steps to ensure this was addressed.

Systems were either not in place or robust enough to demonstrate risks to people's physical health was mitigated and restrictions on people were appropriately assessed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a provider led governance system in the service with audits in place to ensure that checks were made. This included health and safety, care plans, medicines, food safety, training, competencies for medication. However, not all information relating to health and safety was available when requested.
- The registered manager shared that the provider was making improvements in this area, including making information more promptly available for the registered manager.
- There was a system in place to monitor induction, training, and competencies in the service. The registered manager was aware of their responsibilities about managing this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives gave mixed feedback regarding communication from the management team. Comments included, "I hear how [Person] is doing and about support" and "They're always open to conversation, it's two ways." While others told us, "I think communication could improve" and "They have reviews, but I am not always involved."

We recommend the provider reviews how information is shared with relatives to improve communication.

- People who were able to express their view on the service told us they felt well supported. One said, "I am happy."
- Staff felt well supported by the management team. They told us, "[Registered manager] comes in, wants to do what's right by people. It's been great, I feel I can ask any questions."
- Staff described a positive working culture, comments included, "It is a nice place to be, a nice place settled" and "I like working with all [People]. I never really think of it as work."

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

- The registered manager understood their requirements of the duty of candour. There was a clear system in place for reporting and recording events which occurred in the service.
- Throughout the inspection the registered manager, management team and staff were open and transparent to feedback given, addressing any queries throughout.

Continuous learning and improving care

- There was a culture of continuous learning and improvement. Staff spoke positively regarding feedback to management if something went wrong.
- Staff told us they were confident to speak up if they thought they needed to. One staff member commented, "I think the staff team get involved, they want to improve the service."
- Staff discussed meetings took place to support learning and improving care to people. One told us, "We discuss what we can do better and in different ways."

Working in partnership with others

- The service worked with the local authority, community teams and external professionals to support the health and wellbeing of people and continuous improvement of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate risks to people's physical health was mitigated and restrictions on people were appropriately assessed. This placed people at risk of harm.</p> <p>This was a breach of regulation 17 (1) (2) (a) (b) (c) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>