

Heathcotes Care Limited

# Heathcotes (Moorgreen)

## Inspection report

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Date of inspection visit:  
09 March 2022

Date of publication:  
19 April 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Heathcotes (Moorgreen) is a residential care home providing accommodation for persons who require nursing or personal care. At the time of our inspection there were five people using the service. The service operates in a purpose-built care home and specialises in supporting people with emotionally unstable personality disorders. The service can support up to eight people.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from the risk of abuse by the provider's procedures and the training of the staff. People's care needs were identified, and care plans created to guide staff in how to provide safe support. Staff understood people's needs and the provider kept staff up to date with any changes in people's care plans.

People were supported by enough appropriately trained staff to meet their needs, and there was always a more senior staff member on shift to provide necessary leadership if incidents occurred.

People's prescribed medicines were safely managed. The care home was clean and hygienic. The necessary procedures were in place to prevent the spread of health infections as far as possible.

People living at the service had chosen to participate in dialectical behaviour therapy. That is a type of therapeutic talking therapy specially adapted for people who feel emotions very intensely. We received feedback that people found the therapy program to be helpful.

People were able to choose what they ate and drank. Staff helped people to choose a healthy diet and we received feedback that people found the support to be successful in improving people's wellbeing.

People lived in a care home which was well maintained, homely, and which had been personalised by people. The provider had arranged activities based on the wishes and feedback received from people. People told us they enjoyed the activities.

People's right to make their own decisions was respected and the provider obtained people's consent before providing care.

People were supported by staff who treated them with kindness and respect. Staff spoke positively about people's achievements and progress; and encouraged people to increase their confidence and independence.

People were supported to maintain contact with family and friends who were important to them. People, and relatives, knew how to raise concerns with the registered manager. But there had been no complaints received by the care home since the last inspection.

The service learned when things went wrong, and we saw the provider had implemented several changes following the involvement of the Coroner after the death of a person.

People were supported by a team who had a positive approach, high morale, and who were led by a registered manager who was committed to ensuring people received the best possible support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 May 2019).

#### Why we inspected

This comprehensive inspection was prompted, in part, by notification of a specific incident, following which a person using the service died. This incident was subject to an inquest by the Coroner, who raised concerns about the provider's management arrangements and the support provided to prevent potential future deaths. The Care Quality Commission was asked to inspect the service to assess whether the provider had carried out the actions they had told the Coroner they would do; to reduce the likelihood of similar deaths occurring.

We found no evidence during this inspection that people were at continued risk of harm from this concern. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Heathcotes (Moorgreen)

## 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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Heathcotes (Moorgreen) 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. Heathcotes (Moorgreen) 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 since the last inspection. We sought feedback

from the local authority and professionals who work with the service. This information helps support our inspections.

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 of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with two people who used the service and observed some interactions between people and the staff who were supporting them. We spoke with the registered manager and the provider's head of service. We reviewed a range of records. This included two people's care records, three staff files and multiple medication records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider to give us additional evidence about how the service was managed. We looked at training data and quality assurance records. We also received feedback from a relative of a person who lives at the service and feedback from four staff members.

# 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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had effective safeguarding systems and policies in place; and managed safeguarding concerns promptly, using local safeguarding procedures.
- People were supported by staff who understood how to keep them safe from abuse. The provider ensured all staff received safeguarding training and had access to information about how to raise any concerns appropriately.
- People's human rights were protected. Where there needed to be a decision to balance rights, for example a person's right to freedom and the rights of that person to be protected from harm, decisions were taken after consulting with the person.

Assessing risk, safety monitoring and management

- People's individual risks were identified and assessed. The registered manager anticipated and managed the risks to people who used the service. People's comprehensive risk assessments and support plans were regularly reviewed and updated based on people's changing needs.
- Staff understood people's individual risks and the support they needed. The way the provider evidenced staff had read people's individual care plans and risk assessments was discussed with the registered manager. They subsequently told us they would better evidence which specific care plans and risk assessments each staff member had read, and the date they read them.
- Staff were allocated specific time on the rota to read people's updated care plans. This was confirmed by the provider's shift records and by staff feedback. For example, a staff member told us, "In regard to the service user's care plans, we get allocated enough time to read and process the information as and when they are updated."
- People's level of close observation, by staff, was based on assessments of the person's individual risks at that time. Changes to the level of staff observation were only authorised after a review of the individual risk factors had been carried out by the registered manager and healthcare professionals. This helped ensure the level of staff observation matched people's current risks.
- People's restrictions were minimised, person centred, proportionate and reviewed regularly. When people behaved in ways, which may cause themselves harm, staff managed the situation in a positive way and protected people's dignity and rights.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Since the last inspection the provider had changed their staffing arrangements and ensured a senior staff member was on duty on each of the night shifts. That helped provide leadership on each shift which is essential when dealing with any unexpected incidents which may occur.

- Staff had received appropriate specialist training to make sure practice was safe and so they could respond appropriately to potentially serious events. A staff member told us, "My training is all up to date and I also check online for any training which might be useful."
- The registered manager regularly reviewed staffing levels to meet people's changing needs. A staff member told us, "There have been enough staff for the number of people we support, and if any extra staff are needed, we can access agency staff to help cover."
- Staff were safely recruited. The provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Minor issues relating to the provider's staff employment records were discussed with the registered manager, who took immediate action to rectify the matter.
- The provider ensured staff were of good character and were fit to carry out their work.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record, and store people's prescribed medicines safely. The provider carried out regular monitoring of the way people's prescribed medicines were managed.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included assessing any potential risks of people taking medicines themselves.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff ensured people's medicines were regularly reviewed by prescribers.

#### Preventing and controlling infection

- People lived in a care home which appeared clean and hygienic. A person told us they enjoyed being involved in the cleaning of the communal kitchen supported by staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The service supported visits, for people living in the home, in line with the guidance in place at the time of the inspection.

#### Learning lessons when things go wrong

- The registered manager encouraged openness and transparency when things went wrong.
- Staff understood how to raise concerns and report incidents appropriately. Incident reports were reviewed, and any lessons identified to help reduce the potential for reoccurrence.



# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support which was planned and delivered in line with current evidence-based guidance and best practice. For example, people had chosen to attend dialectical behaviour therapy (DBT) while living at the care home. DBT is an evidence-based type of therapeutic talking therapy specially adapted for people who feel emotions very intensely.
- People achieved good outcomes from the provider's therapeutic approach. For example, a person's relative told us, "I didn't think that [person] would do the DBT sessions, but they do it every week. I think it's a combination of the DBT and the care from the staff that has helped them so much. It's certainly working. I can see the improvements and [person] is much more settled and calmer."
- The provider had a clear admissions policy; which stated the service did not accept emergency placements and set out the process for a planned transition into the service for any potential new referrals. This helped ensure the service had the necessary information to determine if they could meet the needs of people referred to it, before the person moved in.
- The provider had a specific policy guide for staff on the nature and frequency with which staff should observe people during periods when they were in distress or needed closer supervision.
- Observation level support plans for each person helped ensure staff understood when close observation was required; and were also guided on ensuring close observations were not used as unnecessary restrictions on a person's freedoms.

Staff support: induction, training, skills and experience

- People were supported by staff who had the right training, knowledge and skills to carry out their roles. The provider had a comprehensive training program in place which covered core training as well as training specific to the support needs of the people living at the care home.
- Staff completed induction training when they first started work at the service. This included a period of working alongside more experienced staff. The provider considered the previous care experience of new staff when deciding how long their supervised induction period should be.
- Staff were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that forms part of an induction programme.
- We observed staff successfully implementing their training in the way they supported people.
- Staff were supported by the registered manager and provider. A staff member told us, "I do feel supported by my manager, support is always on hand if needed. I also feel Heathcotes [provider] supports me."

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

- People were supported to exercise genuine choice and had access to sufficient food and drink throughout the day. Meals were a relaxed and social occasion in the care home.
- People were supported to take part in the planning and preparation of meals, and mealtimes were flexible to suit people's individual preferences.
- People were supported to learn about healthy eating and nutritious food choices. One person showed us how they had successfully changed their diet and were now healthier as a result.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear systems and processes for supporting people to move into the care home and for when it was time for people to move on from the service.
- Following concerns raised previously, by the Coroner, the provider had reviewed the links and communication processes they had with external healthcare providers and service commissioners. This led to a clearer procedure being created to support the process of deciding whether the care home was a suitable placement for people who were referred to it.

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

- The provider had taken account of people's individual risk characteristics in the design and equipment of the care home. For example, intrinsically safe door locks, window coverings, and bathroom fittings had been installed throughout the care home to reduce the potential for people being harmed during periods of distress.
- People were involved in making decisions about the decoration of the common areas of the care home, and in how their private ensuite bedrooms were decorated.
- People's individual differences, preferences and support needs were reflected in how the care home was decorated and equipped. Positive and gently motivating posters, objects, and artwork helped to create a relaxed and homely feel to the care home.
- People were able to use the outdoor areas of the care home as a place for leisure activities or simply as space from communal living if they wished.

Supporting people to live healthier lives, access healthcare services and support

- People told us they experienced positive outcomes regarding their health and wellbeing. Although some people occasionally had periods where they placed themselves at increased risk of harm, the service provided them with consistently positive support. When required, additional support from external healthcare professionals was also obtained.
- People were involved in discussing and deciding their own treatment and therapy plans with the care home staff and healthcare professionals. Information was provided to them in formats which they could understand, and staff took the time to explain things and provide reassurance.

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.

- People living at the care home at the time of the inspection all had the mental capacity to decide on the care they received. The provider recognised some people's ability to make decisions fluctuated according to their emotional state. Therefore, the provider had discussed this with each person and received their consent, about the steps they wanted care staff to take, if the person was in a temporary emotional state which might put them at risk of self-harm.
- People were involved in all decisions about their care. This helped to ensure their human and legal rights were upheld.
- People's consent to receiving care, and various other aspects related to living in a care home, was obtained; and records of that consent stored in people's care plans.
- Staff received training which enabled them to understand and support people's individual rights to make choices and have control over their own lives. The policies and systems in the service supported that practice.

# 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 Good. At this inspection the rating for this key question has remained 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 were treated with kindness and respect by the staff. A person told us, "The staff here are great. All of them. They have helped me a lot."
- A person's relative told us, "[Person] tells me they get on well with everyone and I can see they do. [Person] loves the staff and for the first time [person] is happy for there to be some overlap between the staff and their family. That never used to be the case. They always wanted to keep things separate before."
- We observed staff communicating with people in a consistently positive and kind manner. When describing people to us, the staff spoke about people's individual successes and achievements. For example, a staff member told us about a talent competition which a person had been involved in. The person themselves then told us how much they had enjoyed it and were looking forward to entering the competition again.

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

- The registered manager involved people in making decisions about their care and activities within the care home. Regular 'Nitter Natter' sessions were held during which people were encouraged to tell the registered manager about any activities they wanted to try and any ways in which the service could be improved. For example, previous sessions led to the hire of a hot tub on a regular basis for people to use while relaxing in the garden.
- People could see they had an impact on the way the care home operated. The service had a 'You said-We did' display board which showed the improvements made as a result of people's comments. That helped people to recognise their ability to influence how care was provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. The service provided enough time for staff to develop trusting relationships with people. Staff noticed when people were becoming distressed and took swift action to provide the necessary care, support and observation.
- People received consistent care from familiar staff who understood their needs and the individual risk factors each person had. The provider ensured staff were kept up to date with any changes in each person's plan of care.
- People were kept informed about how their care was provided to them. They were involved in decisions about their care. For example, people moved into the care home only after they had decided they wished to take part in the DBT therapy sessions. This helped ensure the person, and the staff, were all working towards the same goals for the person.

- People's right to privacy and confidentiality was respected. Staff were discreet and aware of professional boundaries. The registered manager challenged any practice which fell short of that.

# 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 Good. At this inspection the rating for this key question has remained 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 needs were identified and assessed by the provider; and people were involved in developing their care and support plans. Care staff were also involved in reviewing the care plans and were able to contribute to them through team meetings or raising any suggestions or comments with the registered manager.
- Care plans were focused on the person's whole life, including their goals, skills, abilities and individual aspirations. This included any protected equality characteristics.
- Support plans contained detailed information about each person's individual needs and preferences, their level of independence, and where support from staff was required. Staff had a good knowledge of each person and people received the care detailed in their support plan.
- The registered manager monitored staff compliance with care plans, by reviewing daily records, observing staff practice, and obtaining feedback from people.

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.

- The service provided information in a range of visual formats, and staff took the time to explain information to people in ways they could understand.
- People had access to key information, such as the complaint procedure, which was displayed in the care home.

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

- People were supported to maintain contact with relatives and friends who were important to them. A person's relative told us, "I speak to [person] twice a day on a video call. So I can also hear when the staff talk to them, and they are just so nice and patient with [person]."
- People's ability to engage in community-based activities had been limited due to general COVID-19 restrictions over previous months. However, the care home had developed a range of alternative in-house activities, based on people's preferences. People told us they had enjoyed those activities.

Improving care quality in response to complaints or concerns

- There were systems and processes in place for people to raise complaints with the provider if they wished. Additionally, a person told us, "If I wasn't happy about something I would just tell [registered manager] and they would sort it for me."
- A person's relative told us, "I have never had any concerns while [person] has lived there. But if I did, I would just ring up [registered manager]." Records showed no formal complaints had been made since our last inspection.

#### End of life care and support

- Although the service was not specifically designed to support people who were at the end of their lives, each person's care plan contained details of their end of life wishes; where they had wanted to share that with the provider.
- The provider had an end of life policy and procedure as a guide for staff. People's care plans also included guidance for staff on how each person coped with loss and bereavement and the support that staff might be required to give them if that circumstance arose.

# 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 Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The provider had considered the Coroner's verdict on aspects of the service which needed to be improved to reduce the likelihood of future deaths. The provider had said they would take action to address those issues, and we found the provider had taken the necessary action.
- The provider had reviewed its policies, procedures, staffing levels, and management support arrangements as a result of the learning from that previous death. For example, a 'Room Searches and the Removal of Risk Items' policy had been introduced to clarify for staff their responsibilities when there was a need to search and remove potentially harmful items from a person's room when the person was temporarily at increased risk of self-harm.

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 responsibilities to be open and honest when things go wrong.
- Incident reports were reviewed by the registered manager and provider, and the information used to inform the level of observation each person required from staff.
- The registered manager had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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

- The provider regularly sent out satisfaction surveys to relatives and received regular feedback from the people who used the service.
- The provider had an appropriate equality and diversity policy in place and staff received training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

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

- The provider had effective quality monitoring systems in place. The service had an ongoing quality improvement plan and we saw the provider's quality audits were robust in identifying areas for improvement within the service.



- The registered manager discussed areas for ongoing service improvement with the care staff in the regular staff meetings. Evidence was seen of improvement which had been made as a result of that. For example, improvements in the routine shift records made by staff.
- Staff understood their role and responsibilities, were motivated, and had confidence in their managers. A staff member told us, "Staff morale is happy. The atmosphere is nice, very welcoming and lots of activities going on between staff and service users."

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

- The registered manager and staff team shared a vision for the home. The vision was based on enabling people to develop skills and strategies to manage their mental wellbeing and supporting them to move on to lead more independent lives.
- People and their relatives told us the service produced good outcomes. For example, a relative told us, "The staff just go out of their way to help [person]. When [person] has down moods they don't seem to last as long as they used to, and the staff are always upbeat and friendly with them."
- People told us the service was well led. A person told us, "[Registered manager] is in charge here and they are really nice." A person's relative told us, "I have spoken with [registered manager] lots. They are always very chatty and positive. Never had any issues since [person] has been there."
- Staff told us the service was well led. A staff member told us, "[Registered manager] is a great boss. People are well cared for and so are the staff."