

Heathcotes Care Limited

Heathcotes Chesterfield (Pennine House)

Inspection report

Pennine House
Cuttholme Way
Chesterfield
Derbyshire
S40 4WG

Tel: 01246208462

Website: www.heathcotes.net

Date of inspection visit:
09 May 2019

Date of publication:
05 June 2019

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

About the service: Heathcotes Chesterfield (Pennine House) is a residential care home for people with learning disabilities, and/or autism and complex mental health needs. The care was provided in a purpose-built home for 8 people. There were 4 people living at the home at the time of our inspection.

People's experience of using this service:

The service had improved and now meets the characteristics of good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People using the service can live as ordinary a life as any citizen.

There was a manager in post who was in the process of completing their registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risks to people's health and wellbeing were assessed and action taken to reduce them. This including supporting behaviours which could be challenging. There were systems to learn from mistakes including the detailed analysis of accidents and incidents. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe in the home and when they chose to go out. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection.

Staff received training to enable them to do their jobs well. Assessment ensured people were supported to transition into the service well. They were supported to maintain a healthy diet. Their health and welfare were managed with referrals to other professionals made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. People had care and support provided which met their preferences. Complaints were handled in line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff.

Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and

improvement.

More information is in the full report.

Rating at last inspection: The service was last inspected on 29 November 2018 and was rated requires improvement.

Why we inspected: This was a scheduled inspection to follow up on previous enforcement when we issued a warning notice around the governance and oversight of the home.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Heathcotes Chesterfield (Pennine House)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Heathcotes Chesterfield (Pennine House) is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was carried out on 9 May 2019. It was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. On this occasion the provider had not been asked to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with two people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with two visiting

healthcare professionals to gain their feedback on the quality of care. We had further written feedback from a social care professional after the inspection visit.

We spoke with the manager, two senior care staff and five care staff. We reviewed care records for four people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

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 focused inspection, we found that people were not always safe and there were breaches in regulatory requirements around safeguarding people and keeping them safe. At this inspection we found people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found people were sometimes deprived of their liberty without lawful authority. At this inspection these legal authorisations were in place.
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- One relative we spoke with said, "I do feel safe here and there are some staff I trust with my life."
- When safeguarding concerns were raised and investigated we saw that immediate action was taken to protect people from further harm. This included adapting the environment to ensure it was safe for people and liaising with other health and social care professionals.
- One professional gave us feedback about a recent investigation. They said, "The staff team in the home were open and honest and fully cooperated in the investigation. They implemented follow up recommendations promptly."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we found that there was not always a clear, consistent approach to supporting people to manage behaviours which could cause harm. This led to incidents which were not always fully reviewed to understand the situation surrounding them. At this inspection we found this had improved and risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- Staff we spoke with described in detail how people were supported to reduce the risk of behaviours which could be challenging. One member of staff said, "I feel some people are in a better place and I think that is because of staff consistency. We discuss what works well with people and constantly review it." Another member of staff said, "Consistency is important. For one person there is now a smoking chart in place, so communication is clear. Documenting their smoking means they always know how many they have left. I also feel as though communication has improved across the staff team and that helps."
- One person we spoke with could tell us the arrangements they had in place to keep them calm and safe. For example, the person told us they looked after their own cigarettes for most of the day now and it was working well for them.
- When we spoke with staff about the use of physical restraint to manage behaviours that challenge they told us that a more consistent approach had reduced the need for physical intervention. We reviewed records and found that the number of physical restraints had reduced since the last inspection as well as the intensity of the intervention and the amount of time it took place for. This demonstrated to us that the plans in place to support people to manage their behaviour were effective.
- The review of incidents and analysis had also improved since our last inspection. There was now a clear

oversight which led to amendments in people's care plans when required. This demonstrated that lessons were learnt when things went wrong and action was taken to reduce the likelihood of it happening again.

Using medicines safely

- Medicines were well organised and people received their medicines when they should. We observed they were administered in a patient manner, describing the process to the person throughout.
- There were safe protocols for the receipt, storage, administration and disposal of medicines.
- We saw people received them in line with the prescriber's guidance. When people were prescribed medicines to take 'as required' there was guidance in place to support staff to know to administer this.
- Those staff who were responsible for administering medicines had training and described how their competence was assessed to ensure they were safe to do so.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- Staffing levels were planned around individual need and included capacity for people to receive the correct amount of support to spend time away from the home safely. For example, some people required support from two staff to go out and there was capacity within the staffing levels to plan this throughout the day.
- The provider followed safe recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- Staff understood the importance of protective equipment in managing cross - infection. There was protective equipment available when needed; for example, plastic gloves and aprons.
- People who lived in the home were encouraged to take responsibility for some domestic duties; for example, cleaning their own bathrooms.

Is the service effective?

Our findings

Effective – this means 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 comprehensive inspection, we found that people were not always cared for in an effective manner and this required improvement. At this inspection we found improvements had been made and people's outcomes were consistently good. People's feedback confirmed this.

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

- We found improvements in the quality of assessments in place. This included a more structured assessment of people's needs and choices prior to moving into the home to ensure their needs would be well met.
- Staff we spoke with told us this helped them to prepare for supporting one new person because they were able to ensure they had a consistent approach.
- Training had also been provided by healthcare professionals to understand the person's specific needs prior to them moving into the home. Staff told us how valuable this was. One member of staff said, "Training was a really good idea because it meant staff knew how to start conversations with [Name] and understand what situations they might find difficult. I think it also helped [Name] to settle because they were confident the staff had training and understood them."
- One healthcare professional we spoke with told us, "We have been really impressed because we have observed staff applying the techniques from the training into practise."
- One new member of staff told us they felt supported through a planned induction. They said, "On the first day I read through support plans and policies. Since then I have been shadowing experienced staff and getting to know the people who work here. This will continue until I have completed my five day induction training."
- We reviewed records and found there was a good system to ensure staff maintained their skills and knowledge with regular refreshers. The manager told us of other training they had highlighted which was specific to people's needs. They also said there was regular, improved dialogue with the providers training department to plan future training.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
- When people 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- At our last inspection the provider was not always working within principles of MCA. At this inspection we

found they were and restrictions on people's liberty had been authorised. When conditions were in place on the DoLS these were also being met.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were clear records to evidence capacity assessments and best interest's decision making.
- Any restrictions on people's liberty was reviewed to ensure it was the least possible. For example, one person's monitoring by staff had been increased in their best interest to keep them safe. The manager explained how this would be time limited and then reviewed again in collaboration with other health professionals.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- The staff team worked in partnership with other professionals to ensure people's health and wellbeing were sustained.
- When people were unwell they received prompt attention from medical professionals. We saw records which showed referrals were made to other health and social care professionals to support people when necessary.
- People also had Health Action Plans in place which monitored their regular appointments for check-ups. These were a clear record of professional input as well as guidance for other professionals. For example, one plan was very detailed about how one person communicated and how they demonstrated they were in pain.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- Some people were encouraged to follow weight loss diets to improve their health.

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

- People were involved in decisions about the premises and environment. Bedrooms were personalised and private spaces.
- There was a private garden which people regularly used.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last comprehensive inspection, we found improvements were required in how people were cared for. At this inspection we found people were well supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People had caring, kind supportive relationships with the staff who supported them.
- We saw caring interaction between staff and people throughout the inspection. People were consulted throughout the inspection visit about what they wanted to do and when.
- Some people required encouragement to get up from bed and get involved in activities. This was given gently and kindly whilst also respecting their decision if they said no, and trying again later.
- Staff told us how they encouraged people to be more independent. For example, one member of staff told us how they had set goals with one person around personal and health care. This had resulted in the person participating more and becoming more independent. They planned celebrations with staff when these goals were achieved; for example, planning a day out.
- All the staff we spoke with spoke about their motivation to improve people's lives and enable them to develop skills to move to more independent settings.
- When people required support with choices they could access other health professionals or advocates. An advocate is an independent professional who can assist people.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff spoke about people respectfully throughout the inspection visit and were cautious about confidentiality and ensuring any conversations with us were private.
- People's bedrooms were their private spaces and staff respected this within the constraints of maintaining their safety.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last comprehensive inspection there was a breach in regulatory requirements because people did not always receive personalised care. At this inspection people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was planned around individual needs and wishes. At our last inspection staffing levels were not always planned around individual habits and needs. This had been changed and there were now additional staff available into the night so people could be supported throughout the evening and to attend later social events if they wanted to.

- At our last inspection people spent prolonged periods in their room without staff engagement and there were not always enough staff to safely support them to go out. At this inspection we found people had busy lives and spent time with staff in communal areas when they wanted to. When they chose not to staff made sure they knew they were available and respected their wishes.

- Some people had daily plans in place because it was important to them to know what would happen in their day in advance. One health professional we spoke with told us they were well planned with the person and had resulted in good outcomes for them; for example, going out for a walk with staff.

- There was a staff vacancy for night times and staff explained how they were covering this on a rota basis so that people continued to receive consistent care from staff who knew them well. The manager explained this was a temporary measure until the recruitment was completed.

- There were care plans in place which were detailed and regularly reviewed. This included people's diverse and cultural backgrounds; for example, people's cultural heritage and how this was important to them.

- Staff completed daily handover records and communication books. One of these was between keyworkers for each person. A keyworker is an assigned member of staff who focusses on the needs of that individual. One member of staff said, "We share information about achievements towards set goals and any difficulties encountered which we may need to consider."

- Staff worked in two regular teams and there was also a written record for each individual in the home between the two teams when they handed over every three to four days.

- This showed us the provider had detailed systems in place to monitor and review people to ensure their care was planned around their needs and guidance for staff was current and up to date.

- People's communication needs were assessed and it was clear how information should be shared with them. Information was shared in picture and symbol format when required. One health professional told us how information about one person's transition had been shared in picture format in line with their preferences. They said, "I was impressed that this was followed up so quickly and I think it certainly helped with a smooth transition."

- This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- There was a complaints procedure in place and a clear accountability for reporting any received to the provider. No complaints had been received.

End of life care and support

- There was no one receiving end of life care when we inspected. However, people had been given the opportunity to discuss their wishes.

Is the service well-led?

Our findings

Well-Led – this means 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 focused inspection, we found that the governance systems were not always effective in protecting people from harm and ensuring they had good outcomes. This was a breach in regulatory requirements and we also took enforcement action by issuing a warning notice to ensure the provider improved these systems. At this inspection we found improvements had been made to an acceptable standard and no further enforcement was required. We found 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; Planning and promoting person-centred, high-quality care and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The systems in place to monitor and review the quality of the service were now effective in making improvements.
- There was a manager in post for the past six months, who was in the process of registering with the CQC.
- Staff told us the manager had been instrumental in making the changes we found. One member of staff said, "Things are definitely looking up and the manager has done an amazing job to get us where we are now."
- There was a person centred culture in which staff sought to understand people's behaviour and make changes reduce them. The focus had changed from being responsive to difficult situations to engaging people and keeping them involved in planning their own care and future. This had a positive impact for the people living at the home.
- There was a more consistent staff team who had been trained to support people. All staff understood their roles and responsibilities and there were clear lines of delegation.
- Care planning had improved to ensure people had a well planned transition into the service and staff were skilled to meet their needs from the beginning. This was completed in close partnership with other health and social care professionals.
- Any restrictions on people's freedom were legally authorised. The least restrictive practise available was now embedded with close scrutiny of any physical interventions or restraints. The monitoring and review of any incidents led to reflection and sharing of any lessons learnt.
- There were regular staff meetings and staff told us these were opportunities to discuss people's care and share ideas about how they could be improved. However, any decisions were made in partnership with the person and when they wanted to people attended these meetings to contribute to how the home was run.
- People were regularly consulted through individual keyworker review about the home and improvements they wanted.
- The provider had systems in place to regularly review the quality of the home. These included quality

audits by a team of staff independent from the home. The manager demonstrated how they had met the action points from their recent review.

- The provider had recently changed the oversight of accidents and incidents in response to serious events in another of their homes. This showed us they were responsive and demonstrating an effective approach to learning lessons from when things go wrong. They had also given assurances to CQC around reviewing transition planning and training for staff. This demonstrated a focus on continually improving.
- We received notifications about important events so that we could check that appropriate action had been taken. The previous rating of the home was displayed in line with our regulations.