

Heathcotes Care Limited

Heathcotes Wolsey House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heathcotes Wolsey House is a residential care home providing accommodation and personal care for up to a maximum of six people in one adapted building. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were six people using the service.

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

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. Medicines were managed safely. People's medicine needs were risk assessed and they were supported to manage their medicines independently where appropriate. Staff were trained to administer medicines. Appropriate infection prevention and control measures were in place.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. During the inspection we observed appropriate levels of staffing to support the people who used the service.

The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. Staff praised the registered manager and wider management team, they felt supported in their roles. The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service.

People's views and decisions about support were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. There was a good culture within the service which had a positive impact on people.

Staff, people and their relative's views had been sought through regular contact, surveys and quality monitoring. Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences; encouraging people's choice, control and independence.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Wolsey House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heathcotes Wolsey House

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 control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector carried out the inspection.

Service and service type

Heathcotes Wolsey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave the service 24 hours' notice of the inspection to assess any COVID-19 risks.

What we did before 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. 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 four people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional manager, deputy manager, team leaders and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff survey results.

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. 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 risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I am happy living here and I feel safe. I get on well with all the other residents here" and "I feel safe living here. Words can't describe how amazing I find this place. I have gone from being at rock bottom and not caring to holding down a job and a relationship in the 12 months that I've been in here."
- Staff had received training in safeguarding people. Staff we spoke with were confident in how to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I would report [concerns] to the team leader, the manager, or escalate it through to the hierarchy [if needed]. I know any concerns would be resolved."

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

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's risk assessments were reviewed on a regular basis and when needs changed.
- The provider had a physical intervention policy and staff were trained in non-abusive psychological and physical intervention (NAPPI). People had individual risk assessments to physical interventions. One staff member told us, "Physical intervention is used as a last resort. [Name of person] requires physical intervention at times [to keep them safe] as they bang their head. We re-direct them and put cushions in place [in the first instance]."
- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. Processes were in place to analyse and identify any trends.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. People told us, "The staff give me my tablets and I get them when I should" and "I have them [medicines] on time and staff help me."
- People's medicine needs were risk assessed and they were supported to manage their medicines independently where appropriate. One person told us, "I manage my own medication and it is fine, I have been doing it a while now. I have weekly reviews. My file is also included in the medication audit. I help them [staff] with my audit, we do it together to make sure everything is okay."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they did this safely.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had related risk assessments in place and had systems in place to monitor staffing levels. People told us, "There is staff around when I need them" and "Staff are always there."

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 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 provider implemented visiting arrangements in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust processes were in place to maintain complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicine records were complete. Medication administration records (MARs) were accurate. Staff followed the National Institute for Health and Care Excellence (NICE) guidelines (NICE provides national guidance and advice to improve health and social care). PRN protocols for 'as required' medicines were in place to direct staff.
- Robust auditing systems were in place which comprised of manager and provider level audits. Regular audits of people's care plans, medicine records, staff files and of the premises took place. Regular meetings also took place to monitor the support people received.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Comments included, "I am confident in [Name of regional manager] and [Name of registered manager], they have shown me a lot; both are approachable and supportive. No matter what I ask they are there [to support]" and "The service is well managed here, it is a better standard of care. I feel supported in my role."

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

- The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. People told us, "We are one big family, like the brothers and sisters, there is not one person that I do not get along with, [staff and residents alike]. There is a family atmosphere that is really nice" and "The staff are good, I get on with them all really well, they are all smashing."
- People's views and decisions about support were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. One person told us, "I am involved in my meetings and care plans with Wolsey House. I have a package review with the social worker

on Tuesday. I have helped [staff] write my care plan, we wrote it together and review it together."

- There was a good culture within the service which had a positive impact on people. Staff were friendly and open with people and as such people responded well to staff. People told us they were happy living in the service and would recommend the service to others.
- Staff, people and their relative's views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service and staff were happy in their role.
- Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams. People received safe care and their care needs were effectively managed.