Heathcotes Care Limited

Heathcotes Grove House

Inspection report

122 Grove Road
Sutton
Surrey
SM1 2DD

Tel: 01246556453
Website: www.heathcotes.net

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Heathcotes Grove House is a residential care home. It is registered to support up to eight adults and children, over the age of 16. Support is provided to people with learning disabilities and other complex needs. One person was using the service at the time of our inspection.

People's experience of using this service and what we found.
The quality and safety of the service had improved for people since our last inspection. People were safer at the service. People were better supported to express concerns about their safety if incidents should happen. Staff had been provided training and were now confident managing challenging behaviour to keep people and others safe. Information about people's behavioural support needs had been improved to help staff reduce the risk of these escalating. Staff understood how and to who they should report any safety concerns to.

People's records contained current and accurate information about their care and support needs. There was now detailed information about identified risks to people's safety and wellbeing which included to risks to people from COVID19. Staff understood these risks and what action to take to support people to stay safe.

There were enough staff to support people. The provider made sure there were knowledgeable, skilled and experienced staff on each shift to support people safely and meet their needs. Staff were motivated and well supported. They understood their responsibilities for providing safe, high quality care to people.

Medicines were managed more safely. Records were clear and accurate to help staff support people to take their prescribed medicines in a timely and appropriate way. Only suitably trained staff managed and administered medicines. Senior staff carried out checks to make sure medicines were being managed and administered safely at the service.

Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy. Staff now followed current practice and national guidance to reduce infection and hygiene risks at the service.

The provider had improved the effectiveness of their quality monitoring systems. They made sure there was clear accountability and responsibility at all levels of the organisation for making improvements when these were needed. The provider had also improved their accident and incident reporting system to better understand and manage safety and quality concerns. Learning from incidents was shared with staff to help them improve the quality and safety of the support they provided.

The provider had been open and honest with people about the things that had gone wrong and what they would do to put things right. They worked collaboratively with other agencies and healthcare professionals,

sharing information and updates about people where this was needed. Senior staff told us they hoped to rebuild trust and confidence in the service by making all the necessary improvements required which would improve the quality and safety of the service for people.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. At this short focused inspection, we only checked if the provider was now meeting legal requirements. We did not look at whether the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. We will look at this in more detail and depth at the next inspection of the service.

It was clear at this inspection the provider had acted to make improvements to make sure they were no longer in breach of regulation. However, it was too soon to judge whether these improvements could be maintained and sustained. There was not yet enough evidence of consistent good practice over time.

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 inadequate (published 26 August 2020) and there were multiple breaches of regulation. This service has been in special measures since 26 August 2020. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions we looked at. Therefore, this service is no longer in special measures.

Why we inspected
We carried out a focused inspection of this service on 23 June 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and 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 of safe and well-led which had been rated inadequate and 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 coronavirus and other infection outbreaks effectively

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Grove House on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Heathcotes Grove 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention 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:
This inspection was carried out by one inspector.

Service and service type:
Heathcotes Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:
The inspection visit took place on 10 December 2020 and was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We reviewed the provider's action plan for improvements. We also reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used all of this information to plan our inspection.
The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
The person using the service was unable to speak with us due to their communication needs. We observed interactions between them and staff. We also carried out checks of the premises. We spoke with the registered manager, the regional manager and three care support workers. We reviewed a range of records. This included the person's care records, medicines records, information related to staff training and recruitment and accident and incident reports.

After the inspection
We spoke with a relative by telephone about their experiences of the service. We interviewed the registered manager and regional manager via video calls and a care support worker by telephone.

We reviewed information we asked the provider to send us. This included information about; the service improvement plan, audits including their latest infection prevention control (IPC) audit, their COVID19 contingency plan, health and safety checks of the service, staff training, accidents and incidents, staff rotas, minutes of meetings and their IPC policy.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made since our last inspection but some aspects of the service were not yet consistently safe.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the systems in place did not always keep people safe. Staff did not always receive training relevant to their role. Restrictive practices were not always used in line with current national guidance. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

● People were now safer at the service. A relative told us, "Over the last few months things have been good…the staff around [family member] have been very good...I think the service is now safe for [family member]."
● There were systems in place to help staff support people to communicate their feelings when incidents occurred. This was important as this helped staff understand if people had any concerns about their safety when incidents happened.
● Staff had been trained in positive behaviour support (PBS), an approach used to support people whose behaviour might challenge them and others. This included training on techniques to use should a person's behaviour escalate, to ensure the safety of the person and staff.
●The PBS plan for the person using the service was up to date, reviewed regularly with input from appropriate healthcare professionals, and reflected current practice.
● Staff told us they now felt confident supporting people in line with their PBS plans, including the use of restraint as a last resort. They received ongoing training and support from senior staff to help them do this in a way which would reduce safety risks.
● Staff had been trained to safeguard people from abuse and knew how to recognise signs that a person may be at risk.
● The provider worked collaboratively with the local authority on safeguarding investigations. The provider had an action plan in response to concerns raised through investigations to improve the safety of care and support provided to people.

Assessing risk, safety monitoring and management

At our last inspection we found people's individual risks related to COVID19 had not been assessed and managed in an appropriate way. This was a breach of regulation 12 (Safe care and treatment) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

● Records for the person using the service had current and detailed information about identified risks to their safety and wellbeing. This included information about risks to them related to COVID19. There were plans in place on how identified risks would be managed to reduce the risk of harm or injury to the person.
● Staff understood these risks and how to support the person to stay safe. We observed staff prompting and supporting the person in an appropriate way.
● The provider made sure there were regular health and safety checks of the premises. Safety systems at the service had been serviced and maintained at regular intervals to make sure these remained effective.
● The provider, in the main, dealt with issues arising from health and safety checks promptly. The regional manager told us additional resources had recently been made available to the service to make sure maintenance issues could be resolved more quickly in the future.
● Staff had been trained to deal with emergency situations and events if these should arise, for example, if there was a first aid emergency at the service.

Using medicines safely

At our last inspection we found medicines had not been managed in a safe way. Records were not accurate and the provider could not be fully assured staff had the knowledge and skills to administer people's medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

● Records for the person using the service contained current and accurate information about their prescribed medicines and how they should be supported with these. This helped staff support the person to take these in a timely and appropriate way.
● Our checks of medicines stocks, balances and records showed the person consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
● Only suitably trained staff could manage and administer medicines at the service. Their competency was assessed at regular intervals by experienced senior staff. Senior staff also carried out regular checks on medicines records and of stock. These checks helped the provider make sure medicines were being managed and administered safely at the service.

Preventing and controlling infection

At our last inspection we found staff did not follow current practice and national guidelines to manage risks related to COVID19. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

● 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 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.
● Staff also followed safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

At our last inspection we found the provider could not be fully assured staff had the skills and experience to report and record accidents and incidents involving people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

● Staff had been provided training to help them report and record accidents and incidents more effectively. A staff member told us, as a result, "the quality of records is much better."
● Senior staff reviewed all accident and incident reports to look for trends, patterns or concerns which might indicate an underlying issue affecting a person's safety and wellbeing.
● There were systems in place for staff to discuss, share and learn from accidents and incidents to help them improve the quality and safety of the support they provided.

Staffing and recruitment

At our last inspection we found there were not enough staff with the right mix of skills, competence or experience to support people to stay safe. Staff did not receive the appropriate training and support to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

● The staff rota for the service showed there were knowledgeable, skilled and experienced staff on duty to support people safely and meet their needs.
● The registered manager made sure there were staff on each shift sufficiently trained and competent in; first aid, medicines management and in the use of restraint.
● The regional manager reviewed the staff rota every month to make sure suitably skilled and experienced staff were on duty on every shift.
● Staff training was monitored at service and provider level to make sure all staff had the training needed to perform their role.
● One new staff member had been employed since our last inspection. Records showed the provider had carried out appropriate recruitment checks to make sure they were suitable for the role and to support people.

It was clear at this inspection the provider had acted to make improvements to make sure they were no longer in breach of regulations. However, it was too soon to judge whether these improvements could be maintained and sustained. There was not yet enough evidence of consistent good practice over time.

Requires Improvement

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made since our last inspection but some aspects of service management and leadership were not yet fully consistent.

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 we found the provider did not always assess, monitor and improve the safety of the service. They did not always identify risk to people. They also failed to keep accurate and up to date records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

- The provider had taken on board our findings from the last inspection and used this to make improvements to the quality and safety of the service.
- Records maintained about the person using the service, their care and support needs and risks to their safety and wellbeing were now accurate and up to date.
- The provider had put appropriate arrangements in place to deal with risks related to COVID19 to reduce the risk of infection outbreaks at the service. This reflected current practice and national guidance.
- There was improved management and oversight at both service and provider level of staffing levels and rotas, medicines, staff training and supervision and other records related to the management of the service.
- There were regular audits and checks of key aspects of the service and the registered manager took action to address any issues identified through these.
- Senior staff at provider level undertook their own internal audits to assess the quality and safety of the service. They shared their findings with the registered manager who took responsibility for making improvements where these were needed.
- The registered manager held regular team meetings with all staff to make sure they were clear about their responsibilities for providing high quality care to people.
- Staff were enthusiastic about their roles and motivated. One said, "I feel as a staff team we work really well together and we are very motivated and morale is much better. Feel much happier now. Things have improved a lot and in a major way."
- No new people had started to use the service since our last inspection. The regional manager told us a robust process was now fully embedded which would help the provider undertake comprehensive compatibility assessments to make sure new people were suitable, taking full account of the needs of people already using the service.

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; 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

At our last inspection we received mixed feedback about how the service was managed. We were not assured the provider could maintain and sustain improvements needed to the quality and safety of the service. We also found some people's needs had been overlooked and equality characteristics ignored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this aspect of the regulation.

● The provider had been open and honest with people, relatives and staff about the issues we found at the last inspection. They had developed an improvement plan to show how they intended to make all the necessary improvements needed.
● The registered manager was responsible for making sure the necessary improvements were made. They regularly reported on progress against the improvement plan to senior managers in the organisation. This helped the provider check the service was making all the improvements needed to make sure they were no longer in breach of regulations.
● A relative spoke well of the registered manager and told us their family member had experienced positive outcomes since our last inspection. They said, "Overall, I think [registered manager] has dealt with things really well over the last few months. I'm really pleased that they have supported [family member] to lose weight recently. They have also brought in a specialist to work out how to communicate better with [family member]. I'm really pleased about this. A positive step from our perspective."
● Staff also spoke well of the registered manager. One said, "I don't feel concerned now about how things are going and I also feel well supported by senior management." Another told us, "[Registered manager] pays a lot of attention to us as individuals…after [registered manager] started last year, she worked closely with us to make us into a much more functional team and has been super supportive."
● The regional manager was often at the service to provide support to the registered manager. They told us, "I feel [registered manager] is the right person for the job and I have a lot of confidence in her. She is so much more confident in herself and her role."
● Improvements had been made to the way people's views were sought. The person using the service had a current, individualised communication profile. This helped staff support the person to express their views and feelings about the service.
● Improvements had also been made to the way the service ensured people's cultural needs and wishes were respected. Significant events such as cultural and religious festivals and occasions had been highlighted in the records of the person using the service and staff understood how the person should be supported to celebrate these.
● The registered manager fully understood their responsibility for meeting regulatory requirements including notifying us promptly of events or incidents involving people. This meant we could check appropriate action was taken to ensure the safety and welfare of people and others in these instances.

Working in partnership with others
● The provider was working collaboratively with other agencies and healthcare professionals, sharing information and updates about people's care and support where these were required. This was important as this helped professionals involved in people's care check that the care and support people received was

safe and meeting their needs.

● The provider had shared their improvement plan for the service with the local authority. Senior staff told us they hoped to rebuild trust and confidence in the service by making all the necessary improvements required which would improve the quality and safety of the service for people.

It was clear at this inspection the provider had acted to make improvements to make sure they were no longer in breach of regulation. However, it was too soon to judge whether these improvements could be maintained and sustained. There was not yet enough evidence of consistent good practice over time.