

Heathcotes Care Limited

Middleton

Inspection report

485 Rochdale Road
Middleton
Manchester
Lancashire
M24 2GN

Tel: 01616540226
Website: www.heathcotes.net

Date of inspection visit:
28 November 2023
07 December 2023

Date of publication:
19 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heathcotes (Middleton) is registered to provide accommodation and personal care for up to 7 people with a learning disability and/or mental health diagnosis. There were 7 people accommodated at the home on the day of the inspection.

People's experience of the service and what we found:

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

Right Support

Improvements were needed to ensure people's prescribed medicines were managed and administered safely. People were cared for in a way they wanted and needed. Care records needed updating. A new systems was being introduced to help address this. Staff had received relevant training to help support people in a safe and effective way. Sufficient numbers of staff were now provided so people had access to the support they needed, enabling them to maintain their independence. People were able to receive visitors without restrictions in line with best practice guidance. A good standard of accommodation was provided. Plans were in place to further enhance areas of the home.

Right Care

People were safeguarded from abuse and avoidable harm. Staff understood their responsibilities to raise concerns. Risks were assessed and planned for. Any accidents or incidents were reviewed and reflected upon to help learn and improve the service. 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 maintained relationships and followed their interests, taking part in activities of their own choosing. People had access to health care professionals when they needed them. People's privacy, dignity and independence were respected and promoted. Safe recruitment processes were followed.

Right Culture

People's relatives were not clear about the management of the service. The registered manager had recently left the service, a new appointment was to be made. Staff told us morale within the team was improving. Formal support systems, such as team meetings and supervisions session were to be re-established to help promote teamwork. Whilst a range of audits and checks were completed, these were not always effective. An action plan was in place identifying areas of improvement across the service, helping to further enhance people's experience. Opportunities for people and their relatives to contribute to the running of the home could also be improved.

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

Rating at last inspection

The last rating for this service was Good, (published 2 July 2018).

Why we inspected

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

Enforcement

We have identified breaches in relation to the management and administration of people's medicines and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Middleton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector, a specialist medicines advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heathcotes (Middleton) 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 (Middleton) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was no registered manager in post.

Notice of inspection

The inspection was announced. We gave the service notice of the inspection. This was because it is a small service and, and we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 looked around the service and observed interactions between people and staff. We spoke with people and observed interactions with staff. We also contacted 4 relatives by telephone to seek their views about the service. We spoke with 5 staff, including operations manager and support staff. Feedback was also received from a healthcare professional, and advocate involved in people's care and support.

During the inspection visit we looked at the management of people's medicines and reviewed 2 care plans. We also looked at staff recruitment and health and safety records. Additional evidence, such as audits, meeting records and policies, sent to us electronically, was reviewed remotely.



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 has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- Medication Administration Records (MARs) did not fully reflect stocks of medicines, and handwritten entries were not checked and double signed to ensure the information transcribed was accurate and complete.
- We observed staff did not refer to the medication administration record (MAR) prior to preparing people's medicines
- The administration of controlled drugs was signed in the CD register by two staff, but the administration had not been witnessed by the two staff who signed. The service was also using 2 controlled drug registers and there were entries crossed out. This does not comply with the Misuse of Drugs Act
- Protocols to guide staff for 'when required' medicines used when people were distressed or in pain were not person centred. Information did not include what support had been offered prior to administration and what effect medicines had following administration.
- The application and recording of topical creams were not accurate and update in line with the person current prescription.
- Audits had not been fully effective and unable to identify those issues identified during the inspection.

Whilst we found no evidence people had been harmed the provider had failed to ensure the management and administration of people's prescribed was always safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded following the inspection outlining action to be taken to address the shortfalls identified. Confirmation was also received in relation to a change in supplying pharmacist providing additional training and audits of the system.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff training was provided and those spoken with were able to demonstrate their understanding and knew who to speak with if needed.
- Whilst training was provided in Non-Abusive Psychological and Physical Intervention (NAPPI), we were told that physical intervention was rarely used. The team focused on positive behaviour support to assist people displaying distress emotions. This was observed during the inspection with positive outcomes for the person.
- People's relatives felt their family members were kept safe. We were told, "[Family member] is safe and they

are proactive about contacting me if there are any issues" and "Yes, I do think (family member) is safe living there. It is a nice atmosphere."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Safety checks to the building had been carried out in line with legislation. Environmental and equipment checks were regularly completed to ensure the premises and equipment were safe.
- An up-to-date fire risk assessment had been carried out; action required had been followed up. Personal evacuation plans were in place in the event of an emergency and periodic fire drills were held.

Staffing and recruitment

- The provider operated safe recruitment processes.
- The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We received mixed feedback about staffing arrangements within the home. People's relatives said, at times, reduced staffing levels had impacted on people's individual support. Comments included, "I think there are enough staff there. I tend to see the same faces" and "I think at the moment there are enough staff. At one time, [family member] couldn't always go out due to not enough staff."
- Managers said a staffing tool was used to monitor staffing levels. Additional recruitment had taken place to fill current vacancies and where necessary staff from other services within the provider group were utilised to ensure sufficient cover was provided.
- Staff spoken with said staff cover had improved. One staff member said, "When [previous manager] was here we were working often on 4 or 5 staff, it's now improved under [manager], it's a lot better."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff used PPE effectively and safely. Information was displayed guiding staff on the donning and doffing of PPE and safe disposal.
- The relative of one person told us, "The home and [family member] room are clean and tidy."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- The relative of one person told us, "I don't drive and live a few bus journeys away, so the staff pick me up so that I can visit him."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Any accidents or incidents were recorded. People were monitored following any incidents and a debriefs session was held with staff. This was to review actions taken and consider any areas of learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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's needs were assessed; care and support were delivered in line with current standards to achieve effective outcomes.
- Staff spoken with had a good understanding of the individual needs of people and how they wished to be supported.
- It was recognised an alternative placement was required for one person. The service was working in partnership with relevant agencies to address this. This person's relative told us, "I am happy that my [family member] is safe living there, but it is not the right placement. The staff and managers are aware of this, and do their best, but we are all working towards moving [family member] somewhere more suitable."

Staff support: induction, training, skills, and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.
- New staff completed a comprehensive induction programme. One staff member told us, "The training is in depth, I feel it benefits new staff."
- A range of mandatory and service specific training was also provided. These included courses specific to learning disabilities and autism as well as supporting people with distress behaviours.
- Staff meetings and individual supervision sessions had not been regularly held. Staff told us, "Can't remember the last one" and "Meetings weren't happening, a lot were cancelled." This was acknowledged by managers and arrangements were being made to address this.
- Staff told us since the change in management morale was improving. Plans were being made to restructure the team to help improve communication and working relationships. One staff member said, "We're a dedicated team."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were involved in planning the weekly menu and, where able, make drinks and snacks for themselves. We were told, "[Person] will go food shopping with the staff, they love Morrisons."
- People's relatives felt their family members were supported to maintain healthy weights. They told us, "[Family member] was very overweight when they moved in, now they look a healthy weight" and "The food at the house is fantastic. The staff take turns to cook it. I know [family member] has a choice of meals. I think they monitor their weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- Care records reflected relevant health care agencies involved and outcome of appointments attended.
- People's relatives told us staff contacted relevant agencies when needed. We were told, "The staff will contact me if there are any changes in [family member]" and "The staff have been in touch with the doctor when they have been ill. The staff take care of dental and optician appointments too."
- A healthcare professional involved with one person also told us, "They are reactive to physical health issues and have taken [person] to A&E when needed. They have more recently been informing me of all GP appointments and outcomes."

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

- People's individual needs were met by the adaptation, design, and decoration of the premises.
- A good standard of accommodation was provided. All bedrooms were ensuite and reflected people's individual needs and preference.
- Whilst some areas had been redecorated, it was recognised other areas of the home needed enhancing.
- Areas of work had been identified within the homes improvement plan. This included the redecoration of bedrooms, replacement of broken/worn furniture, relocation of the laundry and use of the basement lounge.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Capacity and consent were considered as part of the care planning process. Records to better evidence those consulted needed expanding upon.
- The relative of one people said they had been involved in a 'best interest' meeting about medical treatment for their family member. They said, "They had to do a 'best interests' for [family member] to have anaesthetic. The staff were great with [family member]."
- Staff spoken with confirmed training was provided in MCA and DoLS, however not everyone was able demonstrate their understanding and how this impacted on people.
- Feedback was received from an advocate involved with one person. When asked if the service was safe, caring, effective, responsive, and well-led they told us, "On behalf of my client I can answer yes to all of the questions."

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 has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People diverse needs were considered and respected. This included certain personal characteristics such as people's sexuality, religion, and culture.
- How people communicated their wishes and feelings were outlined within their support plans.
- We saw people were well supported by staff who knew them well and anticipated their needs and behaviours.
- People's relatives felt their family members were well treated. We were told, "The staff understand [family member] needs, and are empathetic, they (staff) definitely know [family member] very well" and "The staff respect the people who live there, I can see that when I visit. They seem to know what they are doing."
- People were observed to have a good rapport with staff. Interactions were polite, friendly, and good humoured. People's relatives told us, "The carers are kind and friendly" and "The staff are very friendly, jovial."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted.
- People were supported by a staff, who knew them well; encouraging and supporting them to make decisions about their day-to-day routines.
- We saw people spend time communal areas relaxing and chatting with each other. Others preferred the privacy of their own room. People said they were happy and liked living at the home.
- People were being encouraged to take part in activities of daily living, helping them to maintain their independence. One person told they had cleaned and tidied their rooms and made their own snacks and drinks. Relatives also said, "[Family member] gets dressed and showers himself. He may need prompts to do things" and "They do encourage [family member] to clean their room, and to exercise more."
- People accessed the local and wider community visiting places of interest, day trips and holidays.
- People continued to maintained relationships with friends and family.

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 has remained Good. This meant people's needs were met.

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 relationships, follow their interests, and take part in activities that were relevant to them.
- From records reviewed and our observations we saw people followed routines of their choosing both in and away from the home. Activity plans were discussed during the resident meetings.
- People's relatives felt staff provided opportunities for family member based on their interests. We were told, "[Family member] likes to go out shopping and loves going to Bingo. The staff absolutely know [family member] likes and dislikes" and "[Family member] has been on holiday to Blackpool and Morecambe. [Family member] is happy with what he does."
- People's religious and cultural needs were also respected, and festivals were celebrated.
- People were encouraged and supported to maintain relationships with friends and family. Some people had their own mobile phones so were able to make their own arrangements. The relative of one person said staff would pick them up in the homes car, enabling them to visit.
- People also joined events at another home owned by the provider. This included enjoying a music festival during the summer as well as Christmas parties.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- A review of care files showed that information needed to be reviewed and updated. Action required was highlighted within the homes improvement plan.
- An electronic care planning system was being implemented providing relevant information on people's current and changing needs.

Meeting people's communication needs

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

- People's communication needs and how these were to be met were detailed within their individual care plan.
- A range of documents were provided in easy read and pictorial formats to help people understand.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to people's concerns and complaints.
- People's relatives knew what to do if they had any issues or concerns. Relatives said, "[Family member] would speak up if there were any issues. The staff seem to spend enough time with [family member]; they never complain", "If I had a problem, I would ring the manager" and "If I want to raise a concern or complaint, I do it through the mental health worker. I have the contact details of the organisation if necessary."

End of life care and support

- At the time of the inspection the service was not providing end of life.
- Records showed staff have previously completed End of Life training.
- The service had a 'My Future Wishes' booklet which would be used to outline people's wishes should they want to.

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 has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audit and checks were completed. An improvement plan was in place, which explored some of the shortfalls found during this inspection, including the environment and care records. Medication audits, however had not been fully effective identifying those issues outlined in this report.
- Care records were to be improved with the implementation of a new electronic care planning system. Better evidence was needed to show people and relevant others had been involved and consulted with about people's care.
- Staff told us morale across the staff team was improving. We were told team meetings and supervisions session were to be re-established offering more formalised support as well as developing working relationships across the team.

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

- People and their relatives were not always included in discussion about the home and their care and support.
- People's relatives said they were not actively involved in discussions about the service. Comments included, "We don't have official communication from the house, newsletters etc. I'm not aware of resident and family meetings" and "I've never been given general information about the home, future plans or newsletters about what is going on at the house."
- Annual feedback surveys also reflected improvements could be made in actively involving people and their relatives in decisions about their health and well-being. Relatives told us, "I don't know if [family member] has a care plan" and "I wasn't involved in a care plan when [family member] moved there. I am not aware of one."

Systems needed to be improved to evidence more effective management and oversight of the service for the purposes of continually evaluating and improving such services. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's relatives told us they were not clear about the management of the service. We were told, I rarely

see the manager, but everything seems to run smoothly at the house", "I would probably say the staff on the ground do better than the manager. I feel like I have to do far too much chasing up, I feel very frustrated about that" and "I don't know who the manager is. The staff keep in touch by giving me a ring."

- The registered manager had recently left the service. Management support was being provided, and arrangements were being made to appoint a new manager. One relative said they had recently been informed of the management change. Staff spoken with felt management support had improved.
- The provider understood their responsibilities under the duty of candour. Events within the home were reported to CQC as required.
- People's relatives felt the staff team understood their responsibilities and were effective in delivering a good standard of care. We were told, "The best thing is it works because it's a small house and all the residents and staff are lovely" and "The best thing is that the staff really fulfil her needs, [family member] has a great quality of life. I wouldn't change anything."

Working in partnership with others

- The provider worked in partnership with others.
- People's relatives spoke about attending meetings with healthcare professionals involved with their family members.
- A health care professional told us the team worked with them and kept them informed. "I have had very good communication with the home. I would say from the staff I have spoken to are caring and think about what is best for my patient" and "Staff appear to have a good communication style with one another and have an understanding of my patient and what is going on."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the management and administration of people's prescribed was always safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems needed to be improved to evidence more effective management and oversight of the service for the purposes of continually evaluating and improving such services.</p>