

Heathcotes Care Limited

Heathcotes (Middleton)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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

At the last inspection of January 2018 the service was rated as good overall but there was a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to adequately protect people from the risk of unsuitable staff. The service sent us an action plan detailing what improvements they would make to improve recruitment. At this announced inspection we found the service had made the improvements and recruitment was robust.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager was registered in February 2016.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

There was a medicines policy and guidance for staff around safe administration. Care givers had undertaken training and competency checks were regularly undertaken.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

People received a nutritious diet and were encouraged to plan their diet, shop and where possible were supported to make their own meals.

Staff received an induction and were supported when they commenced employment to become competent

to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics such as a diploma.

People had a range of activities they could attend which was suitable to their age, gender, ethnicity and beliefs.

There was a relevant complaints procedure. There had not been any recent complaints.

There was a recognised management structure. Staff thought the service was well-led and the two people we talked to thought staff were approachable. We observed staff interacting with people who used the service in a friendly and appropriate manner.

There were systems to check the quality of service provision to help management maintain and improve standards.

The service liaised well with other organisations to help meet people's health and social care needs.

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 improved to good.

The recruitment of staff was robust and ensured they were safe to work with vulnerable adults.

There were systems to safeguard people from abuse.

The administration of medicines was safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Heathcotes (Middleton)

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 was planned to check 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.

This was an announced inspection and was conducted by one adult social care inspector on the 14 June 2018. We announced this inspection because this is a small service and we wanted to be sure there was someone available in the office.

We requested and received a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also contacted the Healthwatch Rochdale and Rochdale Metropolitan Borough Council for any information they held about the service. We received no negative comments regarding the service.

We spoke with two people who used the service, the registered manager, area manager and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at two care records and four medicines administration records of people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

Two people who used the service said, "I think it is safe here. The staff are good with us." and "There is no reason not to feel safe."

We saw from the training records and staff files that staff had received safeguarding training. There were the contact details of staff within the organisation posted on the wall to report any concerns to. Staff had policies and procedures available to report safeguarding issues and used the local social services department's adult abuse procedures to follow local guidance. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff we spoke with said, "I would definitely report poor practice. I am aware of safeguarding. I have seen and understand the whistle blowing policy." and "I come here to help them have a better life so would not put up with any abuse." This showed staff would respond to any incidents of abuse.

We saw that the one safeguarding issue had been investigated and action taken to prevent any further incidents and appropriate action taken against the member of staff responsible. This meant the service would respond to safeguarding incidents to protect vulnerable people.

Staffing was a minimum of one to one care. On the day of the inspection a team leader and five care staff were supported by the registered manager and an extra member of staff came in for the afternoon. We saw that this was normal for this service and people who used the service and staff thought there were sufficient staff to meet people's needs.

At the last inspection the service did not always obtain references from a previous employer. We saw the system had improved. We looked at four staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks ensured staff were safe to work with vulnerable people.

We saw in the plans of care that there were risk assessments for the environment and for any specific need a person had. This was for specific health related conditions such as diabetes or activities like going out in the community. Part of the risk assessment process was called positive risk taking. This highlighted what the risk was, for example a person may abscond in the community and ways to minimise this happening but did not stop the person from going out. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles.

There was a business continuity plan to help ensure the service could function in an emergency such as a

loss of electricity and each person had a personal emergency evacuation plan (PEEP) to help people be safely evacuated in the event of a crisis such as a fire. There was a system for reporting and repair of equipment. All electrical and gas equipment was maintained to ensure it was safe to use. The service undertook safety checks such as fire prevention and the checking of water temperatures to prevent scalding.

Staff had access to and received training in the prevention and control of infection. Staff also had access to personal protective equipment (PPE) to help reduce the risk of cross contamination of infection. The service used the National Institute of Health and Clinical Excellence (NICE) guidelines for the prevention and control of infection which meant they could advise staff around best practice issues to help keep people who used the service safe.

There was a medicines policy in place (and NICE guidelines) and guidance for staff around safe administration, storage, ordering and disposal of medicines. All staff had undertaken medicines administration training and competency checks were regularly undertaken to help ensure skills and knowledge remained current and relevant. We saw medicines administration records (MAR) sheets within clients' care files. These were all complete and up to date. We checked the controlled drugs register and they watched what was stored at the home.

All other aspects of administration were safe, including the details of 'as required medicines', creams were administered if required using body maps and ointments were dated to ensure they were used within the dates of efficacy.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce the incidents. This included any behaviours that challenge. This information helped staff understand what may cause this behaviour and what staff could do to safely de-escalate the situation.

Is the service effective?

Our findings

The home was clean, tidy and well decorated. People who used the service were encouraged to help keep the home clean to help retain some independence but also to improve on their life skills. A person who used the service said, "I keep my own room clean and tidy."

The service encouraged people to use technology. Staff had access to the internet for research. Some of the people who used the service had computer tablets or games machines. They could contact family and friends electronically.

A staff member said, "The induction was interesting. I think the shadow shifts gave me the competence to do this job." New staff received an induction when they commenced working at the service. This was completed over five days and included all basic training, equality and diversity, the expected role and behaviour of care staff and awareness of mental health, learning disability and autism. The last two days were training around safely managing behaviours that challenge. We saw that following the training staff were mentored in their place of work. Staff also completed the care certificate. The care certificate is a nationally recognised set of standards staff must adhere to when working in social care. This gave new staff the confidence and knowledge to work in a care setting and management used a six month probation period to observe staff competency.

We saw the training records of staff and saw they received all the training they needed to satisfactorily perform their roles and encouraged to undertake a course in health and social care such as a diploma. Two staff members we spoke with told us they were up to date with their training.

A staff member said, "I have regular supervision and we can bring up training needs or any other things we want." Staff received regular supervision and an appraisal yearly. Staff told us they could bring up their training needs or any other items they thought important. Staff told us they thought the organisation was very supportive and this was reflected in the management culture.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had informed the CQC of any DoLS authorisations as they are required to do. Staff had been trained in the MCA and DoLS

and were aware what a deprivation of liberties was.

People who used the service had a mental capacity assessment. Five of the six people had a DoLS which had been applied for after the assessments and best interest meetings. Best interest meetings are held by staff at the service, the person involved, family and external professionals to determine what is the best solution and least restrictive action that needed to be taken for people to live at the home. We saw that the service had used the correct process to apply for the DoLS and people had access to advocates or independent mental capacity advisors (IMCA). Advocates and IMCA's are external professionals who act on a person's behalf to ensure their rights are protected and any decisions made are the least restrictive. People's mental capacity was reviewed every three months.

The two plans of care we looked at showed people who were able had signed their agreement to their care and treatment.

People who used the service told us, "I can choose my meals and mealtimes. The food is very good. I can eat what I want" and "The food is nice." We looked to see if people were supported to receive a healthy and nutritious diet. We saw that people who used the service were involved in menu planning, helped shop for food and prepared the menu. Dependent upon their abilities people were able to make their own food, drinks and snacks. We observed people being supported by staff to safely use the kitchen facilities.

We saw that the kitchen was clean and tidy. There were ample supplies of food, which included fresh fruit and vegetables. People had access to condiments to flavour their food. There was sufficient seating for people to take their meal as a social occasion if they wished. We saw that if a person wished to take a meal in their room they could do.

Staff had been trained in food safety and nutrition and said they would offer people a healthy option. People could have what they wanted from a selection of breakfast foods including a cooked option. There was a choice of lunch and the main meal which was served in the evening, although people could ask for (and got) something different if they wished.

Plans of care showed any needs a person may have for their dietary intake. We saw that one person needed a specific diet due to their ethic needs and this was catered for and cooked separately. People were also able to go out to eat as part of their activity program. People's weight was recorded to ensure they were not gaining or losing too much weight and we saw they had access to professionals such as a speech and language therapist (SALT) for advice.

Each person had a health care plan and access to their own GP. We saw in the plans of care that people attended appointments at chiropodists, dentists and opticians and were also supported to attend specialists and hospital consultants.

A person who used the service told us, "I like my bedroom. It is brilliant to have my own shower and bathroom. I chose my own colour scheme. My room is like a home from home. I have my own television. People could choose the décor of their room and had also been involved in the decoration of communal areas. We toured the building and saw that rooms were very personalised, for example football themed. People were also able to equip their rooms with items they wanted. This included music systems and computers. There was a communal lounge, dining room, a laundry and a games room. All bedrooms had an en-suite shower and toilet.

There were two garden areas, both of which were safe and secure for people to use in good weather.

A lot of the documentation was in an easy read format with the use of pictures and photographs to assist people who used the service understand them. This included the plans of care and key policies and procedures, for example the accessible information policy, complaints, dignity in care, infection control, nutrition and religious or cultural needs.

Is the service caring?

Our findings

People who used the service said, "I am happy here and there is nothing to complain about. The staff are OK. My key worker is very nice" and "I was in another home. I like it better here. All the staff are very nice. The staff care for me. I thank the staff for that." People we spoke with and from our observations we saw that people were settled and well cared for.

Two staff members said, "I am happy working here. I like helping people and making a difference to make people's day" and "I love it here and glad I made the change from the work I used to do. The staff team is brilliant. We all work well together. I like to see how I can make things better. I like to promote them in the community. Set them goals and achievements. I would recommend here for someone I knew."

We observed the staff team during the day and saw they were professional, kind and caring. People were given choices in what they did and often went out, what they wore and ate. Part of the plan of care was a background history and people's personal preferences which enabled staff to know what people liked and therefore treat them as individuals. Plans of care showed a person's age, gender, sexuality, ethnicity and religion had been discussed and considered.

We did not see any breaches to privacy and staff were discreet whenever they assisted a person. We saw that where possible people were encouraged to do what they could for themselves.

People were given information around what the service provided in an easy read format. This helped the person understand what support they could expect.

We saw all records were held securely and staff were trained about confidentiality and data protection topics including the use of social media. This helped keep people's care and support private.

People were encouraged to maintain contact with their family and friends. Staff supported people to visit their families in their own homes.

We saw that the service had approached the advocacy service to act upon a person's behalf and protect their rights.

Is the service responsive?

Our findings

People had access to a wide range of individual activities. Two people who used the service told us, "I play my PS4. I play on line games. That is what I like to do" and "I get out a lot more here and there are a lot more shops. I will go to town on the bus and am getting a bus pass. I am going to Blackpool soon and looking forward to that." Each week's activities were planned although staff were flexible and would change the activity if a person wanted to do something differently. We saw people were taken out when they asked a staff member to take them to the shop.

Activities people could attend included holidays (all the people who used the service are going on holiday), gardening, bingo, including in the community, various social clubs, the Cherwell Centre which offers a petting zoo and place to eat, going to pubs, eating out, places of interest, walking, bike riding, parties and swimming. One person was at college learning life skills. This meant the person was taking a course and would end up with a certificate for first aid and sports.

Other activities centred around life skills and people were supported to cook, clean, do their laundry, garden and attend to their own personal care. One room was set aside as an activities room where there was a pool table or people could join in karaoke or play computer games.

People who used the service told us, "I can complain to the manager if I want to" and "I can see the manager if I want to. I could talk to them if I had any worries." There was an accessible complaints procedure which was provided to people in a way they could understand it. There had not been any complaints made against the service.

Plans of care were detailed and contained a person's background history, past family life, their likes and dislikes and any hobbies or interests. The care plans were divided into sections such as needs for communication, mobility, diet and nutrition or personal care. Plans of care also included a health action plan to maintain people's health, a personal development plan which set goals for people they wished to achieve, a leisure and social support plan to help people live a safe yet active life and various other headings which showed the service recorded as much as they could about a person to help them live the life they wanted. Plans were regularly reviewed and there was a daily record of what people had done. The plans of care gave staff sufficient information to meet the needs of the people who used the service.

People had an end of life plan which reflected their wishes about what they wanted should their health deteriorate. The plan had been discussed with the person and pictures and photographs used to make it easy to understand. The details included who the person wanted to be present, what they wanted to do with their belongings, any specific music they wanted playing, where they wanted to be cared for and if they wanted to be buried or cremated. We saw they were very personal to the person and would ensure their wishes were followed at the end of their lives.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager was registered in February 2016.

We asked people who used the service and staff what they thought about the management of the home. People who used the service said, "I can talk to the manager if I want to. The manager is good and listens" and "The manager is nice. All staff say come to us if we have any worries." Staff said, "The managers have given me a lot of support. There is a good staff team. We like a family. The team leaders and manager are all very supportive" and "I am happy working here. The manager is brilliant and very supportive."

We looked at policies and procedures which included mental capacity, medicines, health and safety, lone working, infection prevention and control, business continuity and safeguarding. The service used the National Institute of Health and Clinical Excellence (NICE) guidelines for care and support in a residential setting, Type 2 diabetes in adults, managing medicines in care homes, learning disabilities and behaviour that challenges: service design and delivery, mental health problems in people with learning disabilities: prevention, assessment and challenging behaviour and learning disabilities. This guidance is research based and good practice for care services of this type to follow.

The registered manager undertook regular audits. Audits we saw included medicines, the environment, fire procedures and equipment, maintenance checks, and cleanliness. The regional manager also visited the service and audited the provision of care, facilities and services. A plan was produced and which member of staff was responsible for any actions which needed to be taken. Audits were used to maintain and improve standards at the home.

Management held monthly meetings with people who used the service and staff. People who used the service discussed life at the home, activities, any concerns and menus. We saw that from the meetings management reacted to their views by changing the décor or arranging activities. One person had an overnight stay with family arranged. Staff had a chance to discuss dignity issues, health and safety, nutrition and safeguarding. The meeting was also focused on people's care and any changes or improvements that could be made. Staff were given the chance to add to the agenda if they wished. This showed the service included people who used the service and staff in the management of the home.

The service also asked people and their families about their views of the home in surveys. We saw the views of both were positive and included comments, "Staff are friendly"; "I like my bedroom" and "I like the facilities."

We saw the service liaised well with other organisations and professionals. Each person also had a 'grab sheet' which gave other organisations the basic details they would need to care for somebody in an

emergency. This was ready to accompany the person as required.

There was a statement of purpose and service user guide which told people who used the service, families and external professionals about the facilities and services on offer. The service also sent us notifications they were required to do and had a link to their rating on their web site which was also displayed within the home.