

Heathcotes Care Limited

Heathcotes (Salford)

Inspection report

9 Cromwell Road
Eccles
Manchester
Lancashire
M30 0QT

Tel: 01617070768

Date of inspection visit:
21 March 2018
22 March 2018

Date of publication:
29 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 21 and 22 March 2018. Due to the nature of the service provided at Heathcotes, we gave the provider 24 hours' notice. This enabled the provider to prepare people at the service for our visit. This was the first inspection since this home was registered on 14 September 2017. We brought this inspection forward in response to whistleblowing concerns.

The whistleblowing concerns we had received related to unsafe staffing levels, unmanaged risks and the lack of up to date information in care plans. There had been safeguarding alerts raised in relation to administration of medication and restrictive practices. In addition, the police had attended the property in response to behavioural support needs. We looked specifically at events detailed in the whistleblowing and found there was no evidence to support the concerns raised.

The Rookery 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 home can accommodate a maximum of seven people. When we inspected there were six people living in the home. Accommodation is provided in a large detached property, over three floors, in single en-suite rooms. There were two communal lounges, a large dining kitchen, utility areas and a garden.

At this inspection we found three breaches of the Health and Social Care Act (2008) in relation to Regulation 14 Meeting nutritional and hydration needs and Regulation 17 Good governance. You can see what action we told the provider to take at the back of the full version of this report. We also found the provider had failed to notify us of specific incidents and we are considering our options in relation to this matter.

We discussed with the local police force their attendance at the property and found the police had attended more regularly than we were aware of. We discussed this with the registered manager who informed us the number of visits by the police had reduced significantly in response to risks being more effectively managed. We will continue to monitor this.

Nutritional and hydration support needs were not evidenced to have been met for one person who had been found to be nutritionally at risk. The home had not kept a contemporaneous record of the support offered.

Records in relation to medical appointments had not contained enough detail to determine the purpose and outcome of the appointment for one person and it was not possible to identify what action or treatment had been recommended.

Records in relation to a specific incident for one person were contradictory. The registered manager gave a different account to what had been recorded in the person's notes. This meant it was difficult to be certain what may have caused the person to experience distress.

Auditing systems did not identify concerns we had found at the inspection.

Relatives we spoke with expressed a lack of confidence in the service's understanding of their relative's needs.

Staff we spoke with were knowledgeable about protecting people from the risk of harm and abuse and were able to explain how they raised a safeguarding concern. Staff also said they felt there were enough of them on duty to ensure people were safe.

Staff had received training appropriate to their roles and had regular supervision and support from the management team.

People's needs had been assessed in consultation with families, commissioners and specialist learning disability services. Care plans were detailed and contained sufficient detail for staff to know how to provide care and support.

The home was compliant with the requirements of Deprivation of Liberty Safeguards (DoLS) contained in the Mental Capacity Act 2005. Mental capacity assessments and best interest decisions were well documented. Staff were aware of the need to gain consent from people when they provided care and support.

The service was caring, staff were observed to behave with kindness towards people. Communication plans were detailed and complied with the requirements of the Accessible Information Standard.

The registered manager and management team were working closely with families, commissioners and other specialist professionals to achieve better outcomes for individuals. This included when they had identified the need for alternative support.

The general manager had been appointed seven weeks prior to this inspection. One of the relatives we spoke with said they thought the new manager was alright. Another relative said they were not sure who they were because there had been so many changes. The staff spoken with expressed confidence in the management team and reported feeling they were well supported.

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.

People were protected from the risk of harm and abuse. Staff were knowledgeable about safe guarding procedures.

Risks had been assessed and plans developed to mitigate them.

Medicines were stored safely and administered as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

We could not be confident one person had received enough support to maintain adequate nutrition and hydration.

Staff had received training that supported them to provide care and support to people living in the home. Relatives we spoke with were not confident staff knew enough about autism.

The home was compliant with the Mental Capacity Act 2005 and staff were knowledgeable and respectful of the need to seek people's consent to care and support.

Is the service caring?

Good ●

The service was caring.

Staff were observed to interact with people living in the service with kindness and patience.

The home had met the Accessible Information Standard (AIS) which was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Staff were knowledgeable about promoting dignity and respect when providing care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and were developed to ensure people received care which was responsive to their needs.

People were supported to engage in a broad range of activities which reflected their preferences.

Complaints and concerns had been recorded and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Auditing systems did not identify concerns we had found at the inspection.

The registered manager had not consistently submitted Statutory Notifications to CQC

The staff team reported increased confidence in the leadership following a recent change, staff felt they were well supported and the management team were approachable.

Heathcotes (Salford)

Detailed findings

Background to this inspection

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

This inspection was brought forward in response to whistleblowing concerns received. Concerns we received related to unsafe staffing levels, unmanaged risks and lack of up to date information in care plans. There had been safeguarding alerts raised in relation to administration of medication and restrictive practices. In addition, the police had attended the property in response to behavioural support needs.

This inspection took place on 21 and 22 March 2018. Due to the nature of the service provided at Heathcotes, we gave the provider 24 hours' notice. This enabled the provider to prepare people at the service for our visit.

The inspection team was comprised of one adult social care inspector due to the size of the service and the potential impact of visitors on people living in the home.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We also liaised with external stakeholders including the local safeguarding team, commissioners, complex care team and the police.

We had not asked the provider to complete the provider information (PIR) return. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with the registered manager, general manager based in the home, the compliance manager for the provider, four members of staff and two relatives. We reviewed four care plans. We looked at other documentation held by the service including: policies and procedures and a range of records the home kept in relation to governance.

Is the service safe?

Our findings

People living in the home were protected from the risk of harm and abuse. There were clear safeguarding policies and procedures developed by the provider. Staff we spoke with were knowledgeable about what might be a safeguarding concern and how to respond to this. One member of staff said, "We look out for people and ensure they are alright. If I thought someone was at risk I would report it to senior staff or to the local safeguarding team and CQC." Another member of staff said, "Abuse can be anything that may cause distress. I would talk to someone if I thought they were being abusive and let the team leader know who would escalate it further." Information about how to raise a safeguarding concern and whistleblowing was displayed in the office.

We asked relatives of people who lived in the home if they thought they were safe. One relative said, "I feel [name] is safe there." Another relative said, "I don't think [name] is safe and would feel better if they moved."

We had received concerns from a whistle-blower who reported some risks had not been assessed in relation to behavioural support. We found risk assessments to be comprehensive and up to date and they had been reviewed in a timely way to reflect any changes in people's needs. Each person had a positive behaviour plan to support and improve the behavioural challenges the person experienced. Risk management plans identified what might lead to someone having behaviours which challenged and how to avoid this. Strategies for responding to incidents had been recorded including; the number of people needed to provide support and specific techniques required. We asked staff if they felt they could provide support safely and if they had enough information about people's behavioural support needs. One member of staff said, "Yes, I feel safe, there is a good team around me and my training was helpful." Another member of staff said, "I feel safe and there are enough of us, I can look at the risk assessments if I need to know anything."

The whistle-blower also reported there was not enough staff on duty to maintain people and staff safely. However, we saw the home used a system to assess how many staff was needed at any one time to meet people's support needs. We looked at the rotas for the preceding three months. We found staffing levels had been maintained at the assessed level on all but one day. We asked the registered manager about this. They reported there were four staff on the rota instead of six due to staff training but the staffing was supplemented by the management on that occasion to ensure safe staffing levels were maintained. We verified this with the rota and saw the managers were in the home on that day.

We looked at the homes risk assessment and management policies. We found risk assessments in relation to all aspects of people's health and social care needs had been completed. These included; personal care needs; food and fluid intake; and accessing health professionals.

We looked at staff recruitment records for three staff. We found the home had appropriate recruitment practices. Each file included an application form, interview notes, proof of identification, references and supervision records. Disclosure and Barring (DBS) checks had been completed and the outcome recorded. A DBS check is undertaken to determine that staff are of a suitable character to work with vulnerable people.

Medicines were stored securely in locked cabinets in a separate locked room. Temperatures of the room and medication fridges were recorded and we saw these had remained within the minimum and maximum range necessary to ensure the medicines were effective. All opened bottles of medicines had a date of opening written on them. We looked at the Medication Administration Records (MAR), we found these had been completed fully and where medication had been declined this had been recorded. All medication administered had been signed for. Some people needed to take 'as required' medication, either for pain relief or support with managing their feelings. There were clear guidelines for each 'as required' medication. Where this medication had been given we could see a corresponding entry in the person's notes to evidence the decision.

The premises had been maintained safely. Gas and electrical safety certificates were in place and up to date. We found all moving and handling equipment and fire safety equipment had been maintained. Emergency call points, emergency lighting and fire doors had been checked regularly. There was also an up to date fire risk assessment and evacuation plan. In addition each person had a Personal emergency evacuation plan (PEEP) which detailed the specific support needed to evacuate the person in an emergency such as a fire from wherever they were in the building.

We looked at how the home managed infection control. We toured the building and found all areas were clean and hygienically maintained. There was some staining on the ceilings which were being decorated at the time of the inspection. There was a cleaning schedule signed by staff, twice daily and a separate cleaning schedule for night staff. Cleaning materials were stored safely. Personal protection equipment including; gloves, aprons and hand cleaning gels were available and we saw staff used these items when providing support with personal care and when in the kitchen.

Is the service effective?

Our findings

We looked at how the home supported people to maintain good nutrition. The home planned menus to reflect the nutritional needs and preferences of people living there. We saw people were given a choice of food and drink at each meal time. The food and drink consumed was recorded in the daily records. One person had been identified as being nutritionally at risk, there had been a management plan developed by the community based health staff. We found the amounts of food and drink recorded as being offered or consumed were low. The person remained at risk nutritionally. It was not possible to be certain whether they had lost more weight as the person had not been able to cooperate with being weighed. We discussed this with the registered manager who advised they believed more food and drink had been offered and consumed but not recorded. This meant we could not be confident the person had been supported to maintain good nutrition.

This was a breach of the Health and Social Care Act 2008, Regulations. Regulation 14(4)(a) receipt by the service user of suitable and nutritious food and hydration which is adequate to sustain life and good health.

We looked at how the home assessed people's needs and delivered care and support. We looked at the care files for four people. We found there had been comprehensive assessments completed prior to admission which identified in detail each person's health and social care needs and how they were met. We saw the home had developed assessment and care planning which reflected good practice guidance for people with learning disabilities. The positive behavioural support section and positive risk taking section in the care plans sought to promote understanding and responses to behaviours and to improve choice and control. We could see there had been involvement from families, the complex care team and commissioners in the assessment and care planning process. Assessments included people's cultural and religious identities and detailed the support people needed to maintain them.

We looked at the training the staff received to see if they had the skills, knowledge and experience to provide effective care. The home had a comprehensive induction programme, which all staff completed and a regular training programme for all staff. New staff completed an induction booklet that included; the organisation's core values, care planning, good practice, health and safety and appropriate long term conditions such as, learning disabilities, autism, positive behavioural support and mental health issues. One relative we spoke with was not confident staff knew enough about autism. We spoke to a member of staff to see if they felt their training had given them the skills they needed. One member of staff said, "The induction has been really useful and helped me to orientate in my role." Another member of staff said, "I feel the training has been enough and I have the right knowledge, I can ask anyone if I need to know something." A third member of staff said, "I feel I have had enough training and feel safe at work because of it." Concerns had been raised by a whistle-blower that staff had not had enough training to enable safe intervention when a person may be challenging. We found all staff had received training and more advanced training was planned to improve the skills and knowledge in the team. Staff received regular supervision and annual appraisals. Staff reported finding this useful to discuss their practice and develop their skills. We saw supervision records in staff files had been comprehensive. Staff also said they could ask for support at any time from the team and the manager. The home had also used additional support from other homes within

the organisation deploying staff with more experience who shared their skills and experience with the team.

People's health care needs were identified and had been included in separate Health Action Plans (HAP) designed to promote healthier lives for people with learning disabilities. The HAP detailed individuals health needs and the support they needed to meet these needs and become healthier. People were referred to health professionals when required and supported to attend appointments. Information to support staff to recognise what happened when a person experienced pain was also included in the health care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home 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 where people lacked the mental capacity to make a decision about where they lived either had a DoLS authorisation in place or an application had been made to the local authority on their behalf. We looked at the mental capacity assessments in the care plans and found they were decision specific and addressed a broad range of decisions a person may need to make in relation to; receiving care and support, taking medication, physical interventions and managing money. Decisions made in a person's best interests were recorded and followed the principles of the MCA. Staff we spoke with showed they were aware of the importance of gaining consent from people before providing care and support. We saw staff asked people before providing support. We saw the home used communication aids including pictures to support people to recognise what was happening. One member of staff said, "I talk gently with people, I might use cards or signing to prompt them to decide." Another member of staff said, "I promote choice by offering people options and learn how they respond."

Is the service caring?

Our findings

We looked at how caring the service was. We observed some interactions between the people using the service and the staff. We saw staff were caring in their interactions. Staff took time to engage with people. We asked staff how they ensured they maintained dignity and respect. One member of staff said, "If I am helping someone with personal care I make sure the curtains are drawn and the door closed, I encourage them to do what they can for themselves." Some people living in the service experienced high levels of anxiety and distress. Care plans reflected people's emotional support needs, potential triggers were recorded and how staff were to respond.

During the inspection we observed staff responded calmly and kindly to a person who had shown some signs of distress. We observed staff reassuring a person and redirecting them as described in their care plan.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. Some people used pictures. We saw that one person was using a system known as 'Now and Next' which involved showing pictures to inform them what to expect and to seek their agreement. The service had used varied communication strategies to involve people in making decisions and to express their views. One person had been involved in recruitment and had designed some interview questions. We observed the registered manager discussing these and agreeing how they could be used. This showed the service cared about people's views and encouraged them to be involved in decisions about their support.

Is the service responsive?

Our findings

We looked at how the service ensured people received personalised care that was responsive to their needs. We found care plans were very person centred, needs had been individually assessed and plans developed to meet all the person's health and social care needs. Assessments were holistic and addressed the person's preferences and cultural and religious needs. We saw there were details about the person's background and life story. We could see people had been involved in developing their care plans, some entries were written by the person or using their terminology. Where people were not able to do this the service had gathered information from a wide range of sources. Staff were knowledgeable about person centred care. Plans were reviewed and updated regularly, relatives we spoke with said they had been involved in reviews and care planning. This showed the service was responding to changes.

We saw the service referred people to other professionals including the complex care team and specialist learning disability commissioners when required. The service had worked with health providers to meet the complex needs of people. Where the right outcome for a person had not been achieved the service ensured commissioners were aware of the need to find alternative provision. People had access to community based health services when required.

We saw people's preferences for films, music, computer games and valued activities were recorded in their care plans. Records of activities undertaken were recorded in the daily notes and reflected the preferences of the person. All people had one to one support and sometimes two to one support to ensure they had the right level of support to enable them to access the community and engage in activities. We saw where, following a review, the service felt a change in the level of support was needed they had contacted commissioners to discuss this and amended the support provided.

We looked at how the service listened to people's concerns and complaints. There was a complaints file containing a log of complaints received and listed the what the response had been. The service had a policy to consult with people using engagement surveys, this included easy read versions. This showed the service cared about people's views. At this inspection there were no results we could view as the service had not been open long enough to complete this.

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 to manage the service. Like the registered provider, 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.

There was a recently appointed general manager in post. The registered manager and general manager were approachable responsive and accessible throughout the inspection. There was a clear structure in place. Regular auditing and monitoring was carried out by the management team and by the provider's compliance manager. A home audit report had been completed each six to eight weeks. This sampled care plans, care records and other record keeping which included notifications to CQC. We looked at the governance systems to assess whether they were effective in maintaining and improving the quality of service for people and found some issues.

Contemporaneous records had not been kept in relation to two people's care plans. In one care plan no record had been made of the purpose and outcome of a medical appointment. This meant it was not clear what treatment had been recommended. Incomplete nutritional and hydration records for the same person had not been identified by the auditing systems. In a second person's care record, details of a recent event and the potential causes of the person's distress differed from the account provided by the registered manager. This meant we could not be confident the record had reflected the event accurately.

These findings were a breach of the Health and Social Care Act 2008 Regulations; Good Governance Reg 17(2)(c) Maintaining contemporaneous records.

The registered manager had not always completed statutory notifications as required by CQC. The police had said they had visited on 18 occasions but CQC had only received four statutory notifications. We discussed this with the registered manager. Records in the home identified that on two occasions the police had attended after the service had requested an ambulance. Some visits pre dated the service opening and were related to burglaries or bomb hoaxes which would not have required a notification. However, visits by the police following the home opening had occurred and involved people residing at the home which would have required a notification to CQC. We are currently considering our options in relation to this matter.

Relatives did not feel confident in the way the home was being managed. One person said, "I am not sure who the manager is, too many people have left. I don't think they can cope." Another person said, "The new manager seems to be alright, I do not think there has been much improvement."

We spoke with the registered manager about leadership in the service. They acknowledged there had been some difficulties but these were being addressed by the new general manager who was supporting the team to develop the skills and confidence needed to provide support for the people living in the home. Staff spoken with confirmed this view. Staff felt more confident in the new management of the service under the new general manager and registered manager. One person said, "The team is improving, there is more

structure and we are clearer about what the expectations are." Another person said, "Management are brilliant, they are really supportive, approachable and are always around." More experienced staff from other homes within the group had been working alongside the staff team to provide support and experience to the team. We spoke to one of these staff who said, "The new manager is supporting staff, they have a good approach and I am confident the service is well managed."

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	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Records of food and drink taken by a person were not recorded. Records of offers of food and drink which had been declined were not recorded. No action plan was agreed to respond to low levels of fluid or food intake
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to keep contemporaneous record in relation to medical appointments. Failure to keep contemporaneous record in relation to incidents.