

Heathcotes Care Limited

Moulton

Inspection report

Grosvenor House
16 Chater Street
Moulton
Northamptonshire
NN3 7UD

Tel: 01604499376
Website: www.heathcotes.net

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Moulton is a residential care home providing personal care for up to 6 people in one adapted building. Moulton is also a supported living service providing personal care to people in their own homes. It provides support to people with a learning disability, autistic people and people living with mental health needs, physical disability or sensory impairment. At the time of our inspection, there were 5 people living at the home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

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.

Staff enabled people to access specialist health and social care support in the community. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Improvements were being made to the home environment including, decoration and new flooring. People had a choice about their living environment and were able to personalise their rooms.

Right Care:

People received kind and compassionate care. They understood and responded to people's individual needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff assessed and identified risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes

People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management of medicines, staffing levels and management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Moulton

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This 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

The inspection was carried out by 2 inspectors. 1 inspector conducted the site visit and another inspector made telephone calls to staff.

Service and service type

Moulton 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in a small 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 3 relatives who used the service about their experience of the care provided. We spoke with 8 members of staff including the registered manager, a compliance officer and support staff. We reviewed a range of records. This included two people's medicine and care records. A variety of records relating to the management of the service, including quality assurance records and policies and procedures were reviewed.

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 requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection staffing of the service was not effectively managed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was enough staff to meet people's individual needs and ensure people's safety. The staff we spoke to confirmed this. Staff were deployed effectively to enable people to access the community daily.
- The registered manager had recruited more staff since the last inspection. This meant the service no longer required regular use of agency staff to cover staff absence and sickness. One staff member told us, "In my opinion there are enough staff to meet everyone's needs, we are fully staffed. We can still be short staffed when staff don't turn in due to sickness etc, but the team leaders or the manager will ring other staff members to see if they can pick up the shift and the team leaders will support people."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People we spoke to expressed they felt safe, and the relatives we spoke to confirmed this. One relative told us, "We most certainly feel [person] is in a very safe and loving environment."
- The provider had policies and procedures in place to safeguard people from abuse. Referrals had been made to the local authority safeguarding team and investigations had been completed by the registered manager where required.
- Staff received training in safeguarding adults and understood the signs of abuse and how to report any concerns. A staff member told us, "I would report it immediately to the team leader and the manager and they would investigate the issues and take appropriate action to ensure that it will not happen."

Assessing risk, safety monitoring and management

- People had their individual risks assessed with strategies in place to mitigate these risks. For example, people identified at risk of choking when eating ate with staff supervision and support.
- Staff told us they had access to people's risk assessments and demonstrated an understanding of the identified risks to people. One staff member told us, "Before supporting a person who is at risk of choking staff have to be supervised preparing their food, observed feeding the person and fully assessed as

competent to support the person."

- Plans were in place to ensure staff understood the support required for people when distressed or experiencing feelings of anxiety. One person told us, "I have medicine to calm me down, but I haven't used it for over a year."

Using medicines safely

- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed. Medicines were ordered, administered, stored and disposed of safely.
- People were supported to take their medicines in the way they liked to. One person told us they liked to take their medicines with a yoghurt and staff supported this preference.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely.
- PRN (as required medicines) protocols were in place, explaining the medicine, what it was prescribed for, when to offer the medicine and how to identify the person may need the medicine.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting and no visiting restrictions were in place.

Learning lessons when things go wrong

- There was a system in place to monitor accident and incidents and identify any lessons learnt. Where lessons had been learnt, action had been taken to reduce the chance of re occurrence including updating people's care plans and risk assessments.

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 requires improvement. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and staff had identified and reported areas of improvement in the decoration of the service. The provider was in the process of implementing these improvements.
- People had the choice to spend their time in a private or shared space and staff respected these choices. The design of the service met people's needs.
- People's bedrooms were personalised. One person was proud to show the inspector a newly implemented blackboard wall in their bedroom. The registered manager was keen to make improvements to the décor in the home and was in the process of sourcing artwork and sensory equipment to create a more homely feel for the people living at the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to living at Moulton to ensure that the service was able to meet these. This included assessing people's compatibility with other people already living at the service.
- Care plans held person-centred information and were regularly reviewed. People and their relatives were involved in ensuring the information recorded was accurate and reflective of the person and the support they required.
- Staff told us they had access to people's care plans. One staff member said, "We [care staff] all read and sign the care plans and when we are unsure or need to double check these are easily accessible and we can go to our manager for any questions."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. This included training in learning disability, autism, mental health and dementia. Staff told us the training they received gave them the skills and knowledge required for their role.
- Staff received an induction when they joined the service which included reviewing people's care plans and time spent shadowing experienced staff members.
- Staff were enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's dietary needs were assessed upon admission to the service and were regularly reviewed. Care plans detailed people's individual dietary requirements and preferences.

- Staff had supported people to lose weight, where required, and encouraged people to maintain a healthy diet. One person told us how happy they were to have lost weight and explained to the inspector how they needed to eat fruit to be healthy.
- People had access to the kitchen and were encouraged to take part in meal planning and preparation. A relative told us, "They [staff] encourage [person] to butter their toast." Another relative said, "When [person] lived at home eating was a major problem. They ate a very limited amount and we had to administer supplements to boost their intake. At Moulton, that has disappeared and they enjoy a healthy and varied diet. They like to go out for the occasional lunch too and the staff cater for that preference."

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

- Records showed action was taken when people's health or wellbeing deteriorated. Staff noticed changes to people which may indicate deteriorating health and sought advice promptly.
- People had health passports. A health passport is used to provide health and social care professionals with the information to support people in the way they need. This included current needs, likes and dislikes and how to effectively communicate with people.
- People's care plans documented the ongoing support they received with accessing health appointments including GP's, dentists, and opticians. Health professionals visited the home to ensure people's individual needs could be met.
- Records showed people were supported to access health and social care professionals including the community learning disability team, speech and language therapists, psychiatrists and specialist nurses.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with medicines and finances. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- The provider worked within the principles of the MCA and had a system in place to monitor people's DoLS applications, authorisations and conditions.
- Staff had received training and demonstrated an understanding of the MCA. One staff member said, "We [staff] allow all of our service users [people] where appropriate to take positive risks by giving them all information to make the decision and help them complete the tasks that they would like to complete."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to monitor the quality and standards of the service. The provider completed monthly visits to the home which were effective in identifying areas of improvement. Action plans had been put in place where improvements were required, and the registered manager took action to address these.
- Systems were in place to monitor medicines administration, safeguarding, care plans, MCA and DoLs and accidents and incidents. The registered manager was proactive and enthusiastic about improving the care and support people received.
- The registered manager was aware of their role and responsibilities to meet the CQC registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and care staff were committed to ensure people living in the home received care in line with the principles of Right Support, Right Care, Right Culture. Staff valued and promoted people's individuality, protected their rights and enabled them to develop and maintain their independence.
- People and their relatives provided positive feedback about the care they received. One relative told us, "[Person] is cared for by a team who clearly have [person's] best interests and safety at heart."
- Staff told us they felt supported in their roles. One staff member said, "[Registered manager] is amazing, staff orientated and helps when needed. She knows her job and make staff feel safe and feel better. I can raise anything and can make suggestions for improvements. I feel listened to and valued." Another staff member said, "My manager is approachable and listens to all concerns that I have, is always visible within the service and walks around the service most of the day."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives were involved with their care, were involved in decision making and had the opportunity to provide feedback. One relative told us, "[Registered manager] keeps in touch with me and lets me know what's going on."
- People were invited to attend and participate in meetings with the provider to discuss the care they received and any suggested improvements. One person told us how they were looking forward to attending the meeting.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their regulatory responsibility and was open and transparent when any incident occurred.
- The registered manager attended regular meetings with other managers to review policies and procedures, share any concerns, and discuss any lessons learnt following incidents.
- The registered manager received support from other teams within the provider where additional support was required. This included support and guidance with reviewing people's care plans in relation to positive behaviour support.
- The registered manager and care staff worked closely with other professionals to achieve good outcomes for people. This included working with health professionals and social workers.