

Heathcotes Care Limited

Heathcotes (Erdington)

Inspection report

929 Chester Road
Erdington
Birmingham
West Midlands
B24 0HJ

Tel: 01213509790
Website: www.heathcotes.net

Date of inspection visit:
23 July 2019
24 July 2019

Date of publication:
09 August 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Heathcotes (Erdington) is a care home for up to eight people living with learning and physical disabilities. At the time of our visit there were six people living at the location

The service has been developed and designed in line with the principles and values of registering the Right Support and good practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning difficulties and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service:

The service was not consistently well led. We identified inconsistencies in contingency protocol when the manager was absent, and some concerns regarding record keeping and data protection.

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views

and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service were confident about approaching the manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people on the quality of the service was gathered and used to support service development.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection:

At our last inspection in December 2017 [published 24/01/2018] we rated the service as 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.

Why we inspected:

The inspection was prompted in part due to concerns received about an allegation of abuse towards a person living at the location by a staff member using inappropriate restraint techniques. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Effective sections of this full report.

At the last inspection the service was rated as Good. The service remained rated as Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Details are in our Safe findings below

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below

Heathcotes (Erdington)

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type:

Heathcotes (Erdington) is a care home for people living with learning and physical disabilities. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there was an acting manager in post. The service was in the process of registering a new manager with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection site visit activity started on 23 July 2019 and ended on the 24 July 2019, as the inspector conducted telephone interviews off site.

What we did before the inspection

When planning our inspection, we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Health watch for any relevant information they may have to support our inspection.

During the inspection

During our visit we discussed the care provided with two people who used the service, two relatives, four members of care staff, the acting manager and the compliance manager.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person we spoke with told us, "I'm happy here, they're [staff] all lovely and they look after me".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The recent safeguarding concern that had partly prompted this inspection had been reported by the provider to CQC and the Local Authority who had closed the enquiry with no further action. The provider had taken all reasonable steps to investigate the incident.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- We saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. This included information about behaviour which may become challenging. For example; Triggers to behaviour, de-escalation techniques, people and staff safety and as a last resort physical restraint.
- We saw that all potential risks were recorded along with informal observations which were carried out daily and any changes were added to people's care plans.

Staffing levels

- A person we spoke with told us, "There's always someone [staff] to talk to".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us that they had no concerns about their family member receiving their medicines on time and as prescribed.

- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they were provided with the appropriate cleaning materials and protective equipment by the provider.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained all accidents, incidents were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

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 the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: Induction, training, skills, and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw that alongside mandatory care support training, specialised learning and development activities were also in place. For example; Non-Abusive Psychological and Physical Intervention training (NAPPI). A member of staff said, "We get enough training and we can ask [manager's name] if we feel we need more".
- We saw the provider had training plans in place which were reviewed and updated on a regular basis.
- Staff told us they had regular supervision meetings to support their development. The manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- The manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

- Not all people living at Heathcotes had capacity to make informed decisions about their care and support needs. Where this was the case, we saw that the provider had made appropriate DoLS applications to the local authority.
- Staff explained, and we observed, how they gained consent from people when supporting their care needs.

- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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

- A person told us they were happy with the support they received from care staff with meals and drinks. They said, "The food's good, I can have what I want, they're [staff] all good cooks" We asked the person what they were having for lunch today and they told us, "I don't know, I'll see what I fancy when I get there [kitchen]".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily. A relative told us how their family members health had improved because of the provider maintaining a healthy eating programme.

Staff working with other agencies to provide consistent, effective, timely care

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to senior staff and recorded in daily notes.

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

- People's individual needs were met by the adaptation and design of the premises.
- People had their own rooms which were decorated to their individual tastes. A person we spoke with told us, "My room's nice, I've got all my stuff in there".

Supporting people to live healthier lives, access healthcare services and support

- A relative told us, "[Person's] had a few health issues recently, but they [provider] always make sure he gets the medical attention he needs. They get him to all of his appointments and they make sure he has all his medical information with him".
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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 the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff treated them with kindness and compassion. A relative told us, "They're [staff] genuinely very caring people. It doesn't come across like 'it's just a job' to them. They're very kind, it's the best it's ever been."
- People were encouraged to express their views on how they preferred to receive their care and support. We saw staff talking to people about how they preferred their daily care needs to be met.
- We saw caring interactions between people and staff throughout our visit. A relative said, "[Person] fits in really well and gets on really well with the staff".

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered.
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out of the home, or whether they spent time in communal areas or in their own rooms. A person we spoke with told us, "They [staff] ask me what I want to do every day. Today's a bit of a 'chill' day, it's quite hot outside. We talk to each other a lot, they're good listeners".
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A relative told us, "There's plenty of privacy if I want to see him on his own. They [staff] respect his privacy and his dignity".
- There were no restrictions on visiting times and people told us that their family members were free to visit at any time.
- People were encouraged to be as independent as practicable. Throughout our inspection we saw people being encouraged to preparing their own snacks and drinks. A relative said, "[Person] likes to help with the vacuuming".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant that people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. A person told us how staff supported them to enjoy their hobbies and interests outside of the home. They said, "I like bowling, we go sometimes, it's not too far". We saw a person and a member of staff discussing preparations for an upcoming holiday abroad.
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care.
- Positive behaviour support (PBS) were in place. PBS is 'a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

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 (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

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.

- A person we spoke with told us how staff were supporting them to prepare for a few days at their parent's house.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the provider would support them.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.

- A person told us, "If I had a complaint I'd know how to raise it, and I can talk to [manager's name] at any time if I need to".

End of life care and support

- There were no people living at the location that required this level of support.
- Care plans included information about people's plans and wishes should they require end of life care.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same.

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.

Managers and staff were not always clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a history of meeting legal requirements and had generally notified us about events they were required to by law. However, when the manager was unavailable, staff who were deputising did not consistently understand and adhere to this process. We raised this with the compliance manager who said they would discuss this with staff and implement systems for improvement.
- We also identified an error in the recording of medicine stock, which had been recorded a day in advance, and we saw that box files of people's records were being stored in a communal area. The manager assured us that they were in the process of arranging suitable storage.
- The day after our visit the manager sent us a plan of how they intended to redress these issues.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Staff said they were listened to by the manager and felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.

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

- People, staff and relatives were involved in making decisions about how the person-centred planning was promoted. A relative we spoke with said, "We discuss [person's] care plan quite often. We look at his daily plans and have review meetings".
- We saw copies of meetings with people, showing how they were consulted on the care and supported they received.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

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

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings and informal discussion and was used to develop service provision.
- People, staff and relatives were involved in making decisions about how the service was run. A relative we spoke with said, "They often send out questionnaires, so we can give our views on how things are".
- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The provider had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- The provider used feedback from people and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. For example; Switch Music, The Skills Tank and Tamworth Snowdome.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future. For example; MENCAP and The Jaffrey Resource Centre.