

Heathcotes Care Limited

Heathcotes (Middleton)

Inspection report

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Date of inspection visit: 25 and 26 August 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection which took place on the 25 and 26 August 2015. The service registered with the Care Quality Commission on the 18 December 2014 and this was the first inspection undertaken at the service.

Heathcotes (Middleton) is a registered to provide accommodation for up to six people with a learning disability and/or mental health diagnosis. The service is registered to provide personal care. There were five people living in the service on the day of our inspection.

The service did not have a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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. We were informed by the Head of Services the registered manager had left approximately two weeks previous to

Summary of findings

our inspection and another person had been identified to take on this role. We had received an application from the registered manager to cancel their registration prior to our inspection.

During this inspection we found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found that risk assessments relating to the health conditions of people who used the service had not been completed. Risk assessment should be completed in order to keep people safe and to direct staff.

Records we looked at showed nine out of 20 staff members had fully completed their induction, which included mandatory training. We found diabetes training was available to staff, however records showed that no staff members had completed this, despite some people in the service being diagnosed with this condition.

We looked at five personnel files and found that supervisions were not undertaken within time frames described in the policy and procedure. Some staff members had received one supervision despite being employed for a number of months.

People who used the service who had health conditions such as diabetes and renal failure did not have sufficiently robust care plans in place in order to inform and direct staff on the condition, the impact of these conditions or how to support people. Health action plans in care records had not been completed.

Staff did not follow care plans and pathways in relation to risks. Records we looked at showed that one person should have been weighed on a weekly basis due to a high risk of weight loss. Records showed that this person had not been weighed for five weeks.

The dietary wishes and needs in relation to ethnicity, religion, culture and spirituality were not considered or documented in care records. Care plans we looked at did not make reference to a person's cultural preferences or how there were to be supported with their religious needs.

We found a number of policies and procedures within the service had not been subjected to a review within timeframes identified by the company and some contained incorrect information.

We saw care staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately. Laughter was heard throughout the service on a regular basis throughout our inspection.

We observed that people's privacy and dignity was respected at all times. We saw that people who preferred to spend time in their room were given the opportunity to do so without being disturbed.

We saw that people were offered activities on a daily basis that were suitable to their age, gender and abilities. People accessed the community on a regular basis and one person was planning a holiday.

We saw that bedrooms were large and provided ample space for people to personalise them. There was ample communal space for people, including a quiet room with a computer, lounge, dining room and large basement area with patio doors leading to a garden.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments were not in place in relation to medical conditions of people who used the service.

People were at risk of not being evacuated safely in the event of a fire situation, as not all staff had been involved in fire drills or completed fire safety training.

Systems in place for the receipt, storage, administration and disposal of medicines were safe.

Requires Improvement



Is the service effective?

The service was not effective.

Training records showed that a number of staff had not completed their induction training or other courses. Therefore people were at risk of being supported by people who did not have sufficient skills and knowledge.

Care records we looked at showed that people with specific health conditions did not have robust care plans in place to inform staff how to support people to manage these.

We saw that capacity assessments and best interest decisions were in place for those people who the service considered may require a Deprivation of Liberty Safeguards (DoLS) in place.

Requires Improvement



Is the service caring?

The service was caring.

People who used the service told us that they were well cared for and staff who were kind.

We observed interactions with service users that were kind and sensitive in manner and humour was used appropriately with service users. Laughter was heard throughout the service during our inspection.

We observed that people's privacy and dignity was maintained at all times. We saw staff knocked on people's door and waited to be invited in before entering.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

We found care records about people's preferences and choices had not been completed, such as, "Things about me" and "Hopes and dreams for my future". We were informed by the Head of Services the service was not using the correct paperwork and new systems should have been in place in relation to person centred planning.

People's religious, cultural and spiritual needs were not always considered or addressed. Care plans were not in place to address people's cultural preferences.

People accessed the community on a regular basis and undertook activities frequently. People who used the service were given choices about how they wanted to spend their day.

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager in place on the day of our inspection. The previous registered manager had applied to cancel their registration with us. A new manager had been identified and was due to commence in the near future.

We found a number of policies and procedures within the service had not undergone a review in the time frame identified by the service. Some of these contained incorrect information.

We saw that regular meetings were held with people who used the service. These gave people living in the home an opportunity to discuss meals, activities and any issues they may have.

Requires Improvement



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 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 took place on the 25 and 26 August 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key

information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any concerns.

During the inspection we spoke with three people who used the service, five care staff members, the Acting Regional Manager and the Head of Services.

We looked at the care records for three people who used the service, the medicine administration records (MARs) for five people who used the service and the personnel files for five staff members. We also looked at a range of records relating to how the service was managed. These included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included “Yes, I feel safe” and “It’s great here”.

We saw risk assessments had been completed for the environment such as fire safety, electric, furnishings and windows. This showed the service had considered the health and safety of people using the service.

We examined three care files during our inspection. We saw that risk assessments had been completed for behaviours that may challenge, medicines and managing finances. We saw two people had medical conditions which impacted on their daily lives. We found there were no risk assessments in place that related to these medical conditions in order to inform staff of any risks these conditions may pose both within the service and whilst in the community. Risk assessments should be completed in order to keep people safe and to direct staff.

This is a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks were not assessed.

We looked at all the records relating to fire safety. We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

The service had a fire risk assessment in place. The service also had a business continuity plan for how the service would function in an emergency situation such as fire.

We saw that an external company had certified the alarm system, firefighting equipment (such as extinguishers and fire blankets) and emergency lighting were safe on the 1 December 2014. We saw that staff members tested the fire alarm system on a weekly basis and emergency lighting on a monthly basis.

The service had a fire policy and procedure in place. This stated that all staff attended fire training at least twice per year and be involved in two fire drills annually. We noted a record of fire drills was kept and found that 13 staff members had been involved in a fire drill. We also found

that eleven out of 20 staff members had not received training in fire safety. This meant that people who used the service may not be evacuated safely in the event of a fire situation.

These matters are a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not do all that was reasonably practicable to mitigate the risks in relation to fire safety.

Two care staff we spoke with told us they had not received safeguarding training, however they were able to tell us how they would identify signs of abuse and told us they felt confident in reporting any concerns of abuse. Records we looked at confirmed safeguarding training was part of mandatory training requirements for care staff during their induction.

The service had a safeguarding policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on, along with how to deal with a safeguarding issue. Staff were requested to sign when they had read the policy.

We saw the service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). This was on display in the manager’s office so staff could access this.

One care staff member we spoke with told us they were aware of whistleblowing and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

We found robust recruitment processes were followed when recruiting new staff. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The files showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Is the service safe?

One person we spoke with who used the service told us there was always care staff around to take them out into the community.

Staff members we spoke with told us there was usually enough staff on duty to meet the needs of people who used the service. One staff member told us “When fully staffed there is enough” and “Some days there is; it is more about the experience that staff have”.

Staff members told us that one person who used the service required two staff members to support them 24 hours per day and the rest of the service users had one staff member allocated to them each day. One both days of our inspection we noted five staff members were on duty during the day. We looked at the rota covering a four week period and found that usual staffing levels varied between five and six staff members who worked from 8am until 10pm. Three staff members were on duty from 10pm until 8am.

During our inspection we observed adequate staffing levels to ensure people who used the service were able to access the community, undertake activities in the house or sit and chat with staff members.

We looked to see what systems were in place in the event of an emergency. We found the service had a contingency plan in place instructing staff members on how to deal with emergency situations such as gas failure, flood and heating loss. This should ensure that staff members were able to deal with emergency situations safely and effectively.

The service had a policy and procedure in place for the reporting of incidents, accidents and dangerous occurrences. This was dated November 2010 and contained out of date information. The policy did not recognise the recent change in the reporting of injuries and that the care quality commission are to be informed of these. We discussed this with the head of services who informed us they would ensure this was addressed.

We saw that accident and incident forms were in place within the service. We found these were reviewed and advice or actions were documented to show how these had been dealt with.

We looked at the management of medicines within the service. We checked the systems for the proper and safe management of medicines. We also checked the medicine administration records (MARs) for five people who used the

service and found people were given their medicines as prescribed. We found that medicines were stored securely and only authorised, suitably trained care staff had access to them.

We saw the service had a medicines policy and procedure in place dated 11 November 2010 with the review date of 12 May 2011. We saw no evidence that this had been reviewed or that best practice guidance had been considered. The policy provided care staff with information on the storage, recording, disposal and ordering of medicines.

The acting regional manager and head of services informed us that only people who had undertaken medicines training were permitted to administer medicines. We found that eight people had completed their medicines training and had been assessed as competent. Records we looked at showed medicine audits were undertaken within the service. Protocols were in place for medicines that were to be given when required, such as for headaches, which gave staff clear directions.

There was a staff signature list for staff to be accountable for their practice should an error be detected. Temperature checks were undertaken of the cabinet in which medicines were stored on a daily basis to ensure they were stored within the manufacturers guidelines.

The service had an infection control policy in place. This detailed how staff were to respond in cases such as needle stick injuries and gave general information on dealing with pest control, general waste, laundry and good hand washing guidance.

We were told there was not a designated lead person who was responsible for infection prevention and control management due to the size of the service. Not all staff members had received training on infection control. However, one staff member we spoke with knew their responsibilities in relation to this as they informed us they had undertaken this training in previous employment. We saw hand sanitiser was available at points throughout the service.

We observed the service to be clean, tidy and free from offensive odours. We saw sufficient quantities of personal protective equipment (PPE), including disposable gloves and aprons. We also saw that bathrooms and toilets contained hand wash and paper towels.

Is the service safe?

We saw that regular checks were undertaken of water outlets to ensure that the temperature of water was within recommended limits. This ensured that people who used the service were not at risk of scalding themselves from running water.

Is the service effective?

Our findings

One person we spoke with who used the service told us there were always enough staff on duty to take them out on activities.

One staff member we spoke with had recently commenced employment. They told us they had spent two shifts shadowing another member of staff in order to orientate themselves. Another staff member told us, “Shifts can be difficult when they are working with staff members who lacked experience”.

Records we looked at showed that staff were to complete an induction within 12 weeks of commencing employment. However, we found that out of the 20 staff employed by the service, only nine staff members had fully completed their induction. Records showed that six staff members had recently been employed and had not completed 12 weeks of employment. However, five staff had been employed for over 12 weeks and had not commenced their induction at the time of our inspection. This meant that people who used the service were at risk of being supported by people who did not have sufficient skills and knowledge.

Staff were required to complete workbooks as part of their induction. One of the staff members we spoke with told us they had not received any workbooks to complete and another could not remember if they had received them or not.

On the first day of our inspection we looked at the training matrix and found that not all the staff members were included on this. We spoke with the head of services regarding this and on the second day of our inspection this had been updated to reflect the current staffing and courses they had completed.

Records showed other courses available to staff were autism awareness, epilepsy awareness, mental health awareness, diabetes awareness and enhanced fire training. We saw that ten staff members had completed autism awareness training and four staff had completed epilepsy awareness training in addition to the induction. Training records also showed that staff had not undertaken training on food hygiene despite them preparing food.

Records we looked at also stated that all staff were to complete a Level 2 Apprenticeship in Health and Social Care (previously known as an NVQ) within 12 months of

commencement of employment; if they did not already have this qualification. We saw that six people had completed this and four other staff members had achieved a higher level of this qualification. This meant that only half of the workforce had completed any form of training.

The service had a supervision policy in place. This stated that staff were to receive supervision every six weeks as a minimum. New staff were subjected to a 13 week probationary period, during which time they were expected to have a one month, three month and final supervisions.

We looked at the personnel files for five staff members and found that all five staff had received one supervision despite being employed for a number of months. We also found that probationary reviews were not being completed in time frames set by the service.

These matters were a breach of regulation 18 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as appropriate support, training, professional development and supervision was not provided to enable staff to carry out their duties.

People who used the service had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that people who used the service had access to GP's, speech and language therapists, dentists and opticians.

Two care records we looked at showed that people had specific health conditions. However, the care plans in place were not sufficiently descriptive in order to inform and direct staff on the condition, the impact of these conditions or how to support people to manage them. Health actions plans that were available to staff had not been completed and were left blank in care records. This meant that staff may not understand the condition or how best to support the person.

These matters were a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they enjoyed the food and that there was always plenty of choice. One person commented “The food is good” and “I set the tables at meal times”.

Staff told us that a weekly meeting was held where the menu for the following week was discussed. We saw the weekly menu was displayed in the kitchen. We observed

Is the service effective?

that people could choose what they wanted for their breakfast and lunch and staff were available to support them to make this. Staff told us that if people did not want what was on the menu for the evening meal, they could choose an alternative.

People who used the service and staff told us that encouragement was given for people to be as independent as possible when making meals. One person who used the service told us they, “help to chop salad and vegetables”.

People who used the service could access the kitchen whenever they chose to make drinks and snacks. We saw that staff made a daily record of people who used the service had eaten throughout the day. We looked at the ‘weight record sheet’ for one person who used the service. This person had been referred to the nutrition and diabetic service due to concerns around their weight and food intake. The document recorded the ideal weight for the person was 68kg and the last recorded weight was 62.3kg on the 16 July 2015. This person was deemed a high risk and the care plan in place stated the person was to be weighed on a weekly basis. However we found this person had not been weighed for over five weeks. This meant that a further weight loss may have occurred placing the health and well-being of the service user at risk.

This matter is a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not follow care plans and pathways in relation to risks.

We spoke with the acting regional manager and head of services regarding the Mental Capacity Act 2005 (MCA) and its associated codes of practice and Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

The acting regional manager and head of services showed a good understanding of the importance of determining if a person had the capacity to consent to their care and treatment. The Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at showed that

capacity assessments had been undertaken for those people who the service considered lacked capacity to make certain decisions. Best interest decisions were also in place for some people who used the service.

We saw that three DoLS applications had been submitted to the local authority of which one had been authorised. We checked our records and noted that we had not received any notifications from the service that DoLS applications had been submitted or authorised.

We also asked if further DoLS applications were being submitted for the two other people who used the service. These two people were subjected to constant supervision and control and were not permitted to leave the service without being accompanied by staff members. The acting regional manager submitted these applications immediately.

One of the care records we looked at showed that the person displayed behaviours which may be challenging. We saw that care plans and risk assessments were in place to direct staff in relation to the level of restraint that may be required in specific circumstances. These had been subjected to reviews to ensure restraint was the least restrictive option. The head of services told us that restraint is only ever used as a last resort and the emphasis of the organisation is that other options are utilised first such as de-escalation techniques.

Staff we spoke with told us they were not permitted to undertake any level of restraint until such time as they had received training and were deemed competent to do so. There was a dedicated trainer for non-aggressive physical and psychological intervention (NAPPI) training. The training gave staff specific advice on the best ways to defuse difficult situations. Records we looked at showed that the majority of staff had undertaken this training. Policies and procedures were also in place in relation to restraint. This should ensure that any restraint is proportionate to the behaviours being displayed.

Staff we spoke with told us they received a handover at the commencement of each shift. One staff member told us that the team leader would get a handover from night staff and they would then hand this over to the day staff. The service also had a communication book in place so that staff members pass things over between shifts. This ensured continuity throughout the staff team and all necessary information was made available to care staff.

Is the service effective?

Two people who used the service allowed us to look at their bedroom. We found these bedrooms had ample space for people to personalise them and bring in their own belongings. There was plenty of communal space around the service, including a quiet room with a

computer, lounge, dining room and a large basement area with patio doors leading out to a small rear garden. There was also a garden to the front of the service with garden furniture so that people could sit in the garden.

Is the service caring?

Our findings

People who used the service told us they were well cared for. Comments we received included “Staff are really good” and “Staff are kind”.

We observed staff throughout our inspection. We saw care staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately with service users. Laughter was heard throughout the home on a regular basis throughout our inspection. We saw there was always at least one staff member in the communal areas of the service, meaning there was always someone available for service users to interact with.

Staff told us people were supported to maintain friendships in the service and in the community. One person who used the service had built a positive relationship with a neighbour and was looking after the flowers in their garden whilst they were on holiday. Through conversation with this person, it was evident that this was a positive experience for them. People were also supported to maintain relationships with their family; this included supporting people to visit their family home.

We saw that most support was on a one to one basis. Staff told us they were informed in a morning who they would be supporting for first half of the day. We saw that people were given options of what they wanted to do for the day and saw staff making suggestions.

We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner. We saw that people were asked about their likes and dislikes and these were documented in care records.

People who used the service were supported to be as independent as possible. We saw that people were encouraged to assist in the kitchen at meal times. One person told us “I wash the dishes” and that they enjoyed this responsibility. Staff also told us they work with people to improve their skills in order for them to be able to live more independently in the future.

People’s privacy and dignity was maintained at all times. We saw that staff knocked on people’s bedroom doors and waited to be invited in before entering their room. We also saw that people who preferred to spend time in their room were given the opportunity to do this without being disturbed.

We saw that care records were stored in the office which was locked and only available to staff who needed to access them. This ensured that people’s personal information was stored confidentially.

Is the service responsive?

Our findings

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their needs could be met prior to moving into the service.

We looked at the care plans in place for people who used the service. Care plans we saw in place covered areas such as how a person was to be supported in a way that was safe, support with personal hygiene, mobility on the stairs and managing behaviours. Clear instructions were in place for staff on how to support the person, however they did not evidence that people who used the service had been involved.

Booklets for staff to complete with people, such as “Things about me” and “Hopes and dreams for my future” were left blank. We spoke with the acting regional manager and head of services regarding this and were informed that the paperwork in the files we looked at was no longer used by the company and should have been replaced with the new system that had been introduced some time ago. We were shown the system that should have been in place during our inspection. This meant that people who used the service may not receive the correct or sufficient amount of support from staff due to the lack of information available.

During our inspection we looked at how the service addressed people’s religious and cultural needs. We saw that people’s religion was documented; however we found no one within the service had a care plan to ensure their religious or cultural preferences were met.

These matters are a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people were offered activities on a daily basis that were suitable to their age, gender and abilities.

Records showed that recent activities undertaken had been shopping, a drive in the company car, arts and crafts, bingo, visit to an animal farm, market and the park. One person told us “I like to set the tables at mealtimes”, this was apparently a role they undertook on a daily basis. Another person told us “I get to go out all the time”.

The service had access to a company car. This was used for people who used the service to access the community, such as for outings or for appointments. We saw this being regularly used during our inspection to take people out.

The acting regional manager and the head of services told us people who used the service were able to go on holidays if they wished. One person we spoke with told us they wanted to go on holiday to Scotland and they had been in the local library to research the country to decide where to go.

We looked at how the service managed complaints. One person who used the service told us they had never had to complain but if they did they would “Go to [staff member] and tell them”.

Staff we spoke with were able to tell us how they would handle a complaint. One staff member told “I would make sure the person felt supported”. All of them told us they would make a senior person aware of any complaints.

We saw the service had a complaints policy in place. This detailed specific timeframes for responses to any complaints that were made. We saw a complaints procedure on display in the entrance of the service; however this contained photographs and the names of two staff who were no longer employed by the service. This could be misleading for people, such as those new to the service or those with a learning disability and could result in people not knowing who to approach to make a complaint.

Is the service well-led?

Our findings

The service did not have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were informed the registered manager had terminated their employment at Heathcotes (Middleton) approximately three weeks previous to our inspection.

We had received an application from the previous Registered Manager (who was also the regional manager) to cancel their registration. There had also been a manager in place within the service (who was not registered with us), although they had also recently terminated their employment with the service. Therefore the acting regional manager and head of services attended the service for the duration of the inspection. During our inspection we identified gaps in training, induction, supervision of staff and Deprivation of Liberty Safeguards (DoLS) which had not been identified by the previous manager or regional manager.

We were informed that someone had been identified to take up the position of registered manager and would be transferring from another position within the company, the week after our inspection. We were advised that their application would be submitted to us once they were in post.

We looked at a number of policies and procedures in place within the service including safeguarding, supervisions, medicines, recruitment and fire safety. We found a number of these had not been subjected to a review on the date highlighted by the service and some contained incorrect information. This meant that staff did not have access to up to date information that reflected best practice guidance to support them in their roles.

We looked at the quality assurance systems in place within the service. We found that these were not sufficiently

robust to identify the issues we found during our inspection. The audits we looked at included medicines, care plans and fire safety. Records we looked at also showed that the quality assurance team undertook a comprehensive audit every six months and the regional manager visited monthly to complete their audit.

We found the last comprehensive audit was completed on the 6 July 2015 by the quality assurance team. Since this date the registered manager and manager had terminated their employment which had impacted on the quality of the service being provided.

These matters are a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as information contained within policies and procedures was not up to date or accurate.

We were told management sought feedback from people who used the service, their relatives and staff, through annual questionnaires. The questionnaires asked for their views on how they felt they were being cared for and if the facilities at the service were to their satisfaction. The information collated from these was sent to head office and results were given on the company as a whole rather than service specific. This meant that any issues or concerns that may have been raised at Heathcotes (Middleton) would not be identifiable and therefore may not be addressed.

We saw that regular meetings were held with people who used the service. Minutes of these meetings showed that during the latest one in August 2015 discussions were held around meal planning, healthy eating, activities and any issues the service users had.

Records we looked at showed that staff meetings were held within the service. The most recent meeting discussed topics such as service user meetings, shopping, finances, rotas, incident forms, cleaning and weekly checks. Actions arising from this meeting were documented. These meetings should give staff the opportunity to discuss topics relating to their duties and roles as well as relating to people who used the service, in order to share valuable information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way for people who used the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not employed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users did not meet their needs or reflect their preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.