

Heathcotes Care Limited

Heathcotes (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

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heathcotes (Moulton) is a residential care home providing personal care for up to six people in one adapted building. It provides support to people who have learning disabilities and or autism, mental health needs, physical disability or sensory impairment. At the time of our inspection, there were four people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best 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 disabilities 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.

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

The provider's quality assurance systems and processes were not always effective at identifying concerns and driving improvement in the service.

Staff were not consistently deployed to provide people with appropriate support. There was a risk people would not receive care that met their needs and staff felt under pressure. Staff were not able to take sufficient rest breaks while working.

Staff received training when they started work with the service. However, training had not always been refreshed at the timescales identified by the provider.

Safe recruitment procedures were followed.

People were supported to eat a balanced diet that met their needs and any associated risks were managed with appropriate specialist input. Staff worked effectively with community health and social care professionals to achieve positive outcomes for people and ensured their health needs were met.

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 knew the people they supported well and adopted a caring approach towards their work. People were treated with dignity and respect.

People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach. People had support to participate in a range of social and recreational activities.

People and their relatives understood how to raise any concerns or complaints with the provider.

The management team promoted effective engagement with people, their relatives and staff. Staff felt well-supported and valued by the registered manager, but low staffing levels had affected staff morale in the service.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of the care provided to people. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to staffing and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heathcotes (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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heathcotes (Moulton) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered 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.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

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.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with seven members of staff including support staff, two team leaders, the registered manager and two senior managers.

We reviewed a range of records. This included four people's medicines records and three people's care records. A variety of records relating to the management of the service, including quality assurance records and policies and procedures were reviewed.

After the inspection

We spoke with one person's relative about their experience of care provided.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not consistently deployed to provide people with appropriate support. We received feedback from people and staff that staff shortages and a high number of agency staff affected the ability of staff to meet people's needs safely.
- People felt staffing deployment limited the support available to them at times. One person told us they were concerned by the number of agency staff that were deployed in the home, as agency staff did not have the detailed knowledge and skills required to provide support. They said, "We're always understaffed, and I feel it's unsafe. If there is an incident staff might have to rush over to the incident and leave you alone."
- The provider used regular agency staff, and they were deployed to ensure the correct staffing levels were met. However, agency staff did not have training in meeting people's behaviour support needs and were unable to support people when they expressed anxiety and frustration through their behaviour. Feedback from staff included, "There's a lack of trained [permanent] staff and two of the service users get left out... Today there are three trained [permanent] staff this morning and three agency. This afternoon it will be two regular and three agency." Another member of staff said, "We have staffing issues, there is too much agency."
- The registered manager was covering support worker shifts to limit the use of agency staff. However, to achieve this they were working excessive hours, and this was not sustainable. Staff told us the registered manager regularly worked a fourteen-hour day.
- The provider did not have a suitable system to ensure staff were provided with adequate rest breaks. Staff worked shifts of seven hours with no allocated rest break, we were informed staff were not allocated a break unless they were on a nine-hour shift. The Working Time Regulations 1998 state staff should be given a twenty-minute rest break if they work more than six hours.

We found no evidence that people had been harmed however, staffing of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of the staff shortages in the service and was recruiting new staff at the time of inspection. Safe recruitment practices were followed when employing new staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood

how to report any concerns if needed. One member of staff said, "There is a whistleblowing line, the poster is on the wall. For safeguarding there is also CQC, the police or the local authority."

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. Two people had some medicines administered in food to help them swallow the medicine. They were aware the medicine was in their food and this had been discussed with their GP. However, the safety of this practice had not been discussed with a pharmacist. We discussed this with the management team, who recognised the need to review this practice.
- People received their medicines from trained care staff, who had their competency to administer medicines regularly assessed.
- People's medicines were stored securely at all times to prevent unauthorised access to these.

Assessing risk, safety monitoring and management

- The provider had systems in place to monitor and manage the safety of the environment, these had recently been reviewed and new methods of recording health and safety checks implemented. However, not all checks required had been communicated to staff and we identified some health and safety checks were not being carried out, for example water temperature testing and some legionella checks. We discussed this with the management team who immediately reinstated these checks.
- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk from health conditions.
- Staff carried out regular monitoring of people where required. However, records of this monitoring sometimes lacked sufficient detail, this was discussed with the registered manager who recognised the need for a more comprehensive record to be maintained. People were supported to minimise risks to their safety whilst remaining as independent as possible.
- Measures were in place to ensure staff understood how they should support people to manage feelings of anxiety and distress. People's risk assessments and care plans were detailed, and staff were able to describe the guidelines they followed to support people.

Preventing and controlling infection

- The home was visibly clean at the time of the inspection.
- Cleanliness and infection control were reviewed as part of regular checks of the environment.
- Staff understood their responsibilities to keep the home clean and minimise the risk of infection.

Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving people who lived at the home.
- The registered manager monitored accident and incident reports, on an ongoing basis, to learn from these and reduce the risk of things happening again. We also saw accidents and incidents were analysed to check for patterns or themes within the service, to enable action to be taken to reduce ongoing risk.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had received appropriate training to enable them to work effectively in their role. Records showed that a number of staff had not received refresher training in the provider's mandatory refresher course.
- Specific training was provided to meet the identified needs of the people supported at the service. For example, training in autism awareness and mental health awareness. However, records showed only 50% of staff had completed autism awareness training and 63% had completed mental health awareness training.
- The staff team had recently updated their training in supporting people to manage their feelings and behaviour. The provider had recognised this was an area where staff would benefit from increased knowledge and skills; at the time of inspection most staff had completed in depth training in this area.
- Staff supervision took place; however, there was no overview of supervision meetings available at the time of inspection. All the staff we spoke with told us they felt supported in their roles and they had regular contact with the registered manager. One member of staff said, "I have supervision once a month and can say anything I need to."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- Mental capacity assessments had been completed for all decisions where people may not have the capacity to consent, for example to consent to staff administering their medicines. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed in consultation with people's representatives.
- The registered manager monitored the status of applications for DoLS authorisations for the people living

at the service.

- During the inspection we saw people were supported to make their own decisions whenever possible.

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

- A referrals procedure was in place to ensure people's needs were fully assessed before the service agreed to provide people's care. The provider had introduced a compatibility assessment, which was completed as part of the pre admission assessment to assess people's compatibility with the service and other people already living in the home.
- Care plans were developed, and reviewed on a regular basis, to ensure people's needs and preferences were consistently addressed.

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

- People told us they enjoyed the food and they chose the food they wanted to eat.
- Where people had particular needs around food and drink staff provided appropriate support. For example, staff sat with one person to encourage them to eat slowly and minimise their risk of choking.
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with specialist advice from appropriate healthcare professionals. We saw people's care plans reflected the advice and guidance provided.

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

- Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.
- People and their relatives told us staff helped people to seek professional medical advice if they were unwell and to attend routine health appointments and check-ups. One person's relative said, "They [staff] arrange routine doctors' visits and regular check-ups with the dentist and get [person's name] eyes tested. We always get feedback from the staff."
- Staff recognised the importance of oral health care. People's care plans provided staff with guidance to meet their oral healthcare needs. People had regular access to a dentist and staff supported people to follow advice given, for example by purchasing the type of toothbrush advised by the dentist.

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

- The home was suitable to meet the needs of the people who lived there, with a choice of private or shared space to use.
- People's bedrooms were personalised to their tastes and needs.
- There was a large secure garden available for people to use.

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. This meant 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 their relatives told us staff approached their work in a kind and caring manner. One person told us, "They're all lovely staff, they all go the extra mile. They don't do anything half-heartedly, they never make us feel like we're a problem." Another person's relative said, "The staff are wonderful... they are nice and welcoming."
- We observed positive interactions between staff and people who used the service. People looked at ease and comfortable with staff. People were supported to spend their time how they wanted.
- People's equality needs were considered during their assessment, and staff respected these as they provided people's support. Care and support was delivered in a non-discriminatory way and the rights of people to live their life as they chose were supported and respected.
- People were supported to ensure their religious or cultural needs were met. This was documented in their care files so staff knew how people's support should be offered.

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

- People and their relatives told us the registered manager and staff listened to their views and involved them in decisions about the service provided.
- We saw staff encouraging people to make day-to-day decisions, such as how they wanted to spend their time.
- Records showed that people had been involved as much as they were able in planning how their care would be provided.
- The registered manager was aware of how to support people to access advocacy services if needed. (The role of an advocate in health and social care is to support a person to ensure their rights and choices are upheld.)

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff and management always treated people with dignity and respect. We saw staff supporting people in a respectful and dignified manner. We saw people's bedrooms were respected as their own private space by staff.
- Staff and the registered manager had a good understanding of the people using the service and were committed to supporting people to achieve as much as they could. One person told us, "They [staff] do talk to me about different opportunities. I've tried lots of different activities that I wouldn't have tried without them."
- The provider had procedures in place for protecting people's personal information and staff followed

these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 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; 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

- People had care plans in place which reflected their care needs, likes and preferences. Care plans were reviewed and updated regularly, or as people's needs had changed. We saw people received care as outlined in their care plan.
- People were supported to maintain contact with their family. People's relatives told us they were always made to feel welcome when they visited. Staff supported people to have regular visits to relatives. One member of staff told us, "I take [person's name] to see their [family member] once a fortnight."
- People had support to participate in a range of therapeutic, social activities, both in the home and in the local community. One person's relative said, "Since [registered manager] has been here the activity levels have really increased. [Person's name] goes swimming, trampolining, to the zoo, the seaside."
- Staff confirmed they read and followed people's care plans and demonstrated good knowledge of people's support needs. Agency staff had access to people's care plans and had a good understanding of people's needs.

Meeting people's communication needs

Since 2016 onwards 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 communication and information needs had been assessed.
- A range of communication tools were used to support effective communication with people and ensure they had information in a way they could understand. For example, easy read and pictorial information.
- Care plans included information on people's communication needs. There was detailed information available for staff about how people may express themselves and what this may mean.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any concerns or complaints about the service and were confident these would be addressed.
- There was a complaints procedure in place. Records showed all complaints had been dealt with in line with the provider's complaints procedure.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

- People were given the opportunity to discuss their wishes for the end of their life.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was not clear about regulatory requirements. The provider had delivered a regulated activity from Heathcotes (Moulton) to one person without making the required application to CQC. This was discussed with the provider prior to the inspection and they arranged for the appropriate application to be made; alternative arrangements were made for the person's support while this was processed.
- Quality assurance processes were not always effective at ensuring the actions required to make improvements were taken in a timely way. The provider had identified staffing deployment was not always meeting people's needs. There had not been an effective response by the provider to ensure a consistent staff team was deployed. This had affected people's experiences of care and staff morale in the home.
- Changes to the system in place to monitor and manage health and safety had not been managed effectively resulting in some checks being missed by staff. The oversight in place had not identified this.
- Action was needed to ensure the processes in place to manage people's medicines were based on best practice.
- The provider had not ensured staff training was refreshed in line with the provider's policies.
- Some records were not fully completed. For example, where people required a high level of support and observation records did not always contain the required detail.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The management team acknowledged these shortfalls and acted quickly to deal with the concerns we raised during our inspection. Some audits had resulted in sufficient oversight and action in response to concerns. For example, the provider and registered manager undertook regular quality audits of many aspects of the home. We saw that where concerns were identified actions plans were created to address these.

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

- Feedback from people and staff was mixed regarding the ability of staff to provide person centred care to

people. The provider had recognised the impact of inconsistent staffing deployment and was working to improve this. However, people and staff told us the improvements needed had not been made quickly enough. One member of staff said, "It feels like this [staff shortages] has been going on a long time."

- Staffing levels affected the experiences of staff working at the service. One member of staff said, "Staff morale is low due to staffing levels, we're all busy, it's hard and tiring, we have to pick up a lot of overtime."
- People and staff were consistently positive about the registered manager and the improvements they had made to the service. One person's relative said, "Things have taken a step for the better since [registered manager] has been there." A member of staff told us, "[Registered manager's] door is always open. She's happy to listen to us and work out what we need to do next." Another staff member said, "I feel listened to by [registered manager] and see her all the time... Since [registered manager] has been here she has tried her best."

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

- The registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People were supported to contribute to the running of the service. They had regular one to one meetings with staff and their feedback was gathered through surveys.
- Staff had the opportunity to attend regular staff meetings. We saw minutes of these meetings where discussions had taken place about people's needs, health and safety, incidents, training and safeguarding.

Continuous learning and improving care

- The registered manager had recognised that improvements were needed and was taking action to improve the service. For example, in relation to staffing deployment.

Working in partnership with others

- The registered manager worked in partnership with local commissioners and community health and social care teams to ensure people were receiving care that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not always effective at identifying concerns and driving improvement in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not consistently deployed to provide people with appropriate support. There was a risk that people would not receive care that met their needs and staff felt under pressure. Staff were not provided sufficient rest breaks while working.