

Heathcotes Care Limited

Heathcotes (Ashbrook House)

Inspection report

3 Poplar Street
Wellingborough
Northamptonshire
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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

Heathcotes (Ashbrook House) is a care home service without nursing. The home provides accommodation for persons who require nursing or personal care. The home can accommodate up to six older adults with learning disabilities in one adapted building. At the time of the inspection three people were receiving care at the home.

The home 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

Quality assurance processes undertaken by the provider were not robust and failed to ensure that the required standards of quality and safety were being met consistently. Feedback from people and staff was not acted on to drive continual improvements in the service.

Documents relating to the use of physical restraint were not robust and provided poor oversight into the physical intervention.

People's care plans included assessments of risks associated with their care. Staff had not always followed the risk assessments to ensure people received safe care. Staff knew how to respond to and report any concerns about people's safety and well-being.

People were supported by staff that knew how to keep them safe and knew how to raise any concerns regarding people's safety with the provider and the relevant safeguarding body and the Care Quality Commission (CQC).

People were supported to stay healthy. Staff encouraged people to live healthier lives, encouraged healthy eating and supported people to attend all medical appointments. Staff were committed to enabling people to socialise and develop and maintain relationships.

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.

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.

People were supported by sufficient numbers of staff that were safely recruited to meet their needs. Staff supported people to take their prescribed medicines safely. Staff followed good practice infection control guidelines to help prevent the spread of infection.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner which helped to support people's health and well-being.

Policies, procedures and other relevant information was made available to people in formats that met their communication needs, such as easy read and picture styles.

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

Rating at last inspection

The last rating for this service was Good (published 13/03/2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of choking and risk assessments. This inspection examined those risks.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 (Ashbrook House)

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

This inspection was carried out by an inspector, assistant inspector and a specialist nurse advisor.

Service and service type

Heathcotes (Ashbrook House) 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

The first day of the inspection was unannounced. We carried out an announced visit on the second day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two relatives, three staff, the manager who was responsible for the day to day running of the service, the registered manager and area manager. We reviewed a range of records that included three people's care records, three staff recruitment files, records relating to staff training and supervision and the management of the service, including policies and procedures quality assurance processes.

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 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.

Assessing risk, safety monitoring and management

- Risk assessments were in place for individual risks identified. For example, accessing the community, road safety, behaviours that challenge, and specific health related risks. However, staff had not always followed the risk assessments in place.
- Staff told us they were aware of the risk assessments in place for people and our conversations confirmed this. However, records relating to staff signing to acknowledge they had read and understood the risk assessments were not up to date and were not risk specific.
- There was no system in place to ensure staff were competent and confident to support people with known risks. This had been identified by the local authority and competency assessments have been put in place, evidenced through supervisions. These systems require embedding into practice before we can assess the effectiveness.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Environmental checks were routinely completed to ensure the home was safely maintained. Areas identified for repair / refurbishment were addressed.

Learning lessons when things go wrong

- Accident and incident forms and de-briefs from occasions where people were restrained for either their or others safety were completed by staff and reviewed by the manager. However, the reviews of these records were not detailed, inconsistency in recording had not been identified and the debrief was not detailed to evidence any lessons learnt. This had been identified by the local authority and changes were made to the reviewing of the records, however, this was at a local level and any learning from incidents was not embedded by the provider across the organisation.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Everyone we spoke with told us they felt safe and family members told us their relatives received safe care. One relative told us, "[Person] is safe, I don't have any concerns about their safety."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns.
- The manager and registered manager were aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC). Staff told us they were confident the registered manager would address any concerns and make the required safeguarding referrals to the local authority. Safeguarding records also confirmed this.

Staffing and recruitment

- People received support from staff that met their assessed needs. We observed staff responded to people's needs promptly.
- Safe recruitment checks were undertaken. Staff confirmed they were unable to provide care for people until all the necessary recruitment checks had been completed.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received the right support to take their medicines as prescribed.
- Staff received training to administer medicines, which included having their competency to follow the medicines administration policy observed and assessed.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and assessed as competent to support people with their medicines.

Preventing and controlling infection

- The environment was clean and well maintained. People and their relatives told us the service was always clean and pleasant.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food.

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.

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

- Where physical restraint had been used, documents relating to the incident were not comprehensive enough to evidence the action taken by staff was proportionate. Incident reports and associated documents were not always accurate and did not always reflect the full incident. This had been identified by local authority commissioners and the documents had been improved, however, this required embedding into practice before we can assess the effectiveness. After speaking with the registered manager and manager it was clear that appropriate physical restraint had been used in line with the training the staff had received.
- The plans in place which gave guidance to staff on techniques to use to divert a physical restraint or what restraint to use were not personalised to people. The plans did not consider people's health conditions and did not advise or direct staff how to disengage from the physical restraint. We advised the registered manager on our findings who offered assurances the plans would be personalised for people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate physical intervention was effectively recorded and lessons learnt. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood and worked within the principles of the MCA. People and their relatives told us staff always offered them choices

and we observed this in practice.

- MCA's for use of restraint were detailed and were completed by a multi-disciplinary team who knew the individuals well.
- When people no longer had the capacity to make decisions about certain aspects of their lives, staff consulted with people's representatives to ensure care was always provided in their best interests'.
- DoLS applications had been made to the local authority to ensure people were not unlawfully deprived of their liberty. Where DoLS conditions were in place, staff supported people according to the conditions.

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

- People's physical, mental and social needs were holistically assessed, and their care was delivered in line with legislation, standards and evidence-based guidance, to achieve effective outcomes.
- Information from the pre-admission assessments was used to develop individualised care plans. Care plans were in the process of being updated at the time of the inspection.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff said, "The induction training is very thorough, I had time to read the care plans and really familiarise myself with the needs of the people. I am not supporting people in the community until I feel confident."
- Staff told us they felt supported by the registered manager and the manager, they could approach them at any time and received regular feedback and training updates.
- Staff had regular opportunities to formally discuss their development, and any support needs during one to one supervision meetings. Staff said outside of these meetings informal support discussions were always available.

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

- People were involved in choosing groceries towards the meal provision. Staff used picture cards to facilitate food choices.
- People were supported to eat and drink independently.
- People identified at risk of not receiving sufficient levels of nutrition and hydration had their food and fluid intake closely monitored. Dietary health advice was sought if required. Staff knew the people that needed extra support with eating and drinking and this was provided.

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

- The service worked alongside health and social community services to support people to maintain their physical and emotional health and wellbeing. A relative said, "I go with the staff to all of [person's] appointments, I think the staff are good at noticing when [person] isn't well or something has changed for them."
- Staff knew people well and recognised when people needed additional healthcare support. They had raised concerns about people's health and wellbeing to the appropriate healthcare professionals and supported people to attend appointments as required.

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

- People were involved in choosing the décor of the home and had been supported to bring in personal belongings to personalise their bedrooms.
- Bedrooms were personalised reflecting people's individuality
- The garden provided a pleasant outdoor seating area.

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 staff had caring relationships and we observed a relaxed, and warm atmosphere throughout the home. A relative said, "The staff are very friendly, and I have no doubt [person] is supported well."
- Relatives complimented the caring attitudes of staff. One relative said, "I don't know the staff well, but they are always friendly and support [person] how they like to be supported."
- Staff knew about people's lives, hobbies and interests and took time to sit and chat with people. Everyone living in the home was supported on a one to one ratio and we saw that staffing rota's reflected people's identified needs.
- People's diversity was respected and embedded in practice. Staff were respectful to people of all faiths and beliefs.

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

- The staff were skilled in communicating with people and took time to support people communicate their wishes and make decisions. Care plans detailed how people communicated and the most effective way to engage with them.
- Regular group meetings took place to enable people to be involved in sharing feedback to develop the service. However, action plans required strengthening to ensure there was an audit trail of why decisions and opinions had been discounted.

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. We observed doors to be closed when people were being supported with their personal care. Staff knocked on people's doors to seek permission to enter.
- Staff encouraged independence, to maintain people's skills and well-being. We observed staff were kind in their approach to supporting people.

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

- People's care plans were very detailed and were regularly reviewed with the involvement of people and their relatives. One relative told us, "I have been involved in all the care plans and reviews and they have plenty of information in them." Care plan signing sheets for staff were not always up to date, however staff were able to evidence they knew people's needs and how to support them.
- Staff understood the importance of providing care that was centred around people's individuality, and this was embedded in day to day practice.
- People and the staff team had built positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and what was important to them.
- People remained in control of their lives as much as possible.

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 needs were detailed in their care plans, and staff knew how to communicate effectively with people.
- Information was made available for people in easy read formats. Some people used sign language and the staff had learnt people's own personalised way of communicating.
- Staff were observant of people's body language and identified when communication was initiated through non-verbal means.

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 were supported to follow their interests. They attend day centres and community clubs that were socially and culturally relevant and appropriate to them.
- Staff spent time with people supporting them to enjoy their choice of activities.
- We saw photographs of a variety of activities people had been engaged in.
- Staff respected people's cultural, religious and spiritual beliefs. People were supported to attend their preferred place of worship.

Improving care quality in response to complaints or concerns

- Information was available for people and relatives on the complaints policy and procedure.

- Systems were in place for people to make a complaint if they wished to, however, due to limited communication skills it was not possible to ascertain if people would know how to do this.
- Complaints that had been received had been responded to appropriately. Relatives told us, should they have any concerns they would not hesitate to raise these with the registered manager and felt sure they would be dealt with appropriately.

End of life care and support

- No one was receiving end of life care at the time of the inspection
- The registered manager was exploring ways of obtaining information on people's wishes, preferences and choices in relation to how they would want their end of life care provided.

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

- Quality assurance processes undertaken by the provider were not robust and failed to ensure that the required standards of quality and safety were being met consistently. The service was being supported by an action plan from the local authority commissioners and although this was effective, the provider failed to identify their own areas of practice which did not meet the minimum standards required.
- Provider audits failed to identify the inadequate recording of physical restraint, epilepsy monitoring charts, care plan signing sheets, incident reporting and staff competency assessments.
- The registered manager was committed to working with the local authority to make the required improvements to the service, however; support from the provider was lacking and the design and implementation of new forms and processes was completed at a local level and was not embedded across the organisation as good practice from lessons learnt.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality and safety 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 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were consulted about the quality of the service, however, actions had not been taken on the comments and suggestions made. For example, people using the service said the food was not good, they didn't feel information was available to them in a way they understood. In a staff survey in January 2019 staff reported 'morale was low', 'they would not recommend Heathcotes as an employer', staff disliked 'favouritism from managers' and felt the service was 'profit driven'.
- The service had strong links with the local community and established community learning disability services. People were supported to maintain contact with friends and relatives.
- The registered manager worked closely with commissioners and other health and social care professionals, to enhance the health and well-being of all people using the service.

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

- People received one to one care for most of their support hours and this ensured that people were able to achieve positive outcomes. The registered manager and the staff team ensured people were fully involved in all decisions about their care. One staff member said, "The registered manager and manager is hands on, they really know the people living at the home very well."
- Staff commented the staff morale was improving and they hoped this trend would continue. All relatives spoken with were very complimentary of the open and transparent attitude of all the staff team.

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

- Relatives told us, the management team were very open and honest in all communications with them.
- When any problems were identified in meeting people's needs the service worked collaboratively with learning disability specialists and other healthcare professionals to ensure people received care centred around 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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate physical intervention was effectively recorded and lessons learnt. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm.