

Heathcotes Care Limited Heathcotes Preston

Inspection report

1 Albert Road
Fulwood
Preston
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Website: www.heathcotes.net

Date of inspection visit:
21 October 2019
24 October 2019

Date of publication:
24 January 2020

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service

Heathcotes Preston is a specialist care home for adults with a learning disability, mental illness and who may have challenging behaviours and associated complex needs. The service can support up to seven people. At the time of the inspection three people resided at the service. All bedrooms had ensuite facilities. People had access to shared communal areas and a kitchen.

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.

The service was a medium sized house with small areas of communal space. The registered manager told us they would assess people before admission to ensure the environment would be suitable for them in relation to space, stimulation and independence. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Since the last inspection there had been significant improvements. People told us they felt safe and staff understood the importance of safeguarding people from abuse and avoidable harm. The registered manager had ensured lessons were learnt and risk associated with people's unpredictable and challenging behaviours were managed in a person-centred and effective way, this had significantly reduced the number of incidents at the service.

Staff were suitably trained and supported. The registered manager listened to staff's opinions and invested in their professional development. Staff morale had significantly improved.

Staff supported people to access a wide range of health and social care professionals. Staff acted when people's physical or mental health declined and supported them to follow guidance and advice from professionals.

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.

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.

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

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Since the last inspection the registered manager had developed staff knowledge of supporting people in a person-centred way and had worked closely with them to improve the way staff engaged with people. The organisation deployed a specialist trainer who worked with staff to develop positive intervention strategies, to help de-escalate and reassure people with distressed behaviours. We found examples of how this had created positive outcomes for people.

People told us staff were kind and respectful. The culture within the service was positive and inclusive. Staff supported people to live meaningful lives.

The registered manager demonstrated commitment to providing good care and had made significant improvements since the last inspection. Governance systems were in place and used to highlight and action areas for continued development.

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

Rating at last inspection and update

The last rating for this service was inadequate (12 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 12 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Heathcotes Preston

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 conducted by two inspectors.

Service and service type

Heathcotes Preston 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

Both days of the inspection were unannounced.

What we did before the inspection

Our planning considered the information we received from the registered manager since the last inspection which included; safeguarding incidents, police involvement and serious incidents. We also received information from local authority commissioners.

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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. Throughout this report we will not use quotations from people we spoke to because this may identify them. We spoke with nine members of staff including the registered manager and two senior managers.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including audits, meetings and health and safety.

After the inspection

We spoke with two members of staff and one professional who was responsible for oversight of commissioning from the local authority.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to embed robust systems and processes to safeguard people from abuse. The provider was in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff protected people from the risk of abuse and avoidable harm. Since the last inspection the registered manager had worked closely with staff to develop their understanding in relation to safeguarding and supporting people with complex and unpredictable behaviours that challenge.
- Staff told us they were confident to raise any concerns with the registered manager. There was always an on call manager available for staff to contact for guidance. This had reduced the risk of ineffective management during incidents of behaviours that challenge.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems in place to assess, monitor and manage risk. The registered manager and senior support workers showed good understanding of Positive Behaviour Support (PBS) and the importance of learning from incidents. The organisation deployed a specialist PBS trainer who was involved with an individual's support plan to ensure they received safe and effective support when at risk of harm to themselves or others.
- Staff undertook routine checks of safety throughout the environment. During the inspection we highlighted a potential ligature risk, this was dealt with by senior management and rectified within three days.
- Staff received suitable training to ensure they could support people at risk of self-injury, ligaturing or suicide. Staff told us they felt more confident when supporting people with behaviours that challenge.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited in a safe way. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager deployed suitable numbers of trained and competent staff.
- The registered manager undertook robust checks during the recruitment process to make sure staff were suitable for their role. Staff underwent a thorough induction programme before supporting people or lone working.

Using medicines safely

- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way.
- Staff were trained and the registered manager checked their competency in relation to the administration of medicines.

Preventing and controlling infection

- Staff protected people from the risk of infectious disease. The registered manager audited infection control systems and staff were trained in line with best practice.

Learning lessons when things go wrong

- There had been a significant improvement since the last inspection in the way lessons were learnt following an accident or incident. Staff told us the registered manager was always available to discuss an incident and this provided them with good management consistency.
- Staff were involved in de-brief meetings and a record was maintained to show how lessons were learnt. Staff told us, "After an incident, I am listened to and my opinions are valued. I think staff are encouraged to share opinions." And "We are all encouraged to say our thoughts and opinions, it is important to learn from incidents."
- Staff updated people's risk assessments and care plans after incidents or changes in their health and social needs, this meant staff could access relevant information to keep people safe from avoidable harm.

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 Inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider failed to ensure people were supported in a person centred way. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's physical, mental and social needs were holistically assessed. Their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance, to achieve effective outcomes.
- Staff assessed people's needs and referred to external health care professionals when needed. Professional guidance was implemented and followed.
- Staff effectively communicated with other professionals to ensure people received consistent, timely, coordinated support. The registered manager ensured people's hospital passports were reflective of their current needs and preferences. This information is used to share people's needs and wishes when they transferred to other services for example, hospital.
- The provider had improved pre-admission procedures to ensure people were assessed in a person-centred way. There had not been any admissions since the last inspection so we could not check how effective the new admission procedure was.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received sufficient training. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had improved systems for supporting staff and ensured all staff received sufficient training to allow them to undertake their roles and responsibilities. Staff told us they felt supported.

Comments included, "The training is good" and "The training is good, it has equipped me for my role."

- Staff received regular supervision from the registered manager. Staff told us since the last inspection communication and handover processes had improved and this meant they had sufficient time to discuss changes in people's needs and gain direction from senior members of the team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their independence with meal planning and preparation. People told us they felt in control of their nutrition and hydration and we saw people freely access the kitchen area.
- Staff assessed people's nutritional needs and care plans included clear information about people's preferences. Staff supported people to learn about healthy living and access healthcare services.

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

- The environment was homely and had been adapted to meet the needs of people who lived there.
- Three people lived at the service at the time of inspection and at any one time six staff could be deployed. Should the service facilitate seven people it is likely to impose on people's personal space and could cause heightened behaviours. All of the people who resided at the service at the time of the inspection lived with autism and this meant they could be sensitive to noise and disruption, further increase in the numbers of people within the house should be carefully considered in line with registering the right support guidance for providers.

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).

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.

At our last inspection the provider failed to consistently protect people from improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from improper treatment and their consent was sought in line with principles of the MCA and associated DoLS.
- Staff had received training and understood the importance of supporting people in the least restrictive way. People's care records showed clear guidance for staff to follow when restrictive practices were essential.

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 requires improvement. At this inspection this key question has improved to good. 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to ensure people consistently received dignified support. This was a breach of regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff supported people in a respectful and dignified way. Staff had built trusting relationships with people they supported. The registered manager ensured staff responsible for people who required continual supervision were compatible.
- Staff were responsive to people's requests for support and understood their non-verbal communications. Staff told us they had read people's care plans and taken time to get to know their life stories.
- Staff respected people's personal space and encouraged them to create a comfortable living space in their bedroom to ensure they had freedom and independence.

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

- The registered manager encouraged people to express their views and be involved. The registered manager held monthly house meetings and minutes showed people were asked for their feedback and included in decisions about any changes within the house.
- People had access to important information in an easy read format for example, meeting minutes were available in a pictorial format.
- People told us they felt involved in decisions about their care. One person had been supported to challenge a decision made about their care and support and the registered manager engaged advocacy services if needed.
- The registered manager and staff demonstrated good understanding of equality, diversity and human rights. Staff included equality information in people's care plans and supported people to lead the life they wanted to.

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 inadequate. At this inspection this key question has now improved to good. 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

At our last inspection the provider failed to consistently provide person-centred care. This was a breach of regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff supported people in a person-centred way. People's care plans showed clear information about their needs, goals and preferences.
- Staff understood the importance of supporting people to maintain and improve their life skills. The registered manager told us people were continually assessed and where appropriate supported to progress to independent living.
- Since the last inspection the provider had reviewed and improved the way people are assessed before being re-admitted. The new procedure had safeguards in place to ensure people were ready for re-admission after a spending time in hospital.

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.

- Staff supported people to maintain and improve their abilities to communicate. Staff understood people's preferred ways to communicate and recognised signs of withdrawn behaviours which could indicate a reduced ability to communicate their needs and preferences.
- People had access to information in accessible ways including easy read formats. Staff supported people to attend optician appointments and people had access to speech and language specialists.

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

- Staff supported people to maintain relationships to avoid social isolation. Staff encouraged people to make daily choices in relation to meaningful activities and accessing the community.
- Staff supported people to maintain their interests and contact with people important to them. People's

care plans showed clear information about their social interests, life stories and important relationships.

Improving care quality in response to complaints or concerns

- There was a procedure in place for the management of complaints and concerns. The registered manager told us there had not been any complaints. People had access to an easy read complaints procedure.

End of life care and support

- Staff supported people to make decisions about their end of life wishes in a sensitive and respectful way. People's end of life care plans contained person-centred information.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to embed robust governance system. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection the previous registered manager had de-registered. The manager who had been in charge of the service since it was opened was now registered.
- Since the last inspection the provider had improved procedures to ensure people with complex needs were suitably assessed before admission. This showed lessons had been learnt to promote and sustain a safe and positive culture.
- The registered manager and staff were aware of their duty of candour responsibilities. Senior staff had clear understanding of their role and responsibilities and told us the on-call management system had improved therefore they always had access to sufficient guidance and support.
- The registered manager and regional manager undertook comprehensive audits, clear action plans had been implemented and updated to show when the action was complete.

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

- Staff had formed strong links with the local community and supported people to access community facilities. People told us they had become familiar with the local area and had routine outings into the city centre.
- The registered manager involved people, staff and visitors in meetings and gained their feedback to develop the service.

Continuous learning and improving care; Working in partnership with others

- The provider demonstrated commitment to continuous learning to improve care.

- The registered manager had improved the way incidents were analysed and lessons learnt. There had been significant improvement in the way staff were supported after an incident for example, when someone they support had been physically distressed. Staff consistently told us the registered manager promoted continuous learning.
- We received feedback from an external professional who told us the registered manager had worked in partnership with them.