

Heathcotes Care Limited

Heathcotes (Hembrigg Park)

Inspection report

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Morley
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05 July 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Heathcotes (Hembrigg Park) is a specialist service supporting females with personality disorders to become more independent and learn new skills over a 12-month period. At the time of inspection there was five people living at Hembrigg Park.

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

People told us they felt safe and that staff were kind. People were encouraged and supported to maintain relationships and to access the community to prevent social isolation.

We observed staff wearing appropriate PPE at the service and adhering to the government guidelines around this.

Staff were recruited safely; all checks were completed to ensure they were safe to work with vulnerable people and there were enough staff to support people. Medicines were managed and administered safely.

The registered manager and staff had a clear understanding of their roles and responsibilities and staff understood people's needs. Quality assurance processes were in place. Regular audits and feedback were reviewed to ensure good standards were maintained, and where improvements were required, these were actioned. The management were aware the service needed renovation and plans were in place to complete this.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

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 (5 October 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has stayed the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hembrigg Park on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Heathcotes (Hembrigg Park)

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 team comprised one inspector and a specialist advisor in behaviours that may challenge.

Service and service type

Heathcotes Hembrigg is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 June 2021 and ended on 5 July 2021. We visited the service location on 18 June.

What we did before the inspection

We reviewed information we had received about the service. The provider was 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.

During the inspection

We spoke with three people about their experience of the care provided. We spoke with six members of staff including the registered manager, manager and operations director. We spoke with one relative on the phone.

We reviewed a range of records that included two people's care records, two people's medicines records and training data for staff. We looked at two staff files in relation to recruitment and staff training. We also reviewed rotas in the service.

After the inspection

We continued to validate evidence found. We looked at training data and quality assurance records.

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. This key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We found appropriate risk assessments in place to support people in and out of the community.
- We found support plans were comprehensive and follow a corporate format based on that provided by NAPPI (Non-Abusive Psychological and Physical Intervention). These were individualised. Through staff discussions we felt these were followed in practice.
- We saw people had a current risk assessment tool that related to the individual's positive behaviour support plan, these were individualised, and staff understood and applied these effectively. Through discussions with one person it was apparent that this risk assessment and Positive behaviour support (PBS) plan had been discussed with her and that she understood the need for it.
- The management team had made improvements to the admissions process at Hembrigg. This came through a lessons learnt from previous admissions. For example, all admissions to be assessed by both the residential and the therapy team in a collaborative manner. This had already been put in place at the time of inspection.
- We found several environmental issues observed throughout the inspection. For example, damage to floors and walls. A refurbishment plan was in place with timescales had been agreed on these areas.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I feel safe when people check on me during the night – they knock on the door." A relative said, "Yes the staff seem good with [person]."
- We spoke to people around who they could talk to if they were feeling upset or angry. One person said, "The therapy team, I would tell them if I was really unhappy or if something horrible happened."
- Staff were aware of what to look out for in relation to signs of abuse. Staff had all been trained in safeguarding and break away techniques for those who may challenge.

Staffing and recruitment

- Recruitment procedures ensured staff were safe to work with vulnerable people.
- There were enough staff to meet people's care and support needs. We found rotas showed staff support in relation to any 1:1 support needed at the service. Staff told us there were always enough staff on the initial roster, but short-term absence can be difficult to manage. We fed this back to the management team.
- People and their relatives had no concerns about staffing levels in the service. One relative told us, "[Person] is supported well by staff who know them well and can deal with their challenges."

Using medicines safely

- The home had a medicines policy which were regularly reviewed. Medicines were stored securely.

- Medicines which are controlled drugs were managed appropriately.
- Records showed that people were given their medicines in the right way.
- We found staff competencies in medicines management were up to date, and evidence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. This key question has remained the same. 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; Working in partnership with others

- The service worked in partnership with other agencies and health professionals to consider ways of working to support productive outcomes for people.
- Each person had a pre-admission 'compatibility assessment' which identified not only their care needs, but also their suitability to join the existing residential community.
- Staff told us people they supported were encouraged to be as independent as possible. One person said, "I make my own breakfast. I made lasagne with staff last night, but there was 'too much beef.'" One person had just purchased a book as they wanted to learn more about a specific topic.

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; Continuous learning and improving care

- The registered manager understood their responsibility and continued to make improvements in the service. They were aware of their legal responsibility to notify the Care Quality Commission of significant events.
- The registered manager and newly appointed manager were very open and transparent with us during the inspection, they made us aware of improvements they had put in place at the service and what upcoming plans they had in relation to refurbishment.
- Staff were aware of involving and updating people's families when important events or changes happened. However, we spoke to one relative who told us they would like more communication from the service. This was fed back to the registered manager and actioned straight away.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found governance systems were in place to monitor the quality of the service. A variety of audits were in place, for example, accident and incidents, medicines and support plans. Action plans demonstrated improvements made.
- The provider ensured the principles of registering the right support were fully embedded in the service.
- Staff understood their roles and responsibilities and when to escalate any concerns. One member of staff said, "We can raise any concerns we have and feel we are listened to."
- Policies and procedures ensured care and support was provided in line with national guidance and regulation.

- At the time of inspection, a resident/family questionnaire had not been completed. The service was in the process of completing these.