

Heathcotes Care Limited

Heathcotes (Arnold)

Inspection report

Redhill Farm
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Nottingham
Nottinghamshire
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

We conducted an unannounced inspection at Heathcotes (Arnold) on 11 November 2019. Heathcotes (Arnold) is a care home and accommodates up to 10 people with a learning disability and or autism and complex mental health needs. The service consisted of one house with a self-contained flat within the house. At the time of our inspection five people were using the service.

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:

Whilst improvements were found in all areas, there was further action required to ensure people received personalised care and support that was responsive to their individual needs. Staff responsible for managing the service, needed to escalate and follow up actions with external health and social professionals in a timely manner.

Improvements in how people's safety needs were assessed and managed had been made. Risks associated with people's needs had been reassessed and staff had up to date guidance of the support required to manage and mitigate risks. Staff were knowledgeable about people's support needs.

Lessons learnt at provider and service level had been made, new systems and processes had been implemented to reduce the level of risk experienced at the service from reoccurring. This included increased oversight by senior managers.

Where safeguarding incidents had occurred, these had been reported and acted upon in line with the local multi agency safeguarding procedures. The use of physical intervention since the last inspection had significantly reduced. Least restrictive practice in the care and support people received had improved. Some people had moved to alternative placements more suitable to their needs, this had a positive impact on people remaining living at the service.

Staffing levels had recently increased to ensure people received the support they required to live active, and inclusive fulfilling lives. National best practice guidance in the prevention and control measures to protect people from the risk of cross contamination were followed.

People received enough to eat and drink. People were involved in menu planning and independence was promoted.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with any health conditions and accessed health services to maintain their health needs.

People were positive about the staff who supported them. Positive engagement was seen between staff and people who used the service, where independence and choice were promoted, encouraged and respected.

People received opportunities to pursue interests and hobbies, including social activities and inclusion. People were involved in discussions and decisions about their care as fully as possible.

Since the last inspection, changes had occurred with the management of the service. At the time of the inspection, a new manager had recently taken responsibility for the service. They were being supported by an experienced regional manager who had very recently been assigned to support the service, but historically was familiar with it. Further time was therefore required for improvements to continue to be made; and those developed, to fully be embedded and sustained. The provider had an ongoing action plan that confirmed what action had been completed to make improvements with targets for future work.

Rating at last inspection:

At the last inspection the service was rated Inadequate (published 15 May 2019) and there were three 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 with two regulations. However, there remained a continued breach of Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Why we inspected:

This was a planned inspection based on the rating of the last inspection. This service has been in Special Measures since May 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.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heathcotes (Arnold)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector and an assistant inspector.

Service and service type:

Heathcotes (Arnold) 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.

At the time of the inspection the service did not have a registered manager. A new manager had recently been appointed and was in the process of submitting their registered manager application. We will monitor this. This means the registered manager 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 comprehensive inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations, and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used the information the provider had shared in the Provider Information Return (PIR). This is information we require providers to send us to give key information about the service. We used all this information to help us to plan the inspection.

During our inspection, we spoke with two people who lived at the service. We spoke with the newly appointed manager, an interim manager who had managed the service since the last inspection, a regional manager, a team leader and three support workers. To help us assess how people's care needs were being met we reviewed all, or part of, three people's care records and other information, for example their risk assessments. We also looked at the medicines records for all people, and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found. We also spoke with three relatives for their feedback about the service.

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 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.

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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Using Medicines safely

- At the time of our inspection, we were aware a safeguarding investigation was ongoing. An internal investigation had been concluded and actions were identified to make improvements. This included, staff being asked to reread the provider's medicine policy and procedure. Staff had received further training and competency assessments. Increased audits and checks and oversight by the manager and regional manager had also been implemented.
- Our checks on medicines management found some inconsistencies. One person's prescribed topical skin cream was being used, despite it exceeding the recommended expiry date. There was no body map used for topical skin creams to advise staff where, on the person's body, the cream should be applied. Records showed one person's prescribed medicine, that required two staff signatures, had one staff signature recorded. A person's protocol, with regard to a prescribed medicine to be administered as required, had another person's name recorded. Whilst these shortfalls had not impacted on people's safety, we shared our findings with the management team who agreed to make further improvements.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies. A person confirmed they received their medicines at the same time each day.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse and avoidable harm. A person told us they felt safe living at the service and relatives raised no concerns about people's safety. A relative said, "I'm aware there have been some issues, but I've not had concerns about [name] safety."
- Guidance provided to staff about how to support people at times of heightened anxiety, that impacted on their behaviour and safety, had been reviewed. Staff were knowledgeable about the strategies to use to support people safely. A staff member said, "People are safe, it's better now some people have moved onto other placements."
- Staff had received refresher training in positive behavioural support and physical intervention. Staff reported the use of physical intervention was not required for the people currently living at the service. Incident records confirmed this to be correct. Staff used diversional techniques effectively and successfully.

- The system to report and monitor incidents had been improved upon. Incident forms used by staff to report incidents were more detailed and were also recorded electronically, enabling senior managers to have oversight. A monthly analysis of incidents enabled the manager to consider any themes and patterns. There was a greater emphasis on learning from incidents.

Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed and staff had guidance on the support required to manage and mitigate risks. Staff were knowledgeable about known risks and the support people required to keep them safe.
- Improvements had been made to ensure the safety of people and others from smoking. Where people had specific health conditions, staff had detailed guidance of how this may impact on their health and wellbeing, and what support was required.
- Systems were in place to monitor the environment to ensure health and safety standards were met. This included risks associated with fire and legionella. Personal emergency evacuation plans provided staff with details of people's support needs, should they need support to evacuate the building.

Staffing and recruitment

- At the time of our inspection, there were sufficient staffing levels provided to meet people's individual needs and safety. The management team confirmed staffing levels had increased a few days prior to our inspection. They also advised people's dependency needs would continue to be reviewed, to ensure adequate staffing levels were maintained.
- Improvements had been made to staff skill mix and competency. Consideration of staff experience was taken account when the staff rota was developed. The staff rota reflected the staffing levels provided during our inspection
- Whilst no new staff had been appointed since our last inspection, recruitment checks were completed before staff commenced employment, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

Preventing and controlling infection

- People were protected from the risk of cross contamination and infection. Staff followed national best practice guidance in the prevention and control of infection.
- Staff had received infection control and prevention training, they were seen to use disposable gloves and aprons and the environment was clean.

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 Requires Improvement, at this inspection this key question has remained 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

- Staff training and support had improved, and plans were in place for staff to receive refresher training that was still due.
- Staff confirmed they had completed various refresher training and felt better supported. A staff member said, "Training and support has got better and there's a big difference now we have the [regional manager] back supporting us, that's really good."

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.

- One person had a DoLS authorisation with conditions that was granted in May 2019. One of these conditions was found to have not been met. For example, staff training on a particular mental health diagnosis was required. Whilst the interim manager told us they had tried to source this training, they had been unsuccessful. Staff told us this training was required to assist them in developing a greater awareness and understanding of how to effectively support the person.
- Where people lacked mental capacity to consent to specific decisions, MCA assessments and best interest decisions had been made. Records confirmed legislative requirements had been met in how decisions had been made.

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

- The management team had worked with external health and social care professionals to seek support and

guidance to meet people's health needs. However, the management team had not always followed up or escalated concerns with external healthcare professionals, when concerns were experienced about the support provided. This was in relation to two people's health needs, we discussed this with the regional manager and they took immediate action and contacted external healthcare professionals. Following the inspection, they have kept us informed of further action to ensure people receive the support they require.

- Systems were in place to share information with other agencies such as ambulance and hospital staff. We identified information relating to a person's particular medicine was not recorded on the hospital transfer document. This information is important in the ongoing care of a person.
- Some people had moved on to alternative placements that could manage their individual health care needs more effectively.

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

- People told us they were involved in menu planning and were happy with the choice of meals, drinks and snacks provided. One person told us they felt food stocks were low at times. We shared this information with the management team who agreed to monitor food levels.
- We found food stocks were good and included snacks and fruit. Foods were managed in line with best practice and food standard requirements.
- People had access to the kitchen and we saw staff gave people a choice of meals and people were able to make drinks independently and have snacks. Staff were aware of people's nutritional needs. People's weights and food intake was monitored to enable staff to take action if concerns were identified. An example of this was how a person was on prescribed food supplements, due to concerns about weight loss.

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

- Improvements had been made in ensuring care and support was in line with best practice guidance and legal requirements. Staff had received refresher training and reminded of the provider's policies and procedures. Staff meetings were more frequent. These were used as an opportunity to discuss people's care needs and review care standards, and staff expectations, roles and responsibilities.

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

- A new kitchen had been installed and communal areas redecorated. The medicine room had been relocated and was more effective. There were plans for people to have their bedrooms redecorated. People had access to an outdoor smoking shelter and the environment internally and externally was safe and secure. People had access to all communal areas.

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 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

- People and relatives were positive about the approach of staff. A person told us they liked the staff and felt they were treated well. A relative told us there had been a turnover of staff and this had sometimes impacted on them being notified of things. However, they said, "Some staff are really good and go the extra mile and do their very best."
- Staff were knowledgeable about people's care and support needs, any diverse needs, routines and preferences. Staff showed great care and understanding in people's care and welfare needs. Staff also told us since the improvements and some people moving to alternative placements, this had had a positive impact on people who remained living at the service. People were more relaxed and participating in activities and accessing the community.
- From our observations of staff engagement with people and their responses, we saw people were relaxed within the company of staff. Jovial exchanges and laughter were had that were appropriate and respectful. Staff were attentive and responsive and included people in discussions and choices in activities and other daily living decisions.

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

- People were included in decisions about their care and support. People's support plans were discussed with them, to ensure they remained satisfied with the care they received or if changes were required. We saw examples of support plans signed by people to confirm they agreed with their care.
- Support plans reflected people's preferences, routines, and were individual to the person. Any religious, cultural or diverse needs were included in the guidance in support plans for staff.
- Consideration of people's communication needs, and preferences, were known and acted upon. For example, a person preferred to receive written correspondence about notice of any appointments or activities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. A person told us how staff knocked on their bedroom door and waited to be invited in. This person also told us they had choice and control of how they spent their time and staff respected this. For example, whilst the person liked to access the local shops independently, they preferred staff to support them to access places further afield. On the day of the inspection the person was being supported to have a manicure at a beauty salon of their choice.
- Independence was promoted and encouraged. A person told us how they cleaned their own bedroom and did their own laundry. Staff told us, and our observations confirmed, people were encouraged to do as

much as possible for themselves including making day to day decisions.

- Staff demonstrated an understanding of the importance of respecting people's personal space, providing care that was dignified and encouraging independence. An example was given how a person was being supported in their transition to move into supported living.

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 Requires Improvement, at this inspection this key question has remained Requires Improvement. This meant people's needs were not always met.

At our last inspection, people's individual needs were not always met effectively by staff due to a lack of monitoring and understanding of people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst we found some improvements, there were ongoing shortfalls in people's needs being met. This was a continued breach of Regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were not consistently met. For example, a person had been supported to see their GP regarding a skin condition. Staff told us they were concerned for the person and suggested it had started to have a negative impact on their well-being. Staff told us, and records confirmed, the person was seen by the GP in May 2019. The GP deemed the person had mental capacity and due to them refusing treatment no action was taken. In August 2019, the interim manager completed a mental capacity assessment and concluded the person lacked capacity in understanding the possible implications and consequences of refusing treatment. However, they had not acted upon this. This demonstrated a lack of responsive care and support. We discussed this with the regional manager who arranged a multi-disciplinary meeting with external health professionals.
- A support plan and risk assessment had not been completed to provide staff with guidance of the action required should the skin condition become worse. This demonstrated a lack of person-centred care because the person's needs had not been sufficiently assessed and planned for.
- Another person had a known history of self-neglect and self-isolation. The interim manager had worked with the person to encourage more social contact and participation in personal care, and some improvement was noted. However, the person continued to significantly self-neglect, refused to attend health appointments and allow repair work to be completed in their bedroom. This behaviour was having a negative impact on the person and additionally had an impact on other people who lived at the service. Whilst some contact had been made to external health care professionals there was a lack of follow up and action by the management team to seek support and guidance. We discussed this with the regional manager who took immediate action and contacted external health care professionals for support.

The provider failed to ensure people's individual needs were consistently met. The above evidence shows the provider is in continued breach of Regulation 9 (Person -centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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, preferences and sensory needs had been assessed and planned for. Staff had detailed guidance and we observed staff communicated with people effectively, being mindful of the tone of voice and words used.
- Information such as the complaint procedure and service user guide were provided in an easy read format.

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 received opportunities to participate in social activities, interests and hobbies. Staff told us people's motivation to participate in activities was generally low, but activities were offered daily. During the inspection one person was supported to go shopping, an activity they liked to do each day. Another person was supported to go to a beauty salon and a third person asked to go out for a drive. A staff member took the person out and told us how they liked to visit car dealerships.
- People were supported to identify any aspirations and goals they wished to achieve. Examples of people's personal achievements included; going on holiday, going to a concert, day trips and looking after animals. Photographs confirmed activities people had participated in and these showed people relaxed and having fun.
- People were supported to maintain contact with their family and friends.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they knew how to make a complaint and felt confident to speak with the manager. Relatives told us they had not made any formal complaints and any minor issues raised were responded to.
- The provider had the processes in place to act on any complaints that had been received. One complaint had been received since our last inspection and this had been responded to.

End of life care and support

- No person was receiving end of life care and people had received opportunities to discuss their end of life wishes.

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 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.

At our last inspection the provider had failed to have sufficient oversight in relation to the quality monitoring of the service. There was a failure to act on quality audits in place at the service and there was poor risk management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives overall were positive about the service and confirmed improvements had been made but told us changes to staffing had caused them some concerns.
- Staff told us they had started to see improvements and were hopeful these would continue under the new leadership. This included the support they received and how staffing levels had recently increased. Staff were clear about their role and responsibilities.
- The systems and processes used to assess, monitor and review safety and quality had improved, with increased oversight by senior managers. Further time was required for improvements to be fully embedded and sustained. Recent changes had been made to the management of the service. They required time to become fully established and provide consistency and continuity in the leadership of the service.
- An action plan was in place to drive forward further improvements. Incidents had reduced, and a system to analyse incidents had been introduced to enable trends, patterns and learning.
- Internal audits and checks were completed, and the provider's quality and compliance team did additional audits and the outcome of these fed into the overall action plan for the service.
- The provider had met their registration regulatory requirements, including notifying us of incidents they were required to.
- The provider ensured the management team were supported with information about national best practice guidance and policies and procedures reflected current legislation. Manager meetings within the organisation enabled shared learning and support.

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 wrong

- Improvements had been made and were ongoing, in developing a person-centred service. People received opportunities to participate in social activities and to achieve personal goals.
- Staff told us improvements were being made in how they were involved and valued.
- The provider had a commitment to the duty of candour and procedures in place to ensure any investigations into complaints or shortfalls would be completed thoroughly and openly. The management team showed a commitment and determination to further develop the service.

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

- People received opportunities to share their views about the service via house meetings and satisfaction surveys. Relatives were also invited to share their views about the service.
- Staff told us, and records confirmed, there were regular staff meetings to discuss and share information such as improvements required.
- Assessment processes were in place to ensure any equality characteristics were discussed with people. People we spoke with told us they felt their needs were met.