

Heathcotes Care Limited

Heathcotes (Salford)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of this home on 16 August 2018. This inspection was completed in response to some whistle blowing concerns we had received in relation to; safe care and treatment, skills and knowledge of the staff team and availability of food. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service effective?

No concerns had been identified in the remaining Key Questions and none became apparent during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection'

Heathcotes Salford 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 home can accommodate a maximum of seven people. When we inspected there were six people living in the home. Accommodation is provided in a large detached property, over three floors, in single en-suite rooms. There were two communal lounges, a large dining kitchen, utility areas and a garden.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We found people had been protected from the risk of harm and abuse. Where a person had experienced harm or abuse the home had responded appropriately by raising a safeguarding alert and reviewing practice to minimise reoccurrence. The home had ensured risks had been fully assessed and plans developed to manage them. Incidents had been fully recorded and the home had reviewed them regularly to learn and improve. Some staff had not felt safe working in the home and had left, one member of staff we spoke with said they had felt unsafe before but felt safer since there had been an increase in the staffing. The other staff we spoke with all said they felt they were safe and were able to maintain people's safety in the home.

We had received concerns that medicines had been given inappropriately and caused a person to be drowsy. We reviewed the medicines including medicines given when required, for example, to support a person to manage their feelings, and found these had not been used excessively. All as required medicines had been accurately recorded and given according to the agreed protocol. We checked the stocks against the records and found them to be correct.

We had received concerns that there had not been enough food in the home and people had not been able to eat breakfast or lunch. We looked at the food stocks and found these to be sufficient. We reviewed the food and drink records for three people in their daily records and saw a variety of food and drink had been

provided at all times. At our previous inspection the home was found to be in breach of the regulations in relation to maintaining nutrition. At this inspection we found the home was no longer in breach of the regulations.

We had received concerns about the skills and knowledge of the staff team and the support and supervision available. We reviewed the training records and found all staff had received an induction and a broad range of training which included supporting people whose behaviours might challenge. We spoke with staff who told us they felt they had the skills and knowledge they needed to provide care and support effectively.

We reviewed the supervision records and found staff received regular supervision which addressed key areas of practice and staff welfare. Staff we spoke with told us they also received additional supervision following an incident or change of someone's care plan.

The home continued to meet its' obligations in relation to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). DoLS were in place where required and the home had a system to ensure they reapplied for renewals when necessary. People's capacity to make particular decisions had been assessed and where they were found not to have capacity, decisions had been made in their best interests which were also the least restrictive option.

At the last inspection the home was found to be in breach of the regulations in relation to Governance. This was because they had not notified CQC of all the incidents that they should have. There had also been a failure to keep contemporaneous records in relation to medical appointments and some incidents. At this inspection we found the home had addressed these issues. Notifications were being received by CQC when required. The home were maintaining contemporaneous records and had improved the recording in care plans overall. These improvements meant the home was no longer in breach of the regulations. We did not fully review the key question, 'Is the service well led' at our inspection which will therefore remain as Requires Improvement. However, because the home is no longer in breach of the regulations the overall rating for this inspection will be Good. We will check to see whether this rating can be improved at our next inspection.

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.

The home had reported safeguarding concerns in a timely way. Staff were aware of safeguarding policies and procedures and how to raise a concern.

Risks associated with supporting people who might challenge services had been fully assessed and support plans developed to help people to minimise the risks to themselves and others.

Medicines had been managed safely. All records we looked at were accurate. We checked stocks of medicines to ensure only what had been signed for had been given and found them to be correct. Any person who needed medicines on a 'when required' basis, for example for pain relief or to assist in managing their feelings had been given this appropriately and according to the agreed protocol.

Is the service effective?

Good ●

The service was effective.

Staff received the necessary induction, training and supervision to support them in their role. People had received training to support people who may have behaviours that were challenging and told us they felt confident using these techniques.

People were supported to maintain good nutrition and hydration. There was sufficient food available. Records of the food and drink people had been offered and consumed were detailed.

Appropriate systems were in place to ensure they were compliant with the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Is the service well-led?

Requires Improvement ●

The service was found to be submitting notifications in a timely way.

Record keeping had improved.

Heathcotes (Salford)

Detailed findings

Background to this 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.

This focused inspection took place on 16 August 2018 and was unannounced. The inspection was prompted by some concerns raised by a whistle blower in relation to safe care and treatment of people living in the home, safe management of medicines, the management of risks in relation to behavioural support and meeting the nutritional needs of people living in the home. The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people and viewed certain records in order to help inform our inspection judgements. This included the registered manager, area manager and seven care staff.

Records looked at included four care plans, six medication administration records (MAR), three staff personnel files, training and supervision records and records relating to nutrition. This helped inform our inspection judgements.

Is the service safe?

Our findings

People living in the home were protected from the risk of harm and abuse. Clear safeguarding policies and procedures had been developed by the provider. Staff we spoke with were knowledgeable about what might be a safeguarding concern and how to respond to this. Information about how to raise a safeguarding concern and whistleblowing was displayed in the office.

We had received concerns from a whistle-blower who reported some risks in relation to behavioural support not being managed and a person living in the home being injured without this being reported. We looked at the records and found the injury had been recorded and the home had responded correctly by raising a safeguarding concern with the local authority. The home had also raised their concerns with the commissioning authority to ensure staffing was increased to support one person to maintain their own and others' safety. In addition the home had reviewed the appropriateness of the placement and advised the commissioning authority.

We spoke with seven staff, including; night staff, day staff, senior staff and the registered manager. We asked the care staff if they felt safe at work and if they felt they had the skills to support people safely. One member of staff said, "I do feel safe here, I know what the risks are and have had training to manage these. I am able to use the techniques I have learned." Another said, "I have felt more safe recently [due to increased staffing] but not all the time, I think things could have been addressed sooner." A third person said, "Yes I feel safe and I know I have a good team around me if I need support."

At the last inspection we found risk assessments to be comprehensive and up to date, they had been reviewed in a timely way to reflect any changes in people's needs. At this inspection we found this continued to be the case. Each person had a positive behaviour plan to support and improve the behavioural challenges the person experienced. Risk management plans identified what might lead to someone having behaviours which challenged and how to avoid this. Strategies for responding to incidents had been recorded including; the number of people needed to provide support and specific techniques required.

We had received concerns from a whistle blower about the safe use of medicines, they reported one person had been over medicated and appeared to be drowsy. We looked at the medication administration records (MAR) for five people and found they were detailed and had been completed properly. Where a person needed to take 'as required' medication, either for pain relief or support with managing their feelings, clear guidelines were in place and we could see these had been followed correctly. Records showed clear reasoning when a person had been given "as required" medicine. We counted the stocks of medicines and found these were accurate and all medicines given had been signed for.

At the last inspection we found the home had appropriate recruitment practices. At this inspection we found this remained the same. New staff had been appointed safely. Disclosure and Barring (DBS) checks had been completed and the outcome recorded. A DBS check is undertaken to determine that staff are of a suitable character to work with vulnerable people.

At the last inspection we found the building had been safely maintained and the home had robust systems to ensure all essential maintenance and certificates, such as; fire risk assessments, electrical and gas installations were up to date. At this inspection we found the situation to be the same.

Is the service effective?

Our findings

We carried out this focused inspection of Heathcotes Salford in response to whistleblowing information we had received about the service. Some of the concerns related to staff safety and we looked at the training and support arrangements in place to assist staff with their work.

Based on this information we looked at the induction, training and supervision staff received to support them to undertake their role effectively. An 'In house' staff induction was provided for staff when they first commenced their employment at Heathcotes which was centred around the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and ensures staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The staff spoken with during the inspection told us the induction provided a good overview of working at the service and how to undertake their role effectively.

The home maintained a training matrix, which provided an overview of the training staff had completed. This include training relating to safeguarding, medication, the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. first aid, autism awareness, mental health awareness, epilepsy and diabetes. Staff also received NAPPI (Non-Abusive Psychological and Physical Intervention) training which teaches staff how to support people whose behaviour might be challenging, including how to de-escalate difficult situations which they may encounter as part of their work. A member of staff said, "I have done NAPPI training for level one, two and three. It helps us for people who can be challenging towards staff."

Staff were provided with regular supervision sessions with their line manager. We reviewed a sample of these records from July 2018 and saw they provided a focus on previous objectives, new agenda items, team work, work life balance and support systems. A member of staff told us additional supervision sessions were often held on the back of certain incidents or if they required additional support. A member of staff said, "We do receive supervision, roughly every 12 weeks I would say."

Annual appraisals had not yet been undertaken. This was because the service had not yet been open for 12 months and we were told these were scheduled to take place in September and October 2018. We will follow this up at our next inspection of the service.

At our last comprehensive inspection of Heathcotes Salford in March 2018, this key question was rated as Requires Improvement. This was because we could not be assured people living at the home were receiving appropriate nutrition and hydration because accurate records were not always being maintained. This had been a breach of the regulations in relation to maintaining nutrition. We had received some whistle-blowing concerns related to there being a lack of food available. We looked at how people living at the home were supported to eat and drink to establish if our previous inspection concerns had now been addressed, and whether there were sufficient supplies of food. We looked at three people's food and drink records and found the home were now keeping accurate records of people's food and drink intake, detailing what people had consumed or refused. This helped us determine people were receiving appropriate nutrition and hydration and there was no longer a breach of the regulations. We also found there were sufficient food

supplies in the home.

We saw people had 'Healthy eating and weight management' plans in place, which provided an overview of people's support needs in this area. We noted one person living at the home needed support and encouragement to exercise and staff told us about how they regularly spent time in the back garden with this person, usually playing football. Nutrition and portion size information was displayed on the wall in the kitchen and provided detail about healthier food options people could consider. During the inspection we observed some people living at the home entering the kitchen and preparing their own meals which promoted their independence.

People's cultural requirements were taken into account and we saw quorn was available in the home for people who chose to have a vegetarian or halal diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

We saw DoLS screening checklists were completed and covered areas such as people making attempts to leave the building unaccompanied, requiring assistance or supervision from staff in the community and if people were subject to continuous supervision and control. We saw where people lacked the capacity to consent to the care and treatment they received, DoLS applications had been made to the local authority. These were kept under review and were followed up when they were scheduled to expire.

We looked at the mental capacity assessments in the care plans and found they were decision specific and addressed a broad range of decisions a person may need to make in relation to; receiving care and support, taking medication, physical interventions and managing money. Decisions made in a person's best interests were recorded and followed the principles of the MCA.

Assessments of people's care and support needs were completed when they first moved into Heathcotes (referred to as placement proposals). This meant the service could determine the care and support people needed. These assessments took into account people's personal history, mental state/behaviour, medication, sexual behaviour, physical health, social relationships, leisure, occupation and communication needs.

We looked at the suitability of the premises to check they were appropriate for the people living there. At the time of our inspection, there were six people living at Heathcotes. We noted the environment was spacious and modern having only opened in September 2017. Each person had their own bedroom which enabled them to have their own personal time and space. There were two, large communal lounges with settees and chairs for people to sit on. There was a large kitchen and this contained sufficient numbers of chairs and tables for people to use. There was also a large garden at the rear of the building meaning people had access to outside space and fresh air, whilst still in the safety of the home environment.

Is the service well-led?

Our findings

At the last inspection the home was found to be in breach of the regulations in relation to Governance. This was because they had not notified CQC of all the incidents that they should have. There had also been a failure to keep contemporaneous records in relation to medical appointments and some incidents. At this inspection we found the home had addressed these issues. Notifications were being received by CQC when required. The home were maintaining contemporaneous records and had improved the recording in care plans overall. These improvements meant the home was no longer in breach of the regulations. We did not fully review the key question, 'Is the service well led' at our inspection which will therefore remain as Requires Improvement. However, because the home is no longer in breach of the regulations the overall rating for this inspection will be Good. We will check to see whether this rating can be improved at our next inspection.