

Heathcotes Care Limited

Heathcotes (Moorgreen)

Inspection report

Lancaster Road
Hucknall
Nottingham
Nottinghamshire
NG15 6WG

Tel: 01159632374

Website: www.heathcotes.net

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 (Moorgreen) is a care home that provides care and support to up to eight people living with personality disorders. There were seven people living at the home at the time of our inspection visit.

People's experience of using this service: People had a positive experience of living at Heathcotes (Moorgreen). People told us they felt safe and staff, and the manager, had a good understanding of safeguarding adults. Risks to people's safety were managed in a way that promoted their independence. Changes had been made after incidents to reduce the risk of the same thing happening again. People received their medicines as required. The home was clean and hygienic and people were protected from environmental risks.

Further work was needed to ensure people's rights under the Mental Capacity Act (2005) were respected. We made a recommendation about this. Staff were trained and felt supported in their roles. People had a choice about what they ate and were supported to make healthy choices. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

People were supported by staff who were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

The service was flexible to meet people's needs. Staff had a good understanding of how to support people and people chose how they spent their time. There were systems in place to respond to complaints and concerns.

Since our last inspection, improvements had been made to the governance and leadership of the home, consequently, we found the home was well led. There were effective systems to ensure the safety and quality of the service, staff understood their roles and the new manager had had a positive impact on all areas of the home. People and staff were involved in the running of the home.

Rating at last inspection: Requires Improvement (Report published on 15 December 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Heathcotes (Moorgreen)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors.

Service and service type: Heathcotes (Moorgreen) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous manager had left the home in January 2019. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in post at the time of our inspection visit, they told us they planned to register with the Care Quality Commission. We will monitor this.

Notice of inspection: We gave the service 24 hours' notice of the inspection site visit so that the provider could prepare people for inspection and reduce the impact of our visit on people's wellbeing.

What we did: Prior to the inspection site visit we reviewed any notifications we had received from the service and information from external agencies such as the local authority. The provider was not asked to complete a Provider Information Return (PIR). This is information we require providers to send us to give key information about the service. We gave the provider the opportunity to share this information during the inspection.

During our inspection visit we spoke with three people who lived at the home. We also spoke with four care staff, a psychologist employed by the provider and the service manager.

We reviewed records related to the care of four people. We looked at records of accidents and incidents,

audits and quality assurance reports, three staff files and the staff duty rota. We looked at documentation related to the safety and suitability of the service and spent time observing interactions between staff and people within the communal areas of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection in November 2018 we found people were not protected from risks associated with their care and support. This was a breach of the legal regulations. During this inspection we found improvements had been made and the service was compliant with the legal regulations.
- Risks associated with people's care and support were managed safely. Plans were in place that detailed risks and how these should be managed. For example, one person was at risk of causing injury to themselves there were clear plans in place to try to reduce this risk and records showed staff followed this guidance to try and ensure the person's safety. Positive risk taking was promoted to enable people to have as much independence as possible whilst ensuring their safety.
- Some people sometimes behaved in ways that could put themselves or others at risk. For those people there were clear plans in place detailing possible triggers to these behaviours and specifying how staff should respond to these to keep the person and others safe. Records showed staff followed the guidance to successfully reduce risk. Where it had been identified that staff had not followed guidance action had been taken to address this.
- People were protected from environmental risks. There were systems in place to assess and ensure the safety of the service in areas such as fire and legionella.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here and staff look after me." Processes were in place to minimise the risk of people experiencing avoidable harm or abuse. Staff and managers were clear about their responsibilities to protect people from the potential risk of abuse, they had good knowledge of safeguarding processes and felt confident any issues they reported would be acted on appropriately. A member of staff told us, "I have no qualms about reporting something as we are looking after vulnerable adults who are unable to protect themselves."
- The manager had taken action to protect people from abuse by conducting investigations relating to concerns raised and had made appropriate referrals to the local authority safeguarding adults team.

Staffing and recruitment

- There were enough staff to meet people's needs and ensure their safety. Some people told us they felt there were times when there were not enough staff. However, we reviewed staffing rotas and found there were enough staff on shift to ensure people's safety and to support people to do the things they wanted to do. Staff told us there were enough staff. Staff from the provider's other local services had been used to cover some shifts, and short notice absences. The manager told us they had recruited new staff so were hoping to reduce the use of staff from other services.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely

- Overall, medicines were managed safely and records showed people received their medicines as prescribed. People told us they got their medicines when they needed them.
- Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. Medicine records indicated people received their medicines regularly as prescribed. Staff received regular training in medicines administration.
- Some improvements were required to ensure staff had clear directions about how to administer medicines that were variable dosage. In addition, records showed the fridge used to store medicines was routinely over the recommended temperature for safe medicines storage. This could have impacted the effectiveness of medicines. The manager told us they would address these issues.

Preventing and controlling infection

- The home was clean and hygienic. Staff encouraged and supported people to keep their bedrooms clean, but also respected people's choices. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.

Learning lessons when things go wrong

- There were effective systems to learn from accidents and incidents to reduce future risk. The manager reviewed and responded to each incident to try to prevent the same from happening again. For example, the manager had identified that staff were not able to access important items quickly enough in the event of an emergency. Consequently, they had implemented small bags that staff could carry around with them so they were able to access these items immediately to reduce risk.
- There was also a system in place to analyse and learn from patterns of incidents on a monthly basis.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- 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. We checked whether the service was working within the principles of the MCA.
- Further work was needed to ensure people's rights under the MCA were respected. The manager told us that everyone living at the service had capacity to make decisions about their care and support. However, we found evidence that people were subject to restrictions that they had not consented to. For example, one person's support plan documented they were not free to leave the home unsupervised when they were unable to control or regulate their emotions due to risk. They had not consented to this and there had been no assessment of their capacity to make this decision. This was also the case for other people living at Moorgreen. The manager told us they would address this as a matter of urgency to ensure people's rights were respected.
- We recommend the provider seeks advice in relation to the application of the MCA to ensure people's rights are respected.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one was subject to a DoLS at the time of our inspection visit.

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

- Nationally recognised tools and approaches were used to ensure people received the care and support they required. For example, staff were trained in the use of a nationally accredited approach to behaviour management. The psychologist also informed us of work which was underway to implement nationally recognised mental health risk assessment tool.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to provide good quality care and support. Records showed staff had received the relevant training to equip them with the knowledge and skills they needed, such as safeguarding, mental health awareness and the safe management of high risk behaviours. Some staff had requested further training to enhance their knowledge of mental health and the manager was in the process of sourcing this. New staff were provided with an induction period when starting work at the service, this involved training and shadowing more experienced staff.
- Staff told us they felt supported and records showed they had regular supervisions to discuss any concerns

and identify any training and development needs. A member of staff told us, "I have regular supervisions and the team are good and very supportive." The need for a debrief after potentially distressing incidents was considered as part of the incident process. Staff said they received adequate support after such incidents.

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

- People told us they had enough to eat and drink and they had a choice. People were involved in planning, shopping and preparing meals. Staff and people shared mealtimes together and we saw this was a positive, sociable experience.
- Risks associated with eating and drinking were managed and people were provided with support and encouragement with healthy eating. A member of staff told us they had recently bought a smoothie maker to encourage people to have healthy drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Before people moved into the service the therapy team conducted an assessment to ensure the staff team could meet their needs. Once a placement had been agreed, plans were put in place to gradually introduce people to the service, with visits and overnight stays.
- Staff had made referrals to specialist physical and mental health professionals when needed and advice received was included in people's health action plans and support plans.
- Staff told us that transitions between services were well planned. A member of staff commented, "They do transitions slowly to ensure that the transition is as smooth as possible. We work with the new home throughout the transition."

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

- The home was adapted to meet people's needs. People had been supported to personalise their bedrooms and communal areas had been improved since our last visit to make them more homely. Adjustments had been made to the home to reduce the risk of people harming themselves.
- People had access to a private garden. The manager told us they had plans to involve people in the development of the garden.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their day to day healthcare needs. People told us if they needed to see health professionals this was arranged for them.
- People had regular access to support and therapy from a clinical psychologist and occupational therapist (OT) who were employed by the provider. The psychologist and OT specialised in Dialectical Behaviour Therapy (DBT) and ran individual and group therapy sessions for people who used the service. DBT is a therapeutic approach, which helps people to manage their emotions and develop coping strategies to aid their recovery. People were positive about the support they received from the therapy team.
- Since our last inspection staff knowledge of personality and DBT had improved. Staff had a better understanding of the therapeutic aspects of the service and we saw staff talking with people about using coping strategies from DBT. The therapy team were positive about staff engagement with the therapeutic aspects of the service.

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

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

- At our last inspection we had concerns that staff did not maintain professional boundaries with people living at Moorgreen. At this inspection we found improvements. Staff were friendly but seemed to have a better understanding of the importance of clear boundaries.
- People told us staff were kind and caring. Throughout our inspection we observed friendly and relaxed relationships between people and staff.
- People told us staff knew them well. One person told us, "[The manager] spends time with everyone and talks to people and gets to know them." People's support plans contained information about people's backgrounds and what mattered most to them.

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

- People told us, that overall, they were in control of their care and support. One person told us, "I have freedom to choose," another person said, "I can change my mind about things if I want to."
- The manager told us people were offered the opportunity to get involved in developing their support plan. Records showed people had regular meetings with staff to discuss their views about their care and support and each person had a plan which contained information about what was important to them.
- The manager told us people had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. Although there was no information available to people about local advocacy services, the manager told us they would ensure information was shared with people when needed. No one was using an advocate at the time of our visit.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence. The service was focused on supporting people to develop the skills they needed to live more independently. We observed this to be the case during our inspection. For example, one person was supported by staff to plan the weekly menu, complete the food shop and prepare a meal.
- People's rights to privacy and dignity were respected. We observed that people's privacy was promoted throughout our visit. Staff knocked on people's doors before entering and they ensured that people had private space when they needed it.
- Staff respected people's right to confidentiality. Conversations about people's support needs were held in areas that could not be overheard and care records were stored securely.
- People were supported to keep in touch with their friends and family. One person told us they had been supported to arrange a trip home to stay with their family. Other people were supported to manage complex relationships and staff understood people's emotional support needs related to this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support that was based upon their needs and preferences. Before people moved into the service an in-depth assessment of their needs was conducted by the therapy team, this was done in partnership with the person and other professionals involved in their care and support. This was used to develop people's support plans.
- Support plans contained detailed information about each person's individual needs and preferences, their level of independence and areas where support from staff was required. Staff had a good knowledge of each person and there was evidence that people received the care detailed in their support plan.
- People were provided with opportunities for activity. People told us they chose how to spend their time. A member of staff told us about the positive impact on one person, they told us the person was, "Much happier when they have planned their own day."
- Staff told us and records showed, these were based upon people's individual needs and preferences. Records showed people had the opportunity to take part in community based activities such as, day trips and shopping.
- The manager told us they would respect people's diverse needs. They said people's diverse needs were assessed when they moved into the service and would be accommodated as required.

Improving care quality in response to complaints or concerns

- There were systems and processes in place for people to provide feedback and to deal with, and address complaints. People told us they would feel comfortable telling the staff if they had any complaints or concerns.
- Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the management team would act upon complaints appropriately. Records showed that no formal complaints had been made since our last inspection.

End of life care and support

- People were given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives. A personalised approach was taken to this, taking into account the person's physical health and the potential impact of discussions about end of life care on people's mental health. Where people had chosen to discuss this, it had been sensitively recorded in their support plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our last inspection in November 2018 we found concerns about the leadership and governance of the service. This was a breach of the legal regulations. At this inspection we found improvements had been made in this area and the service was compliant with the legal regulations.
- The provider, manager and staff team shared a vision for the home. The vision was based upon enabling people to develop skills and strategies to manage their mental wellbeing and enable them to move on to lead more independent lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a new manager in post who was planning to register with us. The last registered manager had left in January 2019. People living at the home, staff and professionals were all exceptionally positive about the impact of the new manager. One person told us, "18 gold stars for this one. [Manager] is the one I turn to and is always there for me." A member of staff told us, "It's really positive to have a change in management. [Manager] has been a positive change. They behave like a manager but always has time to go and spend time with with the people who live here and time to speak to staff when they need some time."
- The manager had a good understanding of their role and had taken action to address staff performance to improve the quality of service people received.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

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

- People were involved in the running of the home. Meetings were held with each person on an individual basis. These were used to discuss areas such as activities, food and any concerns. The provider also conducted an annual satisfaction survey. The 2019 survey had not yet been conducted at the time of our inspection.
- There were regular meetings for staff and they told us they could make suggestions and share ideas to

improve the home.

Continuous learning and improving care

- There were systems and processes in place to monitor and improve the quality of the service. The provider conducted regular audits which covered areas such as the environment, staffing, care plans, health and safety and infection control. We found where any issues were identified, actions were recorded as being taken.
- There were effective systems to supervise the day to day practice of staff. The manager observed staff practices and praised good work. There was evidence that action had been taken to support staff to improve where practices had fallen below acceptable levels.
- The registered manager kept up to date with best practice. They told us they linked with other managers employed by the provider and worked closely with the therapy team to ensure they kept up with new developments.

Working in partnership with others

- The team at Heathcotes (Moorgreen) worked in partnership with other organisations to support the provision of high quality care. A professional told us there had been positive improvements in the culture and atmosphere of the service since the new manager had started.