

Heathcotes Care Limited

# Heathcotes Cranbourne House

## Inspection report

25 Cranbourne Road  
Bradford  
BD9 6BH

Tel: 01274481307

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10 November 2020  
11 November 2020  
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16 November 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Heathcotes Cranbourne House is a residential care home for adults with a learning disability who may have dual diagnoses and associated complex needs. The home accommodates 8 people. At the time of the inspection there were 7 people living at the home.

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

Staff did not always follow the provider's COVID-19 policy or infection and protection government guidelines. This posed a risk where staff could transfer infection.

Staff understood the importance of safeguarding and the provider worked closely with the local authority. Issues regarding safety and risk were being overseen by the safeguarding team.

Medicines were managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly. People had detailed person-centred care plans.

Recruitment was managed safely and there were enough trained and experienced staff to meet people's needs.

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 guidance CQC follows 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 meeting the underpinning principles of Right support, right care, right culture.

Cranbourne House looked like a large family home and there were no identifying external signs to indicate the house was a care home. All the bedrooms had en-suite facilities and people had been supported to personalise their rooms. The home was within easy access of local amenities. Staff were discouraged from wearing uniforms. The model of care maximised people's choice, control and independence. People had access to specialist and mainstream support with their health and social needs.

People received person-centred care which promoted their dignity, privacy and human rights. People were supported to follow their interests and take part in activities in the local community. People were supported to be involved in the day to day running of the home. Accessible information including pictures and symbols was used to support their understanding and engagement.

Staff had completed Non-Abusive Physical Intervention (NAPPI) training. This meant they used positive

behaviour support plans and de-escalation techniques to support people and minimise the need for physical interventions. The registered manager and care staff demonstrated the values and attitudes to support people using the service to lead inclusive lives. Some poor practise including staff working in cliques had recently been identified. The provider had responded to this promptly and completed a detailed action plan. This included changing the way rotas operated and increased staff supervision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service was good (published 27 August 2019).

#### Why we inspected

We received concerns in relation to the people not being protected from abuse. 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 changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Cranbourne House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to safe infection prevention and control practises. Please see the action we have told the provider to take at the end of this report.

#### 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?**

The service was not always safe.

Details are in our safe 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 Cranbourne House

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Cranbourne House 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

This inspection was unannounced. Inspection activity started on 10 November 2020 and ended on 19 November 2020. We visited the service on 10 November 2020.

#### What we did before the inspection

We reviewed information we had received about the service which included concerns shared with us and feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed care and support in communal areas of the home. We spoke with three people who used the service and three relatives. We spoke with 12 members of staff including the head of service, registered manager, team leaders and care workers. We also spoke with an advocate and health and social care professionals about their experience of the care provided. We talked with relatives, staff and professionals on the telephone after the site visit.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. At this inspection this key question has now deteriorated 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.

### Preventing and controlling infection

- Staff did not always follow the provider's COVID-19 policy or infection prevention and control guidelines set out by the government. We observed some staff were wearing fabric masks. Where staff were wearing fluid resistant masks, they were not always wearing them properly. This posed a risk staff could transfer infection.
- The registered manager told us enhanced cleaning schedules were in place including hourly cleaning of high touch points. We did not observe any cleaning taking place during the inspection.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate infection prevention control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to mitigate the risk. They reviewed how the cleaning schedule was managed and monitored and issued clear guidance to staff about infection prevention and control guidelines.

- The home was restricting visitors in line with current government guidance. There was a clear process in place for essential visitors including completing track and trace information and recording temperature checks.
- We were assured the provider was accessing COVID-19 testing for people using the service and staff.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and included in their care plans. A range of risk assessments were in place. The service promoted a culture of positive risk taking, supporting people to lead active lives with as few restrictions as possible. One person said, "I like it here. I am learning to be more independent."
- Where people experienced periods of distress or anxiety care plans contained person-centred information about how to support people. Most staff understood people's needs well and how to manage any risks they were exposed to. However, some staff had limited knowledge of the detailed information in people's plans. This meant people were not supported consistently. The provider told us there were plans to transfer to electronic record keeping. They said this would make information more accessible for staff.
- We observed one person who was experiencing high levels of distress and anxiety. This was having a negative impact on other people living at the home. We saw there was ongoing involvement from health

and social care professionals. The registered manager told us they were reviewing how space was used in the house to increase the choice of communal options for people.

- Safety and environmental checks were undertaken, and action taken when issues were identified.

#### Staffing and recruitment

- We saw there were enough staff on duty to support people safely. On the day of the inspection people were supported to go out for daily exercise and shopping trips.
- The registered manager told us rotas had recently been reviewed. This was because there were concerns about the development of a closed culture and a lack of consistency within teams. The updated rotas meant staff worked with everyone. We reviewed the rotas and saw there was a balance of gender and levels of experience.
- Recruitment procedures were in place to ensure only staff suitable to work in a care setting were employed.

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

- People said they were happy living at the home, and we observed positive interactions between people and staff. People looked comfortable and relaxed in the presence of staff. One person said, "I am happy here. I like the staff."
- Staff received safeguarding training. They understood the different forms of abuse and were able to tell us how they would report concerns. They knew how to 'blow the whistle' if they had concerns about poor practise.
- Safeguarding was discussed in handovers and meetings with staff and residents.
- Accidents and incidents were recognised by staff and reported. This included an opportunity for people and staff to debrief. We saw examples of lessons being learned and follow up action taken.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. Staff received training and their competency was assessed.
- Most Medication Administration Records (MARs) were typed. Where medicines had been recently introduced there were some hand-written entries. They had not been double signed. We discussed this with the registered manager, and they confirmed this would be addressed.



# 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. At this inspection this key question has now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Concerns had recently been identified about poor practise and teamwork. The provider had taken action including reviewing how rotas and handovers were organised. Staff told us the registered manager was approachable and they were able to talk about concerns. However, they told us there were still some examples of staff working in cliques and poor communication. Most staff said there had been some improvements and staff were working better as a whole team. Changes had been introduced but we could not be assured this had been embedded into future practice.
- The provider was keen to foster a positive culture and strengthen the team. The provider had commissioned bespoke team building training.
- The registered manager told us there were plans to re-locate the team leader and manager's office to ensure they were at the heart of the home. This would increase their availability to people, staff and visitors.
- During the inspection we were informed the registered manager was transferring to a different home in the group. We were told a new manager had started and a robust handover process was planned.
- A range of audits and checks took place to identify concerns and improve service provision. Generally, they were effective and where issues had been identified follow up action had been taken. Audits and observations had not identified concerns relating to infection prevention and control which were observed on the day of the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with other

- The management team were visible and approachable. People and staff spoke positively about the registered manager. One person said, "I can go to [registered manager] if I am upset. [Registered manager] always helps me." A care worker said, "[Registered manager] is very good and on the ball."
- Records showed staff engaged with a range of health and social care professionals. Feedback from professionals was varied. They confirmed they were kept up to date with any changes but said communication and consistency between staff could be improved.
- Staff meetings were held regularly. Records showed there was an opportunity for quality issues to be discussed and for staff to share ideas.
- Meetings were held with people who used the home to seek their views. Easy read information incorporating symbols was used to support people's understanding and engagement. The home had

recently changed an activity room into a cinema room. We observed people planning a movie evening for later in the day.

- Due to the COVID -19 pandemic there was limited opportunities for people to participate in their usual lifestyle community choices. We were told the restrictions had a significant impact on some people living at Cranbourne House. People were being supported to have a range of daily exercise opportunities. The home had a vehicle and people were able to use this to access the local community.
- People and relatives said they had been kept informed about changes due to the pandemic. One relative said, "The staff have handled the lockdown well. They have helped [person] with the change of routine and [person] has really coped."

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

- Registered providers are legally obliged to inform the Care Quality Commission (CQC) of certain incidents which have occurred within the home. These statutory notifications are to ensure CQC is aware of important events and play a key role in our monitoring of the service.
- The provider understood the duty of candour and kept people and relatives informed about key changes within the home.

Continuous learning and improving care

- Accidents and incidents were reviewed and used to inform plans. There was regular oversight of incidents at a senior level.
- The registered manager was receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not robust enough to demonstrate infection prevention and control were well managed. Reg 12 (1) (2) (h)