

Heathcotes Care Limited

Heathcotes Lutterworth View

Inspection report

88 Lutterworth Road
Leicester
Leicestershire
LE2 8PG

Tel: 01162838854
Website: www.heathcotes.net

Date of inspection visit:
28 September 2022
29 September 2022
30 September 2022
12 October 2022

Date of publication:
29 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heathcotes Lutterworth View accommodates 8 people in one adapted building. At the time of our inspection there were eight people using the service.

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

Risks to people had not been fully assessed to protect them from harm. People's sensory needs had not always been assessed. Staff were not able to clearly describe how and when 'as required' medicines would be administered. There was no mechanism to review the protocols for these medicines.

Staff were recruited safely and received induction and training for their role. Staff understood how to support people. Staff knew how to protect people from the risk of abuse and how to report any concerns.

People, staff and most relatives told us, and records showed the registered manager was making improvements in the service. Further action was needed to strengthen the governance system to ensure records were completed fully in relation to people's care and incidents and concerns.

Most people felt safe with the staff and the support provided. However, we received concerns about risks to people's safety and made several safeguarding referrals to the local authority for further investigations.

Support plans were personalised and focused on all aspects of people's lives including their individual needs, preferences, aspirations and equality and diverse needs. Staff understood their role and how to support people to meet their needs. People could take their medicines in private when appropriate and safe.

People and most relatives told us they knew how to complain if they were unhappy about any aspect of the care and support provided. Concerns received from a relative and professionals had been shared with their registered manager.

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

Right Support

People were supported by enough staff to meet their care needs. People had a choice about their living environment and were able to personalise their rooms. The service had enough staff, including for one-to-

one support for people to take part in activities. People were supported to continue to with their education and work on a regular basis.

People were supported to maintain contact with their relatives and staff encouraged people to take part in community-based activities and hobbies. However, at times people could not go on outings and visits when they wanted to if the care home's vehicle was already being used to support another person. Alternative transport had been considered but it was not always safe or suitable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People told us they liked the staff who supported them. Staff protected and respected people's rights and choices. People's communication needs were identified. Staff ensured information was available in a suitable format so people could understand. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

The registered manager and staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. The registered manager had the skills, knowledge and experience to perform their role and was improving the culture where people were at the heart of everything they did.

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

Rating at last inspection

The last rating for this service was good (published 2 July 2019).

Why we inspected

We received concerns about the service from health and social care professionals in relation to the management of risks to people and the use of restraint, promoting social engagement and activities and, staffing and oversight of the service. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and recommendations

We have identified a breach of regulation because risks to people's health, safety and welfare had not been adequately assessed, mitigated and kept under review, at this inspection. Please see the Safe, section of this full report.

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 Lutterworth View on our website at www.cqc.org.uk

Enforcement and Recommendations

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Lutterworth View

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 Health and Social Care Act 2008.

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 and a specialist advisor, who had experience of working and supporting people with a learning disability and autism.

Service and service type

Heathcotes Lutterworth View is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us.

Heathcotes Lutterworth View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 30 minutes notice of the inspection on 28 September 2022 and announced on 29 and 30 September 2022. This was because the service is small, and people are often out, and we wanted to be sure

there would be people at home to speak with us. We returned unannounced on 12 October 2022, to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and observed staff interactions with 3 people who could not talk with us to further help us understand their experience of the care they received. We spoke with 4 relatives, social workers, local authority finance officer and a teacher at the college. We spoke with 10 members of staff including support workers, care team leaders, the registered manager, and regional manager. We also spoke with the regional manager and 2 staff from the positive behaviour support team.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection. We reviewed a range of records. This included seven people's care records and a sample of medication records. We looked at other records relating to the management of the service, including three staff recruitment records, supervisions and training information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Using medicines safely; Lessons learnt

- People were not always protected from the risk of self-harm or injury. Risks to people were not always assessed fully were not fully assessed. One person's incident records showed they had experienced frequent episodes of distress and high anxiety that had resulted in the use of physical interventions by staff. We identified a new risk of self-harm to this person but it was not identified by the registered manager. This meant the person was at increased risk of avoidable self-harm.
- Staff told us physical intervention had been used on people when they first moved to the care home in order to keep the person or others safe. Staff told us that people's diverse and complex needs and staff not being familiar or confident to support people had caused harm.
- Protocols for the use of 'as required medicines' to manage health conditions and heightened anxiety and distress were not linked to the support plans. Staff we spoke with were unable to clearly describe how and when to administer these medicines. The protocols for these medicines did not have a review date or mechanism to identify when this would be reviewed. This meant people's health was at risk of excessive and inappropriate use of medicines.
- Some incident reports and debrief meetings following an incident were incomplete or not completed to an adequate standard. This meant the registered manager could not identify whether staff had followed the support plan to de-escalate potential risks of incidents and learning from previous events had been acted on. This meant people were at risk of avoidable harm.

The provider had failed to ensure risks had been adequately assessed, monitored and mitigated to ensure the health, safety and welfare of people using the service. 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.

- People and their relatives or advocates were involved in managing risks. A relative told us their family member was more settled since staff had learnt to recognise signs of distress and anxiety early and knew how to respond appropriately to keep the person and others safe.
- People told us they received their medicines at the right time and staff followed the processes to administer and store medicines safely. A relative told us and records confirmed that staff ensured their family member's medicines had been regularly reviewed by the prescriber.
- Staff understood risks to people and recognised triggers and signs that would indicate a person needed support. We observed the registered manager and staff were responsive when a person had seizures and provided safe support.
- Health and safety audits and checks in relation to the environment, premises, fire safety and equipment

were completed regularly. The external key-coded gates had been installed to protect people with limited road safety awareness. When we arrived to complete the inspection, we found the external gates were left open. The registered manager assured us they would address this with staff and monitor the gates were closed.

- People told us there were regular fire drills and they knew what to do in case of a fire. Individual Personal Emergency Evacuation Plans were in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA. Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met and staff understood how to support people in line with the Act.
- Decision specific mental capacity assessments were carried out. Records showed relatives and representatives had been consulted in best interests decisions.

Systems and processes to safeguard people from the risk of abuse

- Feedback received about people's safety was mixed. We received concerns from a social worker, college staff and a relative. We made safeguarding alerts to the local authority for further investigations in relation to the risks to people.
- One person said, "I like living here. I don't want to move. Hopefully things get better when [name] moves out." A relative said "We're really happy with the staff looking after [name]. There's a lot of involvement and commitment to make sure [name] is well, happy and safe."
- The registered manager had reported safeguarding concerns to the local authority and Care Quality Commission (CQC). Action had been taken to reduce risks. Staff disciplinary procedures had been used effectively when concerns were found in relation to staff performance.
- Staff knew what action to take to protect people from harm and abuse. We observed several instances where staff ensured people were protected from the risk of harm when a person was distressed and used techniques to reduce the potential risk anxiety and distress.
- The registered manager was working with local authority continues who were investigating a number of safeguarding concerns raised by health care professionals prior to this inspection visit.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager regularly reviewed the staffing levels to ensure people were supported by the right number of staff.
- One person raised concerns about night staff not covering the first floor at all times. This was shared with the registered manager, and they assured us they completed night spot checks.
- A person said, "I do have my one-to-one staff at home when I want them." A relative said, "Staffing was an issue at the beginning of the year, using a lot of agency but now things have definitely improved. There's more permanent staff, and [Name] has a core staff team that work with [them] to maintain familiarity."
- Staff told us staffing had improved. Staff comments included, "Staffing is good now, more stable, as reduced agency and everyone has one-to-one staff, they need, and new staff are starting their training," and, "My induction training was really good, it gave me the confident and understanding in how to give person-

centred support." Training information showed staff had received essential training for their role, which included supporting people with learning disability, autism and accredited prevention, and management of people whose behaviour may become challenging.

- Safe staff recruitment procedures were followed. This included, Disclosure and Barring Service (DBS) checks, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We saw some staff had long acrylic nails and bracelets, which increased the risk of spreading infectious diseases. This was raised with the registered manager who assured us action would be taken with staff.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visitors in the care home was in line with government guidance and people were supported to have visitors. Visitors were encouraged to wear face masks and spent time with their family member in the garden or in one of the lounges.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's experience of choice or control over their lives was mixed. People who had been admitted in an emergency the pre-admission information was not sufficiently detailed to enable staff to fully support people's choices in a timely way. The registered manager told us some people's 'forever' home had not been found, which had led to frustration of living with other people. The registered manager told us the internal positive behaviour team was worked closely with the staff. For example, a core staff team and adopted a 'hands-off approach' by giving space to allow the person to process their emotions. This had had a positive impact on the person and reduced incidents.
- The registered manager had updated risk assessments and support plans in response to incidents and communicated the changes with staff through daily handover meetings. Most support plans had been reviewed since the arrival of the new registered manager.
- People and some relatives were involved in developing support plans to enable staff to know how they wanted to be supported. One person told us the skills they had learnt so they could live independently in their new flat. Support plans focused on all aspects of their lives, ranging from individual needs, preferences of lifestyle to the level of independence, and their faith and cultural needs, goals and aspirations. This included any protected equality characteristics.

Improving care quality in response to complaints or concerns

- A relative told us their concerns had not been fully addressed. The registered manager told us, and records showed there was ongoing involvement of professionals to address their concerns.
- People knew who to speak with if they were unhappy about any aspect of their support or wanted to complain. One person said, "I can always speak with [registered manager] and [regional manager] if something's upset me or I'm not sure about anything." A relative said, "Issues and concerns are always taken seriously and acted on."
- The registered manager was responsive to concerns raised by a person during the inspection visit and took action to address their concern. The service had a complaints policy in place. The complaints log showed complaints had been investigated and resolved promptly.

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's ability to engage in the community at times was limited especially when transport was needed as there was only one vehicle that could be used.
- We observed staff interacted with people in a person-centred way. A person was supported by staff in a lounge where there was less noise, and they could go out into the garden to reduce their anxiety. We saw

people's quality of life and wellbeing was impacted on when a person became distressed, as staff encouraged people to leave the area or remain in their room for their safety.

- Each person had an activity plan to reflect their interests and hobbies. Activities included arts and crafts, playing electronic games, attending college, voluntary work and social activities such as bowling. A person said, "I go to the shops every day to buy a newspaper and lottery ticket with my support worker. I like doing word searches which the staff get for me. I like listening to music and watching films." Another person had celebrated their birthday and visited the Space Centre and 'King Richard's' museum.
- People were supported to maintain contact with relatives. Staff supported a person to go to the family home for dinner. A relative said, "[Name] used to come home before Covid happened. [Name] does go out with staff trained to administer rescue medicines. [Name] likes to spend time with the mature staff."
- Positive risk taking was promoted. This included assessing whether people needed staff support to access community activities or were able to go by themselves. Staff gave examples of goals achieved by some people including a person who was supported to go to the shops and pay for items themselves.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and support plans were developed to inform staff of these needs. Information was provided in a range of formats such as easy read, social stories and electronically. We saw staff explained information to people in ways they could understand and when people expressed their emotions and feelings, staff responded appropriately.
- People key information such as the complaints procedure, reporting abuse and infection control including good hand hygiene practice was displayed around the care home.

End of life care and support

- At the time of the inspection, nobody living at the service was receiving end of life care and support. People had received opportunities to discuss their end of life wishes if they chose to.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- People's quality of life had been impacted by inconsistency in leadership, staffing, recording and meaningful activities and support. The monitoring systems and audits needed to be strengthened. We found the use of 'as required' medicines administered to manage anxiety and distress was considered when reviewing people's support plans. Audits did not identify gaps in recording such as when people declined support, and some incidents reports were not completed fully and not logged onto the internal system used to identify trends. There was no harm to people and some action had been taken by the registered manager in relation to audits, monitoring staff performance and responding to risks.
- The daily staff handover meetings used to share information about people was brief and not recorded to enable staff to refer back to. The registered manager had planned to introduce a communication book to ensure all relevant information was available to staff.
- Staff understood their role and responsibilities and spoke positively about the improvements made since the new registered manager had started. A staff member said, "[Registered manager] has pulled the team together to work as a team. [Registered manager] is on the floor working with staff and people."
- The registered manager felt well supported by the regional manager and received information about national best practice guidance; and their policies and procedures reflected current legislation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the care home had improved. Feedback we received about the care home and management was mostly positive. A relative said, "Staff are very caring and committed to [name]."
- People's equality, diverse and cultural needs were identified, and the support plans described how the person wanted to be supported.
- People were encouraged to go out into the community, experience new activities and achieve their goals. Staff used social stories to support people with this. Staff told us at times people preferred to stay at the care home but they continued to try different approaches to encourage people to try something new.
- People's views were sought individually about the care provided by staff and a range of topics including meal planning, activities and holidays. Feedback was mainly positive.
- Systems were in place to ensure staff were supported and training was kept up to date. Staff told us, and records confirmed, there were regular staff meetings to discuss and share information such as improvements required. A staff member said, "Supervisions are every 4-8 weeks. I've had a supervision meeting with [registered manager] already and another meeting is planned."

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

- The registered manager had made improvements to people's support plans and risk assessment, and had recruited new staff and reduced the use of agency staff. There was an ongoing improvement plan in place.
- Staff understood their responsibility and were committed to caring for people and improving teamwork. A staff member said, "It's been tough and changes in staffing has affected some of the residents. We're in a much better place with [registered manager] here now."
- A relative told us, "Some staff are really dedicated and have a really good relationship with [name], but I feel some staff could benefit with more training in autism. Otherwise have no concerns." And "Heathcotes have done their best to care for [name]."

Continuous learning and improving care

- Improvements had been made to the pre-admission and compatibility assessment. The registered manager understood their responsibility to ensure these assessments were carried out fully and that any potential new people's move to the care home could be met safely whilst supporting people already in residence.
- The service had been identified to test a new electronic care system, providing staff access to people's information and to record promptly using a handheld device. This would enable effective monitoring of people's quality of support provided and to respond to risk and concerns.

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

- The registered manager had informed CQC about significant events and incidents which they are required to formally notify us about. This helps us to monitor the service.
- The registered manager understood their responsibilities to be honest with people, relatives and staff when things went wrong. They were open, transparent and responsive to feedback given during the inspection and addressed concerns immediately, where this was practicable.

Working in partnership with others

- The registered manager had been open with other agencies about the difficulties due to the diverse and complex needs of people living in the care home. The registered manager had been responsive to requests for information from professionals whilst managing the care home.
- People told us and records showed people were supported to access community health care services, such as GPs, specialist nurses and health professionals when needed. Staff supported people to attend college and voluntary work.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks had been adequately assessed, monitored and mitigated risks to people health, safety and welfare of people using the service.</p> <p>Regulation 12(1) (2) (a) (b) (f)</p>