

Heathcotes Care Limited

Glenfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Glenfield is a residential care home providing personal care to up to 6 people. The service provides support to younger adults with a sensory impairment, physical disability, mental health needs and/or a learning disability or autistic spectrum disorder. At the time of our inspection there were 5 people using the service.

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

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 that 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.

Right Support: Overall the management of risks associated with people's care and support had improved. People had personalised strategies which provided guidance in the event they became distressed. However, care records did not reflect all staff fully understood or followed these strategies during incidents. Improvements had been made in the management of people's medicines. These had been reviewed to ensure prescribed medicines remained effective and appropriate.

We have made a recommendation that the provider ensures medicines are stored in accordance with National Institute for Care and Excellence (NICE) guidance.

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. People were supported by enough staff to meet their individual needs and to pursue hobbies and interests in their local community.

Right Care: Staff knew people well and used people's preferred communication methods effectively. Care plans had been updated to support staff to provide person-centred care. Staff had received additional training around people's health conditions and responses and interventions for people who experienced distress. The number and range of activities had increased since our last inspection, and people were going out more to places of interest.

Right Culture: Improvements had been made in provider oversight and governance systems. Our evidence identified that improvements needed more time to fully embed into working practices. The provider had learnt lessons from our previous inspection findings and been open about where things had gone wrong. A new manager had been appointed who was committed to supporting people to achieve the best possible outcomes from their care. Relatives and staff were positive about changes, including improved communication, consultation and encouraging innovation.

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

Rating at last inspection and update

The last rating for this service was inadequate (26 October 2022) and there were breaches of regulation. We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008 and undertook additional enforcement action. The notice required the provider to become compliant with breaches relating to consent, safe care and treatment and governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements. 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 to requires improvement

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenfield on our website at www.cqc.org.uk.

Enforcement and recommendations

We have made a recommendation that the provider ensures medicines are stored in accordance with National Institute for Care and Excellence (NICE) guidance.

This service has been in Special Measures since 26 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Follow up

We will 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 effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Glenfield

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.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Glenfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenfield 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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, the registered manager was in the process of transferring to another service. Shortly before our inspection visit, the provider had appointed a new manager to oversee the quality and safety of the service. They intended to submit an application to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

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 6 staff members including the new manager, managing director, area operations manager and care staff. We observed staff interactions, communications and responses with 3 people who communicated through non verbal methods. We also spoke with 4 people's relatives to gain their feedback about the care and support provided to their family member.

We reviewed a range of records. This included 3 people's care plans and care records and a sample of people's medicines records. We reviewed staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits, training data, cleaning schedules and environmental checks were reviewed.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.



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 inadequate. 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; Preventing and controlling infection

At our last inspection we found there was a lack of effective systems and processes to demonstrate safety was effectively monitored and managed. There was a lack of robust systems and processes to ensure people were protected from the risk of infections. This placed people at significant 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. We issued a warning notice for this breach.

Sufficient improvement had been made at this inspection to meet the requirements of the warning notice and the provider was no longer in breach of this part of regulation 12. However, further improvements were needed to ensure improvements were fully embedded into working practices.

- Since our last inspection, the provider completed a full review and update of positive behaviour support plans to ensure these were fully personalised and effective. This process had helped to identify clearer and more effective strategies to reduce the risk of people's distress escalating and resulting in harm to themselves or to others.
- Additionally, staff had completed training in positive behaviour support which included personalised training in supporting each individual person using the service. Managers and staff felt this had resulted in improvements in staff response and support for people who demonstrated distress through behaviours. One staff member told us, "Previously, people were bored and frustrated, staff didn't understand this and this led to people being distressed. There has been a big improvement and through training and support, staff are gaining confidence and better understanding of people's needs. People are now going out and doing things that they like to do."
- We found further improvements were needed to evidence these improvements were fully embedded into staff working practices. For example, staff recordings in behaviour charts were not consistent and did not always evidence their interventions or outcomes in response to people's distress. Additionally, some terminology used to refer to people's distress was not appropriate or professional. We raised these concerns with the management team who told us they would review records and provide additional support for staff.
- The provider had addressed environmental risks through replacing damaged items and completing a redecoration of the service. A relative told us, "The environment was pretty poor before; so tatty. They have made efforts to improve things. They also have a gardener now."
- Upgrades to the environment included new accessible en suites for people and improvements to the kitchen and garden areas. The manager acknowledged further improvements were needed to support people to engage in a meaningful way with their environment. For example, there were plans to improve the

decor further and make a sensory room and the rear garden more accessible for everyone.

- People's personal emergency evacuation plans (PEEPs) had been reviewed and updated to ensure staff understood how to safely support people in the event of an emergency.
- Cleaning schedules were in place and staff had completed training to understand their role in protecting people from infections. We found further improvements were needed in cleaning practices. For example, staff were not cleaning sufficiently around toilet bases or skirting boards which were already showing a build up of debris. Following our inspection, the manager submitted a revised cleaning schedule and told us they were working with staff to improve working practices.

Visiting in care homes

- Family and friends were welcome to visit at any time. People were also supported to visit and/or stay with family and friends regularly.

Using medicines safely

- The provider had made improvements to ensure medicines were managed safely. Further improvements were needed to ensure medicines were stored within safe temperature ranges. For example, we found several dates where medicine storage areas were above 25 degrees celsius required to maintain the integrity of medicines. There was no evidence that any remedial action had been taken, such as additional cooling equipment. Although there was no evidence people were harmed as a result of higher storage temperatures, we have recommended the provider ensure processes are sufficiently thorough to demonstrate medicines are stored safely in line with National Institute for Care and Excellence (NICE) guidance.
- The provider had introduced more robust audits and checks to ensure people's medicines were administered as prescribed. These included audits from provider representatives to validate internal audits undertaken by managers.
- Protocols were in place to support staff to administer as and when required medicines safely.
- Staff had completed additional training and assessments to improve their competency in administering medicines. One staff member told us, "We had competency assessments for diabetes, epilepsy, and epi-pen (emergency medicine to treat severe allergic reactions). It's been really helpful to have refresher training and we feel like we now have more direction and support."
- Relatives felt medicines were managed safely and were regularly reviewed. One relative told us, "We have had no problems with [Name's] medicine. It has been reviewed and reduced by the medical professionals."

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

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Safeguarding incidents were discussed with staff in team meetings to ensure staff were aware of concerns raised and any changes made to prevent reoccurrence.
- Safeguarding concerns were reported to the local authority for investigation and remedial action taken to keep people safe.
- Relatives felt their family members were safe using the service. A relative told us, "I feel there have been improvements since safety was reviewed at this service. Past incidents, such as people leaving the home without permission, have been reviewed and acted on. Lessons have been learnt so these don't happen again." A second relative told us, "Safety has improved the last few weeks."

Staffing and recruitment

- Relatives and staff told us there were enough staff to keep people safe and meet their individual needs. A relative told us, "There are enough staff for [Name of family member] definitely. Whenever I have visited, there have been enough staff around."
- We observed there were sufficient staff to support people who required constant support and supervision

and to support people to go out. Staffing rotas confirmed this.

- The provider had recruited new staff who had completed an induction and worked alongside more experienced staff. One staff member told us, "It takes time to get to know people as their needs are very complex. New staff take time to get their confidence and understand how to communicate with people."
- Disclosure and Barring Service (DBS) checks had been completed, including refresher checks for existing staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to apply the mental capacity act; there was a risk people's rights would not be upheld and their freedom would be unlawfully restricted. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and where appropriate, authorisations were in place to legally deprive people of their liberties.
- The provider has sought professional advice and guidance around a blanket restriction to all people living at the service, due to one person's dietary needs. Records showed advice had been followed to ensure no one was being unlawfully restricted and people were kept safe.
- People's mental capacity assessments had been reviewed and updated. If specific decisions then needed to be made for example, in relation to restraint and medical interventions, best interest meetings had been arranged to seek the views of people, their relatives and professionals. Records were kept of the outcomes.
- We saw staff providing people with choices in line with mental capacity assessments.

Staff support: induction, training, skills and experience

At our last inspection, systems to ensure people were supported by competent and skilled staff were ineffective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider had developed training so all staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-learning and classroom-based training. Specialist training was also provided on subjects such as epilepsy, diabetes, learning disability and positive behaviour support.
- Staff were overall positive about the training they had undertaken. One staff member told us, "Prior to the training, some staff were unable to understand or respond to people when they needed interventions. The training has given staff confidence which has helped people to have more consistent support. The refresher training in people's health conditions has also helped our understanding and confidence."
- The provider had assigned senior managers to spend time in the service working with staff and assessing what training they required. They ensured supervision and support was available to staff to support their confidence and skills to develop. Managers acknowledged this was an on-going process following recent staff recruitment.
- Relatives felt established staff had the skills and knowledge to meet their family member's needs. A relative told us, "The established staff know [Name] well and are able to understand and anticipate their needs. [Name] communicates through non-verbal methods and I do worry if the newer staff understand this and know when [Name] is in pain." A second relative told us, "Some staff are very good and some have training needs because they are inexperienced in dealing with complex behaviours."

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

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Care plans were personalised with easy read information that guided staff on what people liked and how best to communicate with them. Staff were able to describe people's individual needs and wishes and demonstrated they were able to communicate effectively with people who used non-verbal communication.
- The provider had reviewed the admissions criteria and procedures to ensure the service was able to meet people's needs safely and effectively. This included more robust assessments of people's clinical needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had made improvements to demonstrate people's dietary needs were being met. A relative told us, "Staff are good at monitoring [Name's] fluids, as they will drink and drink all the time. Staff know what [Name] is like and keep an eye on their fluid intake." Records showed and we observed staff were following medical advice for this person.
- A second relative told us, "They are taking [Name] out more for exercise as part of a weight management plan." The person's care plan included clear guidance from medical professionals around diet management. Staff followed this in terms of combining appropriate portion sizes and foodstuffs to support the person to eat healthily whilst also increasing physical exercise.
- Care records showed people were supported to access routine and specialist healthcare. A relative told us, "[Name's] healthcare is well supported by staff, and they always let me know if [Name] is not well. They do try to get them to routine health appointments, but it is not easy as [Name] does not tolerate medical staff."
- Staff worked with other agencies in response to changes in people's needs. For example, increases or

changes in people's distress were referred to external agencies for review and support in a timely manner.

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

- The provider had begun to make improvements to ensure the physical environment met the needs of the people using the service. People's rooms were personalised to reflect their personalities and interests, with the exception of one person's room. The manager was in the process of arranging maintenance to address this as part of an upgrade to the service.
- Work was in progress to install a meaningful sensory room for people to engage with. A projector had been installed and further equipment was planned.
- Improvements had been made to the external grounds which enabled people to access these safely and start to pursue hobbies and interests. Further work was planned to transform overgrown areas and make these accessible for people to interact with.

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 inadequate. The rating for this key question 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; Continuous learning and improving care

At our last inspection we found a lack of effective systems and processes placed people at risk of repeatedly receiving care which was not always safe or appropriate for them. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made to meet this breach. However, improvements were not yet fully embedded in working practices.

- Following the last inspection, a detailed action plan was drawn up and this was reviewed at regular intervals to monitor progress.
- The provider had developed more robust systems of auditing and monitoring which was undertaken internally and by the provider's quality team. Outcomes of audits were used to develop action plans to make required improvements.
- Since our last inspection, the provider had concentrated on urgent issues and concerns around safeguarding, placements and staffing. Systems and processes had been implemented to provide better oversight at provider level. This had resulted in a review of people's needs and the level of dependency the service was able to meet. For example, the service had made a decision around what clinical needs they were able to meet safely.
- Although there was evidence of improvements since our last inspection, we found improvements needed time to be fully implemented and embedded into staff working practices. For example, care records did not reflect all staff were following positive behaviour strategies, or record remedial action in response to concerns, such as high temperatures in medicine storage areas. Additionally, feedback from relatives was mixed in terms of confidence and skills of some staff in supporting people when they became distressed.
- The registered manager had been away from the service for an extended period. The provider had appointed a new manager who was on induction at the time of our inspection. The area operations manager continued to provide oversight and support to staff and people.
- Staff and relatives were positive about the change in management. A relative told us, "Management are trying to turn the service around, and some improvements have been noted. Staff jobs have been made very difficult until recently due to management issues, but they do seem a lot happier now. Senior management have been closely involved and actually working at Glenfield, which shows they are taking it seriously. I am hopeful things will turn around and improve." A staff member told us, "Staff morale has been very low here. Staff kept making suggestions to do things and weren't listened to or were constantly knocked back."

Changes have brought new energy and enthusiasm which has led to people going out more, staff beginning to be innovative and overall everyone is happier."

- The provider had used incidents and concerns at this service as shared learning to ensure lessons were learnt across all provider services in order to mitigate future risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team knew people well and were prompt in responding to issues raised during the inspection.
- The new manager was committed to providing person-centred care and support for people. We saw people enjoyed the open door policy, frequently coming in and out of the office to engage with senior staff. The new manager was working alongside staff supporting them and providing oversight.
- Care plans were focussed on supporting people to achieve positive outcomes from their care. Relatives confirmed they were involved in reviews of care and consulted about changes to support people to achieve their aims and aspirations.
- Relatives felt able to raise concerns and, following recent changes, were more positive these would be listened to and acted on. The management team was honest about where things had gone wrong, under their duty of candour, and shared actions they had taken to make improvements.

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

- People were supported to be as independent as possible and pursue meaningful activities and lifestyle choices. We saw people were supported to make day to day decisions through informed choices, such as how they wanted to spend their time and meal choices.
- Relatives and advocates were informed and consulted about people's care and support and were given the opportunity to share feedback about the service. A relative told us, "Communication has improved in the last few weeks. We get more updates and more information. We do get surveys to fill in and receive feedback in response to these."
- Staff told us they felt more confident to make suggestions and these were listened to. A staff member told us, "This used to be a lovely place and the environment was well utilised to support people. I feel we are making improvements and working towards getting things back to how they used to be, which is good."
- The service worked in partnership with external agencies to ensure people's needs were met. Care records showed timely referrals had been made in response to changes in people's needs.