

Heathcotes Care Limited

Wistaston House

Inspection report

551 Crewe Road
Wistaston
Crewe
CW2 6PU

Tel: 01270560120

Date of inspection visit:
05 September 2023
07 September 2023
08 September 2023

Date of publication:
16 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wistaston House is a residential care home providing personal care to up to 7 people. At the time of the inspection 6 people lived at the home. The service offered a home like environment, each bedroom had its own en-suite shower room. There were a number of communal areas including a bathroom, lounge, kitchen, dining room, conservatory and a large garden area.

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

Right Support:

Improvements were needed to ensure medicines were managed safely. The providers policy needed updating to ensure that staff are clear regarding their responsibilities in this area.

Support plans were in place which provided guidance for staff on how a person wished to receive their care. However, improvements were required to ensure that information relating to risk was up to date and reflective of people's care needs.

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.

Safe recruitment processes were followed. Staff received on-going training and development to support them in their roles.

People told us they felt safe living at Wistaston House. People were encouraged to have choice; support was personalised to their wishes.

Right Care:

People were positive about the care and support they received. People were treated with dignity and respect by staff who were knowledgeable about their support needs.

People were supported to be as independent as possible in the home and, where possible, out in the community. Where new staff had been recently employed, staff recognised people as individuals and developed good working relationships with people, understanding their care needs and how best to support them in these areas.

Staff spoke passionately regarding the people they supported and working for the provider.

Relatives were complimentary regarding the service and support given to people. This included support to ensure that loved ones have regular face to face contact with them.

Right Culture:

We identified areas of improvements were required regarding documentation of medicines, MCA, support plans and checks that the provider makes in the service.

People were positive about relationships with staff and told us staff treated them as individuals. People were encouraged to have choice and control of their lives. Staff supported people promoting independence, which was observed throughout the inspection.

Overall Staff gave positive feedback regarding working at Wistaston House and the leadership of the home, this included the support given from the provider's senior leaders.

The manager, senior leaders and staff demonstrated a person-centred culture which focused on meeting people's individual needs. The manager was passionate and committed to developing individualised support and to make continued improvements.

Rating at last inspection

The last rating for this service was requires improvement (published 21 November 2019). The service remains rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified breaches in relation to oversight of medicines, support plans and management of risk. We also identified breach of management of audits and checks that the provider makes to ensure people were safe.

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

We made a recommendation relating to people's communication plans, to ensure that staff have constant information on how best to communicate with people.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wistaston 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 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 2 inspectors.

Service and service type

Wistaston House 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. Wistaston House 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 no registered manager in post. However, a new manager had been in post for 3 months and had submitted their application to register with CQC. We are currently assessing their application.

Notice of inspection

We gave the service 1 hour notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be at the service to support the inspection.

What we did before 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 people who used the service and 5 relatives about their experience of the care provided. We observed interactions between staff and people living at Wistaston House. We spoke with 10 members of staff in various roles. We reviewed 6 people's care records and other records relating to people's care and support. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service was reviewed, including policies and procedures.

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.

Using medicines safely

- Medicines were not always managed safely.
- The provider's medicines administration records' (MAR) were not always completed as directed within the provider's medication policy. During the inspection a member of staff identified a medication error during routine checks of medicines. It was also identified that the MAR record had not been completed correctly in line with the provider's policy. Following the inspector review further MARs, other documents were not completed correctly and had not been picked up on routine checks completed by the provider. The provider later confirmed that no person came to harm due to errors and still received their medicine as prescribed.
- The provider medication policy did not include information relating to medicine stock held at the service that could not be routinely checked due to its packaging. This meant that staff had no guidance in this area to ensure these prescribed medicines were correct.
- Prescribed creams for people were not routinely checked. We found limited evidence checks were made to ensure prescribed creams were correct and adequate stock was available for people.
- At the time of the inspection the storage room for medicines temperature was above 28°C, this put medicines at risk of being unsafe for people.

Systems were either not in place or robust enough to ensure good oversight of medicines and monitoring of stock and documentation in line of policy. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns to the manager regarding the current temperature of the medication room who acted during the inspection to seek further assurance from professionals that medicine stock was safe at high temperatures. The manager also shared that the service was waiting for an additional cooling fan to be put into the medicines room to further control the temperature of the room.

Assessing risk, safety monitoring and management

- Systems were not always robust enough to manage risk. Where the provider had identified a number of risks to people, we found information on how to respond and mitigate risk was not always current. This meant that staff did not have up to date guidance on how to appropriately and safely support the person.
- Bespoke positive behaviour support (PBS) plans were in place to support people when expressing emotional distress. This provided strategies for staff to follow to minimise risk to people and keep them safe from harm. However, we found that plans were not updated following changes in support.
- The manager told us that following the implementation of an electronic support plan management

system they had begun to make improvements in support plans.

- Checks relating to fire and safety of the property were not robust. We identified that weekly and monthly checks were not consistently recorded as completed in recent months. The manager shared that checks were being completed. However, documentation had not been updated to evidence this.
- Further information relating to this can be reviewed under the well-led section of this report.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents.
- However, following incidents we found limited evidence of debriefs or meetings to reflect on staff practice to consider changes or improvements in care. One staff member shared, "I wasn't sure of what I should be doing (following an incident). It left me feeling unconfident."
- We discussed our concerns with the manager who immediately took action to address this. Learning from events had been added as a standard item on the planned team meeting agenda, staff later confirmed this.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Allegations of abuse were recorded appropriately and reported to other agencies.
- Staff understood their responsibilities to report abuse and felt confident that the management team would act on concerns. A staff member shared, "I have the team leader I can speak to, [manager] is good, things would get acted on."
- People felt safe. We were told, "I feel I can talk to staff if I need some support." And, "They're trying to help me. They are good people."

Staffing and recruitment

- People and staff felt there were adequate staffing levels to provide care. We were told, "Yes there is enough staff, we've only got two drivers but there are enough to support people." Another person told us, "If I want staff to support me, go out with me they are here, I make the decision."
- Relatives told us staff supported people to have regular contact with them. A relative shared, "They are great with [Person] and comes every week, any changes they let me know."
- Recruitment processes were robust. Checks were carried out to ensure suitable staff were employed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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

There was no restriction of visiting arrangements at the service in line with the guidance in place at the time.

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

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. At our last inspection we had made a recommendation about updating records relating to DoLS and a person's legal status under the Mental Health Act 1983. We also checked to ensure the provider had made improvements.

- Capacity assessments and best interest decisions did not always follow the principles of the Mental Capacity Act. We found a lack of information relating to advocacy or family involvement in decision making. We discussed our concerns with the manager who shared that this was an area of improvement already identified.
- Appropriate DoLS authorisations were in place for people living at the home, where appropriate.
- The conditions attached for those people's DoLS were being followed and staff knew what these were.

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

- People's needs were fully assessed prior to moving into the service. Support plans and risk assessments were then developed and reviewed by staff.
- Support plans were personalised with information and subjects that were important to the person. This included information about interests, personal history, likes and dislikes and support managing conditions.
- However, we found that information was not always up to date or sufficiently detailed. We discussed this with the manager who shared this was an area of improvement they were currently in the process of reviewing.

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider ensured all staff received a more comprehensive level of autism training. The provider had made improvements.

- Staff completed an induction programme when they joined the service. This was a combination of training modules, online meetings and shadowing experienced staff.
- New staff completed the care certificate in line with their induction and probation. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke approvingly about their induction into the role. Comments included, "Induction, it was great." Another shared, "I learned more here, than I have before in previous role."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate care services when required. Evidence of appointments and actions taken when people were unwell, or required routine appointments were recorded.
- The provider worked with other agencies to support positive outcomes for people. Records confirmed meetings took place to review people's physical and emotional well-being.
- A professional spoke positively regarding the service and support given to people. We were told, "They are attentive and show a real passion and commitment to the residents."

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

- Wistaston House sought to strike a balance between the requirements of a registered care service while providing a home like environment for people.
- People's bedrooms were personalised with individual preferences. One person approvingly showed us their bedroom and personal belongings.
- At the time of the inspection a person was in the process of moving into the home. The bedroom was being personalised to their wishes, including wallpaper and design. The person proudly asked to show the inspector the room, talking about their interests which was reflected in the room.

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

- People were supported to eat and drink enough within the home. Staff followed people's support plans which included information on people's meal preferences and likes and dislikes.
- During the inspection staff we observed staff promoting people's independence in this area. This included some people making meals for themselves independently.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were complimentary about staff and the care given to them. Comments included, "I'm happy living here. I do see people and get support." And, "I enjoy living here."
- People's independence was encouraged at the home. We observed people completing household tasks for themselves and preparing their own meals. This was seen to have a positive impact on people.
- People received just enough support to promote independence accessing the community or out on activities. This including developing areas to promote confidence and independence. We were told, "[Person] has started to go further to do their shopping, this included walking on occasion something they had not done since living at the home, a great achievement."
- Relatives reflected positively on the care their loved ones received at Wistaston. We were told, "Happy with the home." And, "I think the staff are very nice, it seems a nice place to live."
- People's privacy was respected. Staff respectfully knocked on doors and checked people were happy for them to enter their rooms.

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

- People felt involved, in control of their lives and supported at Wistaston House. One told us, "I can do my own thing, go out or ask staff for help when I need it, it's up to me."
- People were positive about their experience living at Wistaston House. However, people expressed uncertainty regarding their future. We discussed this with the manager who shared that since being in post reviews had not been completed with people. This was an area of improvement that they planned to make. We will check this on the next inspection.
- Throughout the inspection those who were able to provide feedback discussed independence and freedom over how they spend their day. This included accessing the local community services, spending time with loved ones and completing activities of interest to them.

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. This key question has remained good. This meant people's needs were met through good organisation and delivery.

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 not always consistently recorded. Whilst we observed positive interactions between some staff and people, communication needs were not consistently recorded in support plans. This meant that newer staff did not have the guidance they needed to effectively communicate with a person.

We recommend the manager reviews and updates communication support plans for people.

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

- People told us they had choice over what they wished to do for the day. We were told, "I'm going out tomorrow to buy some new clothes, staff are going to help me." And, "I will plan my day and staff are here if I need any support."
- Events and activities were led by people. The manager showed us evidence of activities and events which had taken place with people.
- At the time of inspection, a person was in the process of moving into the service. Both the person and their relative were complimentary regarding the way the provider was supporting them through the transition. Comments included, "Very happy with how things are going." Adding, "Communication has been excellent and consistent."

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 were active in their local community. This included planned activities and events. Staff supported those people who needed support to use local amenities, and encouraged those who could do so on their own.
- One person proud of accessing the community independently told us: "I've been going to [Shop] by myself."
- The service was working with one person to develop interests and activities in the community, something that the person had always been reluctant in doing. We were told: "We have been working on activities as [Person] struggles going out, [Person] has come a long way."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People, relatives, and staff had access to this.
- People, relatives, and staff informed us they felt confident they would be listened to if they had a concern.

End of life care and support

- At the time of the inspection no people were being supported with end of life care and support. Staff completed training on end of life care should it be needed.

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 requires improvement. The rating for this key question has remained 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

- During the inspection we found gaps in records for fire and health and safety checks which were needed to keep people safe. Not all shortfalls we found had been picked up through the providers own systems.
- Support plans were not always updated to reflect current or changing care needs. We discussed this with the manager and the head of operations who also acknowledged that some risks were no longer appropriate to people, however records had not been updated to reflect this. This meant that staff did not always have up to date guidance on how best to support a person.
- A provider lead audit schedule was in place. This included audits and checks completed by the manager, senior leaders and external professionals to gain assurance. We saw evidence of a plan of action for the manager, including improvements made following previous audits. However, audits had not identified all shortfalls found during the inspection.

Systems were either not in place or robust enough to ensure good oversight of records relating to peoples care and monitoring of the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People felt confident to express their views on the service both in front of staff and privately. During the inspection people would openly give feedback about their care and living at the home in front of staff and managers.
- Staff were complimentary regarding the manager and changes that have been made since they have come into post. We were told, "[Manager] is really good and some of the changes that been put in place, things have improved."
- Relatives gave positive feedback regarding communication with the home. Comments included, "Communication is good, staff are always friendly." And, "Staff let me know what's happening."
- Throughout the inspection there was a positive atmosphere between staff. One member of staff told us, "It's a real positive vibe, a good place to work."

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 manager understood their requirements of the duty of candour. There was a clear system in place for reporting and recording events which occurred in the service.
- At the time of the inspection the manager had been in post for 3 months, they had submitted an application to CQC and were waiting to complete their registration."
- Throughout the inspection, the manager, management team and staff were open and transparent to feedback given and improvements that needed to be made, addressing any queries throughout.

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

- Regular meetings took place with people. This gave them opportunities to discuss events and feedback.
- The provider was working with local social and health professionals to support a person to move closer to their family.
- We received mixed feedback from relatives regarding their involvement in feedback for the service. We were told, "I don't recall a review taking place." And "I've not been asked directly for feedback, I think they send surveys."
- However, during the inspection we saw evidence that surveys were sent out to people, their loved ones and staff. This included action taken by the provider from feedback given to make improvements at the service.

Continuous learning and improving care

- During the inspection the manager was able to evidence improvements they had made since being in post. This was also supported in feedback from staff and people during the inspection.
- The provider had implemented an electronic management system to support improvement to support plans, record keeping and governance. The manager recognised that this was an area of further improvement. We will review the impact on this at our next inspection.

Working in partnership with others

- The provider worked in partnership with people, local social care and health professionals to support people to secure a new home to live closer to their loved ones.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust. This included medicine safety, care plans and risks to people which were not kept up to date. This placed people at risk of harm.</p> <p>This was a breach of regulation 17 (1) (2) (a) (b) (c) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>