

Heathcotes Care Limited

Heathcotes (Blackburn)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 6 and 7 June 2017. The first day of our inspection was unannounced. We last inspected this service on 12 May 2015 when we rated the service as Good.

Heathcotes (Blackburn) is registered to provide accommodation and personal care for 13 people. On the day of our inspection there were 13 people residing in the service who were living with a learning disability and/or mental health diagnosis and complex needs.

At the time of our inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had been promoted within the company and a new manager had been put in place on 30 March 2017. The new manager had submitted their application to register with us and their fit person's interview was planned for 22 June 2017.

During this inspection three breaches of the regulations were found. These were in relation to the unsafe management of medicines, lack of adequate staff training and supervisions and failure to submit relevant notifications. You can see what action we told the provider to take at the back of this report. We also made recommendations about infection control and quality assurance audits.

We reviewed medicines management within the service and found this was not always safe. Records we looked at showed staff members had been signing for medicines prior to administering them to the person. We also found that a prescribed 'thickener' was out of stock and had been out of stock the previous month. On the morning of our inspection a staff member had signed to confirm the thickener had been administered despite this being out of stock. Prior to our inspection we received information of concern in relation to the over use of as required medicines. We checked this during our inspection and found no cause for concern.

Risk assessments were in place to keep people safe. We saw risk assessments in place in relation to medicines, moving and handling, travelling in a car and accessing the kitchen. We found one risk assessment had not been put in place in relation to a person choking; however the manager sent this to us the day after our inspection.

Prior to our inspection we received information of concern in relation to the low staffing levels at the service. We checked this during our inspection and found some gaps in the rota where staffing had not been arranged. However, we spoke with the manager who informed us that new staff members were awaiting a start date and themselves and the deputy manager made up the numbers if they were required to do so. We were reassured by this.

There were systems and processes in place to keep people safe in the event of an emergency such as fire. Regular fire drills were held, people had personal emergency evacuation plans (PEEP's) in place, firefighting equipment was serviced regularly and gas and electrical items were checked.

Prior to our inspection we received information of concern in relation to the heating and hot water in the service. We were informed that the service had been without heating and hot water for two weeks. We checked this during our inspection and found there had been some minor issues with the new boiler which had been addressed. The service had not been without heating or water for any significant length of time.

On the first day of our inspection we noted some bathrooms did not have paper towels or hand wash in them. We mentioned this to the manager who informed us they had requested a staff member went out to purchase some. On the second day of our inspection we still found one bathroom without hand wash. We have made a recommendation that the service considers current legislation and best practice in regards to infection control.

Prior to our inspection we had received concerns in relation to the lack of training for new members of staff. We checked this during our inspection and found staff members new to the service had not always undertaken the provider's required week long induction course. New staff members were providing support on a one to one basis without having had the necessary training to do so. Supervisions and appraisals were not always in line with the services' own policies and procedures.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found capacity assessments and best interest meetings had been held. The manager had applied to the relevant supervisory authorities for a DoLS for ten people.

Prior to our inspection we received information of concern in relation to the lack of food in stock in the service. We checked on this during our inspection and found plenty of food available in stock to meet people's dietary requirements. People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Prior to our inspection we received information of concern in relation to the abrupt nature of some staff members. We observed both negative and positive interactions from staff members. We have made a recommendation in relation to privacy and dignity.

We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

Records we looked at showed that prior to moving into Heathcotes (Blackburn), a pre-admission assessment was undertaken. This provided the manager and staff with the information required to assess if Heathcotes (Blackburn) could meet the needs of people being referred to the service prior to them moving in.

Complaints were dealt with within the service. We saw a policy and procedure was in place which directed the manager on their responsibility to ensure any complaints were learned from and dealt with.

Those people who could not communicate verbally had a communication book in place. This directed staff members on the most effective way to communicate with the person as well as information on the person's hearing and sight.

The manager was not aware of her responsibilities to submit certain notifications and had failed to notify us of a serious injury and the approval of three DoLS.

We have made a recommendation in relation to quality audits that are conducted within the service. This is to ensure they are sufficiently robust to identify issues or concerns as we found during our inspection.

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. Medicines were not always managed safely. Staff members were signing for medicines prior to administering them and a prescribed thickener was not in stock.

People we spoke with told us they felt safe living at Heathcotes (Blackburn). Staff members we spoke with knew how to keep people safe and were aware of their responsibilities to report any concerns.

Effective systems were in place to ensure the safe recruitment of staff. There was a recruitment policy and procedure to guide the manager when recruiting new staff members.

Requires Improvement ●

Is the service effective?

The service was not always effective. There was a lack of appropriate induction and training to prepare staff for their role and shortfalls in providing supervisions for staff.

We saw the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005. Capacity assessments and best interest meetings had been undertaken.

Bedrooms were personalised to people's own tastes. We saw people had their own personal items in their rooms such as ornaments, football pictures, furniture and photographs.

Requires Improvement ●

Is the service caring?

The service was not always caring. We observed both negative and positive interactions between staff members and people who used the service. We have made a recommendation the service considers privacy and dignity within the staff team.

We observed people who used the service were supported to remain as independent as possible.

End of life wishes had been discussed with people who used the service and detailed information was available in regards to people's wishes at the end of their life.

Requires Improvement ●

Is the service responsive?

Good ●

The service was responsive. We saw evidence of a wide range of activities available to people who used the service. People were also offered annual holidays.

People's religious needs/wishes were met within the service. We saw people attended church on a weekly basis with support from staff.

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. Complaints that the service had received and found these had been dealt with in line with their policies and procedures.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. There was no registered manager in place.

Notifications which the service should have submitted to us had not been sent. The manager was unaware of their responsibility to submit certain notifications.

Policies and procedures were in place for staff to follow good practice. These were easily accessible to all staff.

Heathcotes (Blackburn)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 June 2017 and was unannounced. The inspection team consisted of one adult social care 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with five people living in the home, three relatives, ten members of staff and the new manager.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, three staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Heathcotes (Blackburn). Comments we received included, "I feel I can talk to most of the staff about anything" and "Yes I feel safe, I like it here." One relative we spoke with told us, "I feel [family member] is safe at the home and the staff are great with her. I haven't had to raise any concerns."

We reviewed the systems in place to ensure the safe administration of medicines. One relative told us, "I have no worries about my relative getting her medication." Only staff members that had completed medicines training were permitted to administer medicines within the service.

Prior to our inspection we received information of concern in relation to the management of medicines, in particular medicines prescribed 'as required' (PRN). We looked at thirteen medicine administration records (MARs). We found that one staff member had signed to state they had administered medicines to one person, prior to administering them. The person refused to take the medicines which resulted in the staff member having to cross out their signature. We found other instances when medication had been signed for and then crossed out on MAR sheets. This is poor practice and does not follow current legislation and guidance.

On the second day of our inspection we found that one person was prescribed thickening powder to be used in their hot drinks. Thickening powders are added to drinks, and sometimes food, to reduce the risk of choking. However, we found there was no thickener in stock for the person and were informed it had 'run out' the previous evening. We checked the MAR sheet and found a staff member had signed to confirm they had administered the thickener despite none being in stock. Further inspection of the medicine records showed thickeners were also out of stock the previous month. This meant the service did not ensure systems and process were in place to ensure sufficient quantities of medicines were available.

We found the provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and the safety of the people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a separate sheet for 'as required' (PRN) medicines. This gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors. We checked the PRN records for one person and found these were not being inappropriately administered. The records showed the person regularly refused all medicines, including PRN. The service were communicating regularly with the persons GP and social worker in relation to all the medicines that were prescribed, due to the nature of their presentation and often distressed state. We noted the manager rang the GP and social worker on the second day of our visit to ask for further support.

Medicines were stored in a locked room in a trolley attached to the wall. The temperature of the medicines

trolley was checked daily as was the medicines fridge to ensure medicines were being stored in accordance with the manufacturer's guidelines. The room was clean and tidy.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

There was a signature list of all staff who gave medicines for management to help audit any errors. A copy of the British National Formulary (BNF) was also available to check for information such as side effects.

Staff members we spoke with knew how to keep people safe. All the staff members we spoke with told us they would report any concerns to the manager or take it to higher management if they needed to. Staff were also able to recognise the different types of abuse and when and how to report concerns. The manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We saw from the training matrix and staff files that most staff members had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with information on how to deal with any safeguarding issues. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith.

Risk assessments had been completed on an individual basis for people who used the service, such as medicines, travelling in a car, accessing the kitchen, nutrition, moving and handling, pressure ulcers and behaviours that may challenge. The risk assessments in place were person centred and were completed to keep people safe and not restrict what they wanted to do. They provided staff with guidance to minimise the risks. However, we noted that one person was at risk of choking and there was no risk assessment in place to guide staff on how to minimise the risks to keep the person safe. We spoke with the manager regarding this who told us they would ensure a risk assessment was completed as a matter of urgency and we were sent this the day after our inspection.

There was also an environmental risk assessment to ensure all parts of the service were safe. This covered topics such as maintenance of the exterior, radiators, door locks, electrical equipment, windows and furnishings. This showed the service had considered the health and safety of people using the service.

We saw that the electrical and gas installations as well as equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, electrical installations and portable appliance testing (PAT).

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This helped ensure that staff members knew how to safely evacuate people who use the service in an emergency situation.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during

the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed three staff personnel files. We saw that all of the files contained an application form and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff had been suitably checked and should be safe to work with vulnerable adults.

Prior to our inspection we received information of concern relating to a shortage of staff members within the service. We followed up on this during our inspection. Some staff members we spoke with told us staffing levels were not always sufficient. One staff member commented, "The staffing levels are not good. We are often short staffed, especially at the weekends. Sometimes there are just five staff for thirteen service users, and there are a lot of people who take 'sickies'."

The manager told us the minimum number of staff on duty throughout the day was eight staff members. On the day of our inspection there were ten staff members on duty in the morning and eight staff member in the afternoon, although four people who used the service were on holiday. We looked at the rotas for the period 21 May 2017 to 20 June 2017 and 21 June 2017 to 20 July 2017. We found on a number of occasions there had not been the minimum of eight staff members on duty prior to our inspection and the forthcoming rota's showed on occasions the required eight staff members had not always been arranged. We spoke with the manager regarding staffing levels. They told us they had recently recruited five new staff members and were awaiting DBS checks and references before they could commence. We were reassured by the manager that adequate cover was always provided as themselves and the deputy manager were always available and new staff members were due to start employment.

Prior to our inspection we received information of concern in relation to the heating and hot water in the service. We were informed that the service had been without heating and hot water for two weeks. We checked this during this inspection and found that a new boiler had recently been installed within the service. The manager informed us that there had been random occasions when the heating would go off or the hot water would not be working but this was not for any period of time more than a day. We were reassured that the contractors who had installed the equipment had been made aware of the issues they had been facing and had been back to the service to rectify some issues. They were also due to visit shortly after our inspection. We found there was hot water on the day of our inspection, albeit took some time to come through the system. The manager informed us they would bring this to the attention of the contractor when they visited.

We asked relatives if they thought the service was clean. One relative told us, "I have only seen the upstairs area where [family member] lives and wouldn't like to comment on other areas, but it is always hygienic and clean."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control during their induction. On the first day of our inspection we noted some bathrooms did not have paper towels or hand wash gel in them. We mentioned this to the manager who informed us they had requested a staff member went out to purchase

some. On the second day of our inspection we still found one bathroom without hand wash gel. We recommend the service considers current legislation and best practice to ensure the risk of cross infection is minimised.

There was a laundry sited away from any food preparation areas. There was one industrial type washing machine and dryer as well as one domestic washing machine and dryer; to keep linen clean and other equipment such as irons to keep laundry presentable. The industrial type washing machine had a sluicing facility to wash soiled clothes.

Is the service effective?

Our findings

We asked people who used the service if they felt staff members had the appropriate skills and knowledge to care for them. One person told us, "Yes they do, staff help me."

Prior to our inspection we had received concerns in relation to the lack of training for new members of staff. We looked into this during our inspection. Induction records we looked at showed that staff were expected to complete an induction when commencing employment within the service. This was a week long course which covered legislation, policies, about their role and training in specific course such as dignity and Non-Abusive Psychological and Physical Intervention (NAPPI). The manager told us all new staff members had to attend this induction. New staff members were also shadowed for a minimum of two days or a minimum of three days if they were employed to work nights. New staff members had to complete the Care Certificate when commencing employment. The Care Certificate is considered best practice for staff members new to the care industry. Training records we looked at showed that seven members of staff had commenced employment and had not completed the induction programme, despite some being employed in November and December 2016. We spoke with the manager regarding this, who told us people had been booked on previous training that had been cancelled.

We asked staff members about the training they received to support them in their roles. One staff member told us, "Recently I have done my NAPPI training. The training offered has always been good since I started years ago. I was sent on training in the first week, then I read all the policies and procedures, which took a while, then I shadowed someone for two to three days. I was then working with just one service user so that I could get to know them and then it was slowly increased. I have to give credit where it is due; the training has always been really good." Another said, "I have been here for eight months and I feel that I do get the training I need."

We looked at the training matrix and saw courses available to staff members included safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), first aid, autism awareness, epilepsy awareness, mental health awareness, dementia, diabetes and medication.

On the second day of our inspection we noted a new staff member who had been in post since 4 May 2017 had supported a person in the community on a one to one basis. We checked their training records and found they had not completed their induction and had not completed the NAPPI training. This places the person at risk of being supported by a staff member who may not have the knowledge to support them effectively, particularly if they were to display behaviours that may challenge. We spoke with the manager regarding this, who told us going forward they would not permit staff members to support people on a one to one basis until such time as they had completed all the necessary training.

We asked staff members if they received supervisions and appraisals. One staff member told us, "We don't get appraisals or any praise when we have done a good job." Records we looked at showed that staff supervisions should be held every four to six weeks. However, we noted that some people had not had supervision since January 2017. The manager told us they knew they were behind with the supervisions and

had a plan going forward. Supervisions are important to ensure staff members remain competent.

The lack of appropriate induction and training to prepare staff for their role and the shortfalls in providing supervisions for staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found mental capacity assessments had been completed to identify whether people could make their own decisions regarding their care and treatment. Best interest's processes had been followed where people had been assessed as lacking mental capacity to make specific decisions.

During the inspection we looked at people's records and saw the manager had applied to the relevant supervisory authorities for a DoLS for ten people. These applications had been made when it had been necessary to restrict someone for their own safety, and were as least restrictive as possible. We saw three applications had been granted and the service were awaiting a response for the other seven.

Prior to our inspection we received information of concern in relation to the lack of food in stock in the service. During our inspection we checked the amount of food in stock and found the large freezer to be full of frozen food and two fridges contained a good amount of food. The manager told us they were always able to further stock up on food throughout the week if supplies were low.

One staff member told us, "The fridge is often empty. The staff share the meal preparation duties. We could do with a proper chef."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We noticed a weekly menu was in place but staff told us people could choose anything within reason. We observed one staff member asked a person what they wanted for their lunch. This person changed their mind four times, asking for different things. The staff member dealt with this with humour and finally a decision was made what the person had for their lunch.

Staff members we spoke with told us they had received training in nutrition, including diabetes. One staff member commented, "Yes, I have done my diabetes training. We try to give the service users a balanced and varied daily diet."

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dietician and speech and language therapists.

The communal areas were neutrally decorated and had sufficient seating for people accommodated at the service. Some re-decoration was required in parts of the service which the manager told us had been reported.

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions and equipment but also football themed memorabilia, porcelain dolls and photographs. The manager also told us that people could decorate their rooms in a colour of their own taste. Each room had an en-suite room, some of which contained a shower, and all had a sink and toilet.

The garden was accessible for people to use in good weather and contained chairs and tables for people to relax and socialise.

Is the service caring?

Our findings

We asked people who used the service if they thought staff members were kind and caring. Comments we received included, "Yes, staff do help me", "Yes, I am happy here" and "Yes the manager is very easy to get along with." Relatives we spoke with told us, "Yes, I am happy with the care my relative receives. If my relative is happy, then I am happy", "Staff are all caring, the ones I have met and spoken to" and "I do feel all the staff I have met are caring and I know they do a great job, because as her mother I know how difficult it can be."

Prior to our inspection we received information of concern in relation to the abrupt nature of some staff members in the service when supporting people. We observed one occasion when three staff members were discussing a person who used the service whilst they were sat in the same room and whilst we were also in the room. They talked about the person and things they had discussed the previous day, as if they were not there which seemed to have a negative impact on their presentation. However, we also observed positive and caring interactions on a number of occasions when a person who used the service was screaming, verbally abusive, threatening and racially abusive towards staff members. We saw staff displayed empathy, understanding and good de-escalation techniques in order to calm and support the person. We recommend the service considers current best practice and guidance in relation to privacy and dignity and ensures that all staff members understand their responsibilities in relation to this.

We saw people were encouraged to remain as independent as possible. We observed one person being encouraged to mobilise as independently as possible, whilst still having a wheelchair at the ready should they have needed it. One staff member told us, "We always support people to remain independent because it is important."

Care records we looked at showed consideration had been made to people's end of life wishes. Documents were in place entitled 'final wishes requests'. These detailed where people would like to be buried/cremated, the person's religion, the type of coffin they would like, what clothes they would like to wear, if they wanted flowers and if they had a preference of funeral directors. This ensured the service would be able to meet people's wishes at the end of their life.

We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

We saw that visiting was open and unrestricted. People were encouraged to maintain relationships with their family and friends and staff supported most people with this.

Is the service responsive?

Our findings

We spoke to people who used the service to ask them about activities. One person told us, "Last week, we put different things to do into a hat and I picked one of them out. We went to the cinema and saw 'Fast And Furious 8' and it was good." We also observed staff members asking another person if they wanted to do anything throughout the day, to which they responded, "You cannot do anything in this weather", it was a very wet and blustery day.

Records we looked at and staff members we spoke with confirmed that people who used the service were offered a varied range of activities on a daily basis. We saw people had been out for a drive in the country and had their evening meal out, had spent time in their room with staff members listening to music and sorting their new clothes out and going for walks. We also saw one person had a season ticket for the local football team.

One staff member told us, "The more active service users tend to get taken out more. However, with many things these days, we often run out of money in the budget for activities. The more independent service users can fund their own holidays and days out but I feel for those who don't have the funds to do as much." However, the manager told us that each person who used the service was given £165 in the summer to use towards the cost of a holiday or to undertake days out. During our inspection we noted three people were on holiday with staff members and one person was on holiday with their relative. We were also informed that another person was soon going to London to watch a musical and undertake some sightseeing excursions in the city. The same person also had a volunteering job in a local charity shop to fill some of their time. People were supported to attend music concerts if this was something they wished to do.

We saw people were supported with their religious needs. People were asked their religious preferences when completing and reviewing their care plans. We saw one person was supported by staff to attend church every Thursday and Sunday and three other people attended church on a Sunday. This meant the service was actively promoting involvement in pastoral activities to meet the needs of people who used the service. During our inspection of the kitchen we saw a separate cooking area had been designed in order to prepare and cook meals for people from different cultural backgrounds such as halal. There was a separate cooker, fridge and utensils. This meant the service was responsive to the needs of people from different cultures/religious backgrounds.

Records we looked at showed that prior to moving into Heathcotes (Blackburn), a pre-admission assessment was undertaken. This provided the manager and staff with the information required to assess if Heathcotes (Blackburn) could meet the needs of people being referred to the service prior to them moving in. We saw background information about the person, what was important to the person, likes and dislikes were all discussed prior to moving into the service.

We looked at the care records for five people who used the service. We found people had a one page profile in place. This gave staff members a brief history about the person including, what made them happy and sad and how they wanted to be supported. The care plans contained detailed information to guide staff on

the care and support to be provided, including people's goals and aspirations. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans; what time the person liked to go to bed, how often they liked a shower or a bath and what they liked to do during the day. Care plans were person centred and were reviewed on a regular basis to ensure they met people's changing needs.

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. There was also a pictorial complaints procedure for the people who used the service, so they could easily understand the process to follow should they wish to make a complaint. We looked at complaints that the service had received and found these had been dealt with in line with their policies and procedures and showed a clear process that had been followed.

Not everyone using the service was able to communicate with staff members verbally. We looked at one person's care records who could not verbally communicate with staff and found they had a communication book in place. This gave staff clear and concise information on the most effective way to communicate with the person and what their actions may mean. For example, a nod of the head would signal agreement and crying out may mean the person was in pain. The communication book also informed staff members about the person's hearing and their sight. This level of information should support staff to communicate effectively with people who use the service.

Is the service well-led?

Our findings

The service did not have a registered manager. The service had employed a new manager who had submitted an application to the Care Quality Commission (CQC) to become registered and had received a date for their fit person's interview. This meant the provider had taken reasonable steps to ensure a manager is registered at the service.

People we spoke with told us the manager was approachable. One relative told us, "The manager is like a friend, we hug when I pick up or drop off [family member]. She is great. She has been there all the time that [family member] has – not always as the manager, and has been so good with [family member], as have all the staff. I feel that I can talk to her about anything. She has become a good friend of the family as well as the manager of the home."

We asked staff members what the culture and leadership of the service was like. Comments we received included, "It is all down to good teamwork. There are three teams and if you get on a good team and plan your day you can get everything done; if everyone mucks in and works hard", "All the teams operate differently and who is to say that someone's way is better than someone else?" and "I have been her for some time and there are good and bad points about working here. Some day's people seem really motivated to do a good job and other days they just are not at the same level." However, all the staff members we spoke with agreed the new manager was good. Comments we received included, "I have to give credit where it is due; [name of manager] puts her heart and soul into the job and the home. Especially the paperwork and hygiene parts have dramatically improved", "Management are very helpful. They always do the best they can to help me out so I can spend time with my child. I feel that this is good people management" and "The manager is very approachable and I could raise any concerns with them. Whether anything would be done about it is another matter though."

We noted the manager had not notified the Care Quality Commission of one incident which had caused significant harm and three DoLS authorisations. Notifications enable the Commission to monitor whether the provider is acting appropriately and whether any action is needed.

The manager was not aware of her responsibilities to submit notifications. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Monthly provider visits were undertaken to complete a quality assurance audit. These looked at staffing issues, training issues, an inspection of the premises, record of events, compliments/concerns/complaints, people's issues and finances. Alongside this the manager undertook audits in areas such as medication, first aid and fire safety. However we found shortfalls in safe management of medicines, assessing and mitigating risks, infection control, induction, training and supervisions. We recommend the service considers a review of their quality audits to ensure they highlight any issues, for example those we found on inspection.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, complaints, recruitment, MCA and

DoLS, and end of life . These were accessible for staff and provided them with guidance to undertake their role and duties.

Records we looked at showed the last resident's meeting was held on the 3 May 2017. Six people who used the service attended. We saw items for discussion included, the home, activities, food, bedrooms, contact with relatives, relationship with staff members, well-being issues, holidays, fire safety procedures, complaints procedure and any other issues they wished to discuss.

We saw that regular staff meetings were held in the service. One staff member told us, "We have staff meetings once per month. The management explain things to us and we can ask questions." Topics for discussion included, care of people who used the service, staffing, safeguarding, health and safety, laundry, cleaning, kitchen and daily notes. We saw there was an opportunity for staff members to raise any further discussions. Records also showed that separate meetings were held for team leaders and regional management teams.

Records we looked at showed that satisfaction surveys were sent out on an annual basis to people who used the service, relatives, stakeholders and staff members. We saw five surveys had been returned from people who used the service. All of them liked who they lived with, enjoyed the food, thought staff were friendly and agreed they were asked what they would like to eat. 80% of them felt their rooms were clean, that staff listened to what they had to say and that staff gave them the right amount of support when they needed it. 57% felt they were always able to choose what they wanted to do at Heathcotes (Blackburn) with the remaining 43% feeling they were sometimes able to choose. We saw an action plan had been developed to address the issues that people had raised during the surveys.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications that the provider should have submitted to the Commission had not always been submitted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines and did not ensure that sufficient quantities of medicines were available to meet the needs and the safety of the people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The lack of appropriate induction and training to prepare staff for their role and the shortfalls in providing supervisions for staff.