Heathcotes Care Limited

Heathcotes (Moorgreen)

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in November and December 2016 and found breaches of regulation. We also carried out a focused inspection in January 2017 where we found continued breaches of the legal requirements. Following both of the above inspections the provider submitted action plans stating what improvements would be made. We undertook this comprehensive inspection check how the provider was progressing with their action plan and to see whether they were now meeting the legal requirements.

We inspected the service on 1 March 2017. The inspection was unannounced. Heathcotes (Moorgreen) provides short term treatment and support for up to eight people who have a diagnosis of personality disorder. On the day of our visit three people were using the service.

Heathcotes (Moorgreen) was rated as inadequate at our last inspection. During this inspection we found that there had been improvements made and further improvements were underway. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report

There was a registered manager in place at the time of our inspection but they were not present during the inspection. They did not work in the service every day and so were supported by another manager who was managing the service on a daily basis, following our inspection we received an application to register this person as manager. 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.

During this inspection we found that although many improvements had been made, systems intended to reduce the risks associated with people's care and support were still not always effective.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse. There were enough staff to provide care and support to people when they needed it.

People received their medicines as prescribed and medicines were stored and administered safely. People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

Staff did not always receive suitable training or support to enable them carry out their duties effectively and meet people's individual needs.

People who lacked the capacity to make certain decisions were protected under the Mental Capacity Act

2005. Where people had capacity they were enabled to make choices about their care and support.

Staff were kind and compassionate and treated people with respect. People were enabled to have control over their lives and were supported to be as independent as possible, their rights to privacy and dignity were promoted and respected.

Although people had detailed, up to date care plans people were at risk of inconsistent support as staff did not always have a good knowledge of people's support needs.

People had the opportunity to take part in some activities, however they were not consistently provided with the opportunity for meaningful activity. People were supported to maintain relationships with people who were important to them.

People were supported to raise issues and concerns and there were systems in place to respond to concerns and complaints. People and staff were involved in giving their views on how the service was run.

Clear and accurate records were still not consistently kept of care and support provided and issues related to the day to day practice of staff were not always identified.

The management team were passionate about making improvements to the service and had had a positive impact on the quality and safety of the service.

The provider had systems and processes in place to monitor the quality of the service, and further improvements were planned in this area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems in place to reduce the risks associated with people's care and support were not always effective.

People felt safe in the service and there were systems and processes in place to minimise the risk of abuse.

There were enough staff to provide care and support to people when they needed it.

People received their medicines as prescribed and medicines were stored and administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive suitable training or support to enable them carry out their duties effectively and meet people's individual needs.

People who lacked the capacity to make certain decisions were protected under the Mental Capacity Act 2005. Where people had capacity they were enabled to make choices about their care and support.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect.

People were enabled to have control over their lives and were supported to be as independent as possible.

People's rights to privacy and dignity were promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were at risk of inconsistent support as staff did not always have a good knowledge people's support needs.

People had the opportunity to take part in some activities, however they were not consistently provided with the opportunity for meaningful activity.

People were supported to maintain relationships with people who were important to them.

People were supported to raise issues and concerns and there were systems in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Clear and accurate records were still not consistently kept of care and support provided and issues related to the day to day practice of staff were not always identified.

People and staff were involved in giving their views on how the service was run.

The provider had systems and processes in place to monitor the quality of the service and further improvements were planned in this area.

The management team were passionate about making improvements to the service and had had a positive impact on the quality and safety of the service.

Heathcotes (Moorgreen)

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 undertaken 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 and to provide a rating for the service under the Care Act 2014.

We conducted an unannounced, comprehensive inspection of Heathcotes (Moorgreen) on 1 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our November and December 2016 and January 2017 inspections had been made. The inspection team consisted of two inspectors, one from the adult social care inspection team and one from the mental health inspection team.

Prior to our inspection we reviewed information we held about the service. This included information received from the service, including statutory notifications, and other sources. A notification is information about important events which the provider is required to send us by law.

During our visit to Heathcotes (Moorgreen) we spoke with two people who used the service. We spoke with three members of care staff, the service manager (who was responsible for the day to day running of the service) and the regional manager. We also spoke with two visiting health and social care professionals. We looked at the care and medicines records of all three people who used the service, staff recruitment and training records as well as a range of records relating to the running of the service including audits carried out by the management team. We also observed care and support in communal areas of the service.

Requires Improvement

Is the service safe?

Our findings

During our inspections in November and December 2016 and January 2017 we found that people were not protected from risks associated with their care and support or the environment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and further improvements were underway but had not yet been fully completed.

People who lived at Heathcotes (Moorgreen) lived with complex mental health conditions and consequently required significant support to manage serious risks to their health and wellbeing, such as self-injurious behaviours. This meant that it was sometimes necessary to search people's rooms for dangerous items. During our January 2017 inspection we found that room searches had been implemented however these were not always effective in identifying risks. During this inspection we found that although some improvements had been made further improvements were required to ensure the safety of people who used the service.

New room search documents had been introduced which provided staff with clear guidance on what to look for when searching people's rooms. Although we saw that this had led to more thorough room searches, we found that staff knowledge of when dangerous items should be removed from people's rooms was variable. Whilst one member of staff had a good knowledge of when to remove items from people's rooms the other two staff we spoke with were unclear on this. We spoke with one member of staff about what to do if a specific person who used the service became agitated and they told us they would, "Change the staff member if this is a trigger, may leave [person] by themselves, distract them and keep them calm," they did not mention removing dangerous items from the person's room until prompted. An inconsistent approach to managing risk could put the person at risk of harm.

In addition to the above we found limited evidence to demonstrate that dangerous items were removed from people's rooms when they were low in mood or distressed, as directed in people's support plans. Records for two people who used the service showed multiple instances of agitation and low mood, however there was no record that action had been taken to remove dangerous items from their rooms at these times. Staff we spoke with informed us verbally that they did remove items from people's rooms as required, however the absence of recording meant that we could not be assured this was being done on every occasion and this placed people at risk of harm.

Systems in place to ensure people's safety were not always followed and this put people at risk of harm. Although people's care plans and risk assessments contained clear guidance for staff this was not always being followed. One person who used the service frequently accessed the local community independently and was at risk of absconding. In order to keep this person safe there were a number of checks and records that staff were required to complete, including; phoning the person hourly to assess their wellbeing and to record this, recoding what the person was wearing and where they stated they were going. Records showed that there were multiple occasions where staff were not following this guidance. For example in the four weeks prior to our visit there were six occasions where the person was recorded as being in the community,

however no records of attempts to contact the person had been made. This failure to follow the care plan placed the person at risk of harm. Following our visit we were contacted by the police who also raised concerns that the protocols in place were not being followed. We discussed this with the service manager during feedback, who then informed us the new easier to follow systems would be put in place and staff would be briefed on this.

The above information was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our January 2017 inspection we found that people could not always be assured that incidents would be responded to appropriately. During this inspection we saw that a new process had been implemented which had resulted in much clearer records of incidents and action taken. However not all of these records had been fully completed which made it hard to ascertain what action had been taken. For instance an incident where a person inserted a tablet into their ear had been recorded. The form stated that medical advice was required but did not record that this had been sought, the outcome of this or any learning. We discussed this with the service manager who advised us that medical attention had been sought at the time of the incident.

During both our December 2016 and January 2017 inspections we found that people were not protected from risks associated with the environment. During this inspection we found that sufficient improvement had been made in this area. The environmental risk assessment had been updated following our previous inspection and we saw that it now encompassed a comprehensive assessment of items that may pose a risk to people who used the service and details of how to minimise any risks. Improvements had also been made to night time welfare checks following our previous inspection. Records showed that these were now being completed as directed for all three people who used the service.

During our January 2017 inspection we found multiple issues related to the administration, recording and storage of medicines. During this inspection we found that significant improvements had been made in this area. Medicines were stored and administered safely. Medicines systems were organised and records were completed accurately to show when people had been given their medicines. When people were prescribed medicines to be taken as and when they required them (known as 'PRN') there were written protocols in place detailing what these medicines had been prescribed for or when they should be taken. Each person had a medication sheet which included a photo of the person, allergies and the person's preferences for taking medicines. Whilst two of these contained all the required information, one was missing important information about the person's allergies. We discussed this with the service manager who told us that this would be updated.

In our January 2017 inspection we found that there were not always trained staff available to administer people's medicines. During this visit we reviewed staffing rotas and training records and found that changes had been made to ensure that there was always a member of staff on shift who was trained to administer medicines. Staff had their competency to administer medicines assessed to make sure they were keeping up to date with good practice.

People who used the service told us they felt safe at Heathcotes (Moorgreen). One person told us, "I feel safe most of the time, Sometimes I can talk to staff if I am worried." Another person responded by saying "yes" when we asked them if they felt safe.

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse. Staff we spoke with had an understanding of how to recognise allegations or

incidents of abuse and understood their role in reporting any concerns to the management team and escalating concerns to external agencies if needed. One member of staff we spoke with said, "I would go to my manager or if the person was (more senior than) me I would go to their manager, or speak to CQC." Staff told us they discussed safeguarding and any concerns in team meetings and they were confident that any concerns they raised with the management team would be dealt with appropriately. Records showed that the management team had shared information with the local authority when needed.

During our December 2016 and January 2017 inspections we identified concerns about staffing levels and competency and this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this visit we saw improvements had been made in this area. We were informed by the management team that staffing levels at Heathcotes (Moorgreen) had been increased. The service manager told us that day shifts were now staffed by four or five staff and nights were staffed by three or four staff and records confirmed this to be the case.

Despite the above we continued to receive mixed feedback about staffing levels. People who used the service told us they felt there were normally enough staff, one person told us there were "more staff on shifts" and said this was "enough". Staff told us that there were enough staff to ensure that people received their one to one support, however also said that there were times when staffing levels were not sufficient. We spoke with one member of staff who told us that they sometimes had concerns about staffing levels but added, "They (people who use the service) don't miss out on much (due to staffing levels)." Another member of staff told us, "Some days we are short of staff. We phone around other staff to cover and we normally manage." They went on to say, "Everyone is on one to one (support), I have not seen a time when this didn't happen."

We spoke with the service manager and regional manager at length about staffing and they informed us that they had recently made some changes in the staff team which had resulted in vacancies. They had successfully recruited to these vacancies and were awaiting the required checks to come through for these staff. In the interim they were using staff from other Heathcotes services to cover vacancies.

During our January 2017 inspection we found that people could not be assured they would be supported by appropriately skilled staff. During this inspection we found that the service manager had ensured that appropriately trained staff were available at all times, day and night. We reviewed rotas and training records and found that there were now staff trained in the administration of medicines, the safe removal of ligatures and first aid on all shifts. The management team also had a training plan in place to ensure the ongoing competence of all staff.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider. Although we did not find any significant issues with the staff files we reviewed a recent audit conducted by the provider which had identified some gaps in staff files, the service manager was aware of this and was in the process of ensuring that information in staff files was brought up to date.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection we found that staff did not have the necessary training or support required to support people safely. During this inspection we found that some improvements had been made and further improvements were required. The service manager was aware of the gaps in training and had plans in place for further improvements. We were informed that additional courses would be made and were assured that there was a plan in place for staff to attend training as required.

People received care and support from staff who did not all have the skills and qualifications necessary to support them safely. Whilst staff had up to date training in some areas such as safeguarding, records showed that there were a number of staff who had not received any training in areas such as the Mental Capacity Act and first aid. Staff gave mixed feedback about the training they had received and told us that they had requested additional training in areas such as personality disorder as they had not yet been provided with this. One member of staff told us, "All I know is from my previous employment."

During our previous inspection we found that staff had a limited knowledge of personality disorder and Dialectical Behavioural Therapy (DBT) which was the therapeutic approach used in the service. During this visit we found this still to be the case. Training was provided by the specialist DBT therapists employed by the provider, however this had not been completed by all staff. Staff knowledge in this area was variable and staff reported a lack of understanding of the therapeutic principles of DBT. Of the four staff on shift during our visit only one had training in personality disorder and none had attended training in DBT. This meant that staff had limited awareness of the mental health conditions experienced by people who used the service and were not aware of how to apply therapeutic principles to their work to support people's treatment and recovery. This issue had been identified by the management team and the service manager informed us that the therapy team would be holding monthly DBT coaching sessions for staff to improve their knowledge and skill in this area.

During our last inspection we found there were not enough staff trained in advanced types of physical intervention to ensure people's safety. During this inspection we found that 62 percent of the staff employed to work at Heathcotes (Moorgreen) had this training. Two people's care plan stated that this type of restraint could be used with them in a crisis situation. However staffing rotas showed that there were still not always enough staff trained in this approach to support people safely. We discussed this with the management team and following our visit they informed us that all but one member staff had now attended this training. This meant that should physical intervention be required staff would be competent to ensure this was done safely.

Records showed that staff were provided with an induction period when starting work at Heathcotes (Moorgreen). The service manager told us this included training, shadowing experienced staff members and reading care plans to learn about the needs of people using the service. Recently recruited staff we spoke with felt that the induction could be improved. One member of staff commented that although they felt that the induction was 'sufficient' they had since requested additional training as they had not received any training in personality disorder or self-harm. Another member of staff talked about specific aspects of the

induction training and told us, "I didn't find this very helpful at all."

New staff had completed or were in the process of completing the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

The service manager told us that they had recently identified that not all staff had received regular supervision and they informed us that they had put a plan in place to rectify this. All of the staff we spoke with were relatively new to Moorgreen and told us they had not yet had supervision.

During our previous inspection we found that staff did not always receive adequate support or debrief following potentially distressing incidents. During this visit we found that the need for debrief was routinely considered as part of the incident process. New incident records had been introduced that prompted team leaders and managers to consider the need for debrief and records showed that this was considered. We spoke with staff who also confirmed that they were now offered support following incidents. One member of staff told us, "I have not been involved in any incidents but I know there is one (debrief) on offer after every incident with manager or team leader."

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. 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's rights under the MCA were protected and the management team had a good understanding of the act. Mental capacity assessments were in place as required. Assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity to make a decision, a best interest's decision had been made and this was cross referenced with the persons care plan. Where people had fluctuating capacity this had been recognised and people's care plans contained clear details of the circumstances in which the person may and may not have capacity and what support they would need.

Where people had capacity they were supported to make decisions. Throughout our visit we observed staff enabling people to make informed choices and gaining their consent. People's care plans detailed how to support people to make decisions to maximise their choice and control. Staff had a good understanding of their role in maximising people's decision making capacity, one member of staff told us, "They make their own decisions where they have capacity. This can influence people's behaviours."

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 in relation to DoLS and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications for DoLS had been made where appropriate to ensure that people were not being deprived of their liberty unlawfully. People who used the service had been involved in the DoLS process and had an understanding of how this impacted upon their support. Support plans contained specific information in relation to restrictions placed on people's lives to ensure that they were the least restrictive option. The service manager was committed to ensuring that people were supported in the least restrictive way possible

and enabled to grow in independence. They told us about one person who had a DoLS in place which was due to expire shortly, they recognised the ongoing need for the DoLS but explained that their goal was eventually to enable the person to safely access the community more independently.

Staff knowledge of MCA and DoLS was variable. Whilst most staff had a good understanding of the MCA, their knowledge of DoLS was limited and they were not aware of who was subject to a DoLS in the service. This lack of knowledge meant that people may not receive the required support in this area. Following our visit we were notified of an incident involving a person who was subject to a DoLS which meant they should not leave the service unescorted. Due to the need for urgent hospital treatment an ambulance was called for the person however they stated they did not want staff to accompany them to hospital, the member of staff on shift was unaware of the requirements of the DoLS and consequently they went to hospital attended. This lack of knowledge put the person at risk of harm.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to support the person and how to respond in a positive way. There were support plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. We spoke with a member of staff who had a good understanding of how to protect people from inappropriate physical restraint, they told us "We work as a team to understand triggers, use care plans and use common sense. We use de-escalation techniques and distraction." They told us that they used physical restraint as a last resort and said that they felt comfortable in challenging overly restrictive practices. They shared an example of where they had done this recently which resulted in alternative techniques being used to support the person.

People were supported to eat and drink enough. People who used the service were involved in developing menus and planning meals. A member of staff told us, "I did the menus on Monday with the service users, they inputted their ideas." We observed that people had access to frequent snacks throughout the day and were also supported to access the kitchen and help themselves to drinks. Mealtimes were flexible to suit people's routines and preferences. On the day of our visit a person who used the service was supported by staff to plan and prepare a meal for other people who used the service.

People's nutritional needs were monitored and there were care plans in place with clear details of the support people required in this area. Staff supported and encouraged people to eat a healthy diet. One member of staff told us, "We support (people who use service) with healthy options." Another member of staff we spoke with described how they supported people to make healthy choices about food by offering alternative options to people whilst doing the food shopping. Two people who used the service had expressed a preference to lose weight. There was information in their support plans relating to this and a member of staff told us, that they were supported to attend a community based slimming group.

Staff were aware of people's dietary requirements and there was information in each person's care plan related to this. One person had a condition which meant that they had to eat a low sugar diet, there was information related to this in their care plan and staff had a good understanding of how to support the person to manage this. One member of staff told us, "We have set meal times for [person] to make sure they are eating regularly."

People were supported with their day to day healthcare needs and were given support to attend regular appointments. People had their healthcare needs detailed in both their care plan and in a health action plan. Records showed that staff sought advice from external professionals when people's health and support needs changed. Staff made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's support plans and acted

on. Where people had specific health conditions their care plans contained information about the condition and guidance for staff about how to respond to any changes. For example one person had a number of serious allergies, this was clearly detailed in their care plan and there was a supply of emergency medicine on site in the event of an allergic reaction.

People who used the service had weekly access to support and therapy from a clinical psychologist and occupational therapist (OT) who were employed by the provider. The psychologist and OT specialised in Dialectical Behaviour Therapy and ran individual and group therapy sessions for people who used the service.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. We observed staff interactions with people and saw staff were friendly and compassionate towards people when they were supporting them. One member of staff told us, "I treat people how I would want to be treated." We observed that one person who used the service was feeling unwell on the day of our visit, staff were sympathetic and gentle towards the person and tried a variety of approaches to relieve their discomfort.

Staff were aware of people's needs and preferences. People's support plans recorded their preferences for how they were supported along with their personal history, likes, dislikes and what was important to them. We observed that staff had a good knowledge of what mattered to people living at Heathcotes (Moorgreen) and had developed relationships with them. We spoke with a recently recruited member of staff who explained how they had got to know the people who used the service. They told us, "(I learn about people by) talking with other staff, reading records and health plans and asking questions when I am not sure," they went on to say, "They (people who use service) see you as a familiar face, they are starting to warm to me now. I help them, support them, treat them equally, knowing what they like and dislike." Another member of staff told us, "They are all different in their own ways, some people like their own time, other people like more attention. I talk to staff to see what mood they are in and treat people as individuals."

There had been some recent concern at Moorgreen about staff maintaining professional boundaries with people who used the service. Records showed that the service manager had taken decisive action to address these issues and further action was planned. We saw that professional boundaries were discussed in a recent team meeting and the importance of this was detailed in individual care plans. The staff we spoke with had a good understanding of this. One member of staff described their approach saying, "I am here because I care, but I am not their friend."

Staff had a good understanding of people's communication needs. There was clear information in people's care plans about how they communicated and how staff should communicate with them. We spoke with one member of staff who described how they adapted their communication style to meet people's needs, They said "If speaking to [name] I speak slower and more loudly, or if I am speaking to [name] I am more energetic." People's comprehension and communication abilities had also been taken into account in the design of the service. An adapted form of Dialectical Behaviour Therapy was provided by the service. This took account of people's level of understanding and comprehension to ensure that the therapy was accessible to them. We spoke with a visiting health professional who explained that this had made the therapeutic sessions more accessible to the person they were involved with.

People were involved in choices and decisions about their support. A person who used the service commented, "(There is) lots of freedom to do what you want." During our visit we saw that people were, as far as possible, involved in decision making and staff routinely checked with people about their preferences for support. Staff we spoke with had an understanding of their role in ensuring that people had choice and control. One member of staff told us, "The people have free choice to make decisions, staff are here to support, not make decisions."

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. One person who used the service was using an advocate at the time of our visit. The service manager explained that they had made links with the local advocacy service and we saw information leaflets on display in the home.

People were supported to be as independent as possible. The service manager explained that the service was focused on giving people the skills they needed to live more independently, they told us that in the short time that people had been at the service each person had grown in independence. A member of staff we spoke with told us, "We encourage independence." The staff team had worked with one person to build their skills and confidence and this had enabled them to do their shopping and attend community based groups independently. Another person who used the service needed to be escorted by staff when in the community to ensure their safety, the service manager explained that their goal was eventually to enable the person to safely access the community more independently. The service manager also explained how people had become more independent with aspects of daily living and domestic tasks. We observed that people were encouraged and supported to be involved in household tasks including cooking, cleaning and laundry and people were also provided with assistance to manage their own finances.

People's rights to privacy and dignity were respected. We observed that people's privacy was promoted throughout our visit. Staff knocked on people's doors before entering and they ensured that people were enabled to have private space when they needed it. We spoke with one member of staff who described the importance of balancing people's right to privacy with their safety, they told us, "People have their own rooms for privacy, but we do checks. Privacy can be quite hard here, I have to justify why I do things here for people's safety."

In addition to this staff respected people's right to confidentiality. Conversations about people's support needs were held in areas that could not be overheard and care records were stored securely. Another member of staff told us, "Everything is locked away and staff communicate (about people's needs) in private."

Requires Improvement

Is the service responsive?

Our findings

During our December 2017 inspection we found that people did not always receive the care and support that they required and were at risk of inconsistent support due to conflicting information in care plans. During this inspection we found that improvements had been made to care plans but further improvements were needed to ensure that all staff had a good understanding of how to support people.

People's care plans contained detailed information about each person's individual needs and preferences. The service manager told us that every care plan had been thoroughly reviewed, updated and added to over the past couple of months and this was evident in the care plans which were up to date and comprehensive. Plans included information about what was important to people and also their level of independence and areas where support from staff was required. In addition to this there were detailed care plans in place about how staff should support people whose behaviour could present challenges. People were involved in planning their own care and support. The service manager told us that people were offered the opportunity to get involved in the development of their support plans. It was clear from the content of the plans that people had input into their plans and this was confirmed by people we spoke with. One person told us, "Yeah, I did my care plan last night with [service manager] on the laptop, there were some things in there about me that were wrong and so we took them out." Where people chose not to contribute to their care plans this was clearly recorded.

Despite the above people were still at risk of receiving inconsistent support as staff were not always aware of people's support needs. We spoke with a person who lived at the service who told us, "Not all staff know what they are doing but you just have to trust them." Staff we spoke with told us they were in the process of reading the new care plans to ensure they had the most up to date knowledge of people's support needs. One member of staff told us, "The care plans here give a detailed history (of the person), but I would rather sit and talk to them." This was a work in progress and we found that some staff did not yet have a comprehensive understanding of the support people required. For example staff we spoke with were not all aware of who was subject to a DoLS despite clear information relating to this in people's care plans. This put people at risk of not receiving the support they required.

People living at (Heathcotes) Moorgreen, staff and external professionals commented on the lack of planned activity at the home. One person we spoke with told us, "There is not enough to do, no activities." Another person told us, "I'm sometimes bored," we asked them what they enjoyed to do and they said, "I like baking but I don't get to do it here." Records showed that whilst people had the opportunity to take part in some community based activities such as trips, groups and shopping they were not consistently provided with the opportunity for meaningful activity when at home. Although staff involved people in activities related to the running of the home such as cooking and cleaning there were very few organised activities. We spoke with staff about how people spent their time and they explained that the lack of activity was often down to the 'choice' of the person. However we saw little evidence that staff had explored what meaningful choices could be offered or planned for people to increase their motivation to participate. An external health professional who we spoke with also told us that there was a lack of structured and planned activities available to people. They explained that due to the nature of people's mental health needs, structure and

planning was important to motivate people and without this people were more likely to 'chose' to do nothing. We spoke with the service manager and regional manager about this and they told us that they had already identified this as an area for development and were working on improving the opportunities available to people by planning things such as theme nights.

People were supported to maintain relationships with people who mattered to them. People's care plans included information about relationships that were important in their lives and we saw records to show that people were in regular contact with those who were important to them.

People were given opportunities to provide feedback about the service in a number of ways. Regular meetings were held with each person to enable them to share their views on different aspects of the service. The service manager explained that they had recently changed this from a group meeting to individual meetings and had found this was more effective in enabling people to share their views. Records of these meetings showed that areas such as the home environment, activities, food, complaints, staff and health was discussed. Where people had raised issues actions were noted to address these. For example one person had reported that staff were noisy at night, an action was recorded to discuss this with staff and to ask them not to hoover after 10pm.

People could be assured that concerns and complaints would be taken seriously and acted upon. People told us that they would feel comfortable and confident in raising an issue or complaint with the management and staff team. We spoke with one person who used the service who told us about a concern they had recently raised, the management team were aware of this and were working to resolve it.

Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to report concerns to the management team. Staff were confident that the managers would act upon complaints appropriately. We spoke with one member of staff who told us, "I would find out what the complaint was, record it and go to the team leader or the manager." There was a procedure on display in the service informing people how they should make a complaint, this included contact details of external agencies such as CQC. Records showed that no formal complaints had been made since our previous inspection.

Requires Improvement

Is the service well-led?

Our findings

In both our December 2016 and January 2017 inspections we found concerns related to leadership and governance which impacted on the safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that significant improvements had been made in this area and other improvements were underway or planned.

During our last visit we found that systems were not effective in identifying issues with the day to day practice of staff. During this visit we found that some improvements had been made but further improvements were still required. For example we found concerns relating to the completion of safety checks for one person who used the service. As there were no systems in place to check the completion of these records, these omissions had not been identified and consequently no action had been taken to rectify them. We spoke with the service manager about this who acknowledged that there were no systems in place and told us they had already identified this for an area for development.

Clear and accurate records were not always kept. For example we found that incident records were not always fully or accurately completed and were not consistently reviewed by a senior member of staff to ensure the appropriate action had been taken. This was of concern given the issues identified at previous inspections related to ineffective responses to incidents.

During our January 2017 inspection we found that governance systems in place to ensure the safe running of the service were not effective. During this visit we found that improvements had been made in this area. There were now systems and processes in place to monitor and improve the quality of the service. The service manager conducted weekly audits including medicines management, maintenance and infection control. The regional manager conducted 'monthly provider visits' which assessed the quality of the service across a range of areas including care delivery, training and the environment. The service had also had regular support from the provider's quality assurance team, which included thorough monthly audits. We looked at records of a very recent audit and saw that it was effective in identifying areas for improvement. The service manager told us that they were working on an action plan in response to the audit.

There was a service manager in place to oversee the running of the home and following our visit we received an application to register them as manager of Heathcotes (Moorgreen). Both the service manager and regional manager were passionate about improving and developing the home. They understood that there were a lot of improvements required and had embraced the challenge. The service manager had only been in post a relatively short time but had a good grasp of the issues in the service. They had already, with the support of the provider, made significant changes to systems and processes in order to improve the quality of the service. For example, they had taken assertive action to make changes in the staff team and this had a positive impact on the atmosphere in the service and on the people who lived there.

People who used the service were positive about the management team. One person told us, "[Service manager] is one of the best." Staff were also positive about the managers. One staff member commented, "[Service manager] is here all the time, they are approachable and a good leader," another member of staff

told us, "I have had feedback from [service manager] this makes you feel good, it's motivating and you feel valued." Staff also told us that they felt that the management team had made improvements to the service. One member of staff told us, "Things have improved since Christmas, it is a good place to work."

Staff told us they were happy working at Heathcotes (Moorgreen) and were proud of their work. One member of staff told us, "I'm really enjoying it, it's challenging and different, but good," another staff member said, "I like knowing that the [people who use the service] are moving on, they are not stuck." Staff were aware of their duty to raise concerns about poor practice and felt confident in discussing any concerns with the management team.

People had an opportunity to have a say in how the service was run. Meetings had previously been run for people who used the service, however the service manager explained that these had not proved an effective way of gaining their feedback. Instead they had implemented a system where meetings were held with each person on an individual basis. We saw records of these meetings which showed that they were used to discuss areas such as activities, food and complaints.

Staff were also given an opportunity to have a say in the running of service in regular staff meetings. Records of these meetings showed that they were used to provide feedback to the team, discuss improvements required and to address topics such as safeguarding and health and safety. The management team valued the skills and experience of the staff team and were looking for other ways to get them more involved in some aspects of the service such as care plans. The service manager told us about their plans to get staff involved in care plans saying, "I don't know the (people who live here) as well as these guys (staff) do."

The management team were committed to ongoing learning and development. The service manager told us, "We are always learning, trying to better ourselves and sharing our learning." They had signed up to newsletters and regular updates from a number of good practice organisations and took opportunities to access local training courses and forums for managers.

We spoke with two visiting health professionals during our visit to Heathcotes (Moorgreen), who were, on the whole, positive about the service. They told us that the person that they were involved with supporting had made good progress whilst at service. One professional commented, "We are pleased with what we are seeing so far." They commented that there had been some previous issues with communication and the skills and knowledge of the staff team but added that recent improvements had been made in these areas.

There were links with the local community. The service manager explained that they had worked hard to try and build up relationships with the local community. This had included making wreaths at Christmas and delivering them to neighbours and attending local residents meetings. People who used the service were also involved in some local community groups.

During our January 2017 inspection we found that there had been a failure to notify CQC of events in the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During this inspection we found that improvements had been made and our records showed that the CQC had been notified as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from risks associated with their care and support Regulation 12 (1) (2) (b)