

Heathcotes Care Limited

Heathcotes (Park View)

Inspection report

10 Westfield Road
Wellingborough
Northamptonshire
NN8 3JT

Tel: 01933223041

Date of inspection visit:
13 February 2019
15 February 2019
18 February 2019

Date of publication:
16 April 2019

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

About the service: Heathcotes (Park View) is registered to provide accommodation and personal care for up to five people with learning disabilities and autism. The service is a house with five bedrooms and communal living areas, in a residential area in Wellingborough. At the time of inspection, five people were using the service.

People's experience of using this service:

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

- A lack of leadership and management in the service had affected the quality and safety of the care provided.
- Audits were not always effective in identifying where improvements were needed.
- Timely action was not always taken to respond to known areas of required improvement.
- Sufficient numbers of staff were not consistently deployed to support people safely.
- People's safety was not always maintained because staff did not always follow the risk management plans in place to mitigate risks to people.
- People had not been consistently safeguarded from abuse; this was being investigated by the local authority. Action had been taken to ensure that people's support was provided in a safe appropriate way.
- Improvements were required to medicines record keeping. People received their medicines as prescribed.
- The environment was not consistently maintained to a safe standard. The arrangements in place for infection control required improvement.
- People's needs had not consistently been met by staff who acted with appropriate knowledge and skills when providing their support. Action was ongoing to improve staff knowledge and skills.
- People's personal information was not stored securely.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Staff were supervised well and felt supported by the manager.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- Systems had been reviewed to ensure that people were supported in the least restrictive way possible.
- Care plans reflected people's likes, dislikes and preferences.
- People's access to activities to enhance their emotional wellbeing and independence had been affected by low staffing levels. This had been recognised and action taken to improve people's access to activity.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.

- The manager was open and honest, and worked in partnership with outside agencies to improve people's support where required. People, relatives and staff told us that the manager had made positive improvements at the service.
- The service met the characteristics of 'requires improvement' in four key questions we inspected. Therefore, the overall rating for the service after this inspection was 'requires improvement'. More information is in the full report.

Rating at last inspection:

Requires Improvement (report published 13 March 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At the last comprehensive inspection, we found that the service was not always safe or well led. The provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. We asked the provider to make improvements in relation to the safety of the service. The provider submitted an action plan detailing the improvements that they had made to comply with the regulations. They stated that they were compliant by 1 April 2018. We checked that they had taken sufficient action to comply with the regulation and found that they had. This is the second time the service has been rated requires improvement.

Prior to this inspection we were aware of ongoing investigations by the safeguarding team into allegations of physical abuse and neglect. We were also aware that the provider had an action plan in place from the local authority quality improvement team and was receiving regular support visits from the quality improvement officer.

Enforcement:

At this inspection we found the provider to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action we told provider to take is recorded at the end of the report.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Heathcotes (Park View)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Heathcotes (Park View) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). However, the manager had applied to register with CQC and their application was being processed at the time of inspection. Registered managers and the providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services from this provider.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

During the inspection process we spoke with two people who lived in the home and three people's relatives. We also spoke with nine members of staff, including support workers, team leaders, maintenance staff, the manager and regional manager. We looked at three records relating to people's care needs and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys, training information for staff and arrangements in place for managing complaints.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Sufficient numbers of staff were not consistently deployed to support people safely. One person's relative said, "They seem to be very short staffed at weekends." Some people's support was commissioned to be provided on an individual basis. Staffing rotas reflected that there was not always enough staff deployed to cover the commissioned hours.
- All support staff were deployed as named staff to provide the one to one or two to one support to people. The provider did not have a system in place to define how people's support would be covered when staff took a break. Rotas did not show when staff were allocated break time. Many staff were working 14-hour shifts; we were told that staff took breaks on an ad hoc basis when the manager was able to cover their one to one duties. Staff were providing care to people who required a high level of emotional support, however there was no system in place to ensure they had sufficient breaks.
- Staff were working excessive numbers of days consecutively with no day off. We saw from the rota that one member of night staff had worked 29 consecutive night shifts with no day off. Working this many days consecutively did not allow staff sufficient time to rest between shifts. There was a risk that this would have a negative effect on their ability to provide people's care safely and appropriately due to being excessively tired.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Assessing risk, safety monitoring and management

- At the previous inspection we found that the environment was not always properly maintained, as two bedrooms had mould growing on the ceiling and a damp smell. We found the service to be in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment. At this inspection we found that action had been taken to rectify these areas. The home had been recently decorated throughout and was generally well maintained. However, we did find that a radiator in one of the bathrooms that was extremely hot had not been covered. Also, one person's bedroom door was being wedged open manually; this door would not close in the event of a fire. These concerns were addressed with the manager and action taken to mitigate the risks whilst the inspection was ongoing.
- People's safety was not always maintained because staff did not always follow the risk management plans in place to mitigate risks to people. One person's care plan stated that the front gate to the property should be kept closed to minimise the risk of them running into the road. On both days of the inspection site visit

we saw that the gate was open. Another person's care plan stated that due to a health condition their fluid intake and bowel movements should be recorded and monitored to ensure they consumed a specific amount of fluid. Records showed that their fluids were not consistently recorded or totalled to allow this monitoring to take place effectively. These concerns were discussed with the manager who advised they would take the necessary action to ensure people's safety.

- The staff supported some people who may present behaviours which challenge; there had been several incidents which could cause harm to people and staff. However, these had been reduced by actions taken by the new manager. There were now systems in place to ensure people were kept safe. This included reviewing risk assessments and support plans and providing direction to staff on how to support people. Because of this the number of incidents had reduced and people and staff were now kept safe.

Systems and processes to safeguard people from the risk of abuse

- People had not been consistently safeguarded from abuse. Staff had not always followed people's care plans when people displayed behaviour that may pose a danger to themselves and others. They had not recognised that the interventions they had used with the intention of keeping people safe, may be a form of abuse. These incidents had been reported to the local safeguarding authority by external health and social care professionals involved in people's support and were being investigated by the local authority at the time of inspection.

- Measures were now in place to ensure staff understood how they should support people to manage feelings of anxiety and distress. People's risk assessments and care plans had been updated and staff were able to describe the guidelines they now followed to support people to manage their behaviour. These improvements need to be sustained and embedded.

- Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to the local authority safeguarding team or the CQC. One member of staff said, "I would report to Northampton safeguarding team."

- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Using medicines safely

- Instructions on people's medication administration records (MAR) were not always clear. One person's MAR chart contained a handwritten entry which had not been signed or dated. Another MAR chart contained the instruction that a medicine was to be administered monthly but no direction as to which day it should be administered. These concerns were discussed with the manager who understood the improvements required.

- People did not have medicines profiles in place to provide staff with details regarding the medicines that had been prescribed. This was discussed with the manager who agreed that they would implement these to ensure that staff had access to all the information required.

- Medicines were administered by staff that were trained to do so and had their competency regularly checked. Medicines were stored securely.

- Some medicines were only required when needed. Protocols were in place to ensure these medicines were used appropriately.

Preventing and controlling infection

- Some areas of the home required a better system of monitoring infection standards to avoid them being missed. One person's relative said, "Cleanliness could be improved, sometimes the floor of [person's name] bedroom is dirty and their bathroom isn't always clean." During the inspection we saw that some people's bedrooms had dust and debris on the floor and hard surfaces. Communal areas of the home, for example the kitchen were cleaned to a good standard.

- Some areas did not have sufficient facilities to enable staff to follow the principles of infection control. For example, the laundry room had no hand washing facility for staff to use after dealing with soiled laundry. This was discussed with the manager during the inspection and hand washing facilities were fitted in this area.
- Staff understood infection control requirements and explained how they followed these in practice.

Learning lessons when things go wrong

- We saw that staff had not always carried out detailed analysis when incidents occurred. However, prior to the inspection the manager had recognised that improvements were required in this area. Staff had attended training and records completed since January 2019 showed that more detailed analysis was taking place. These records were reviewed by the manager and further action taken when necessary.
- The provider had made some improvement in response to the feedback from the local authority and health and social care professionals involved in people's care. Changes to the way staff supported people with their emotional needs when these affected their behaviour had been made. This work was ongoing and needs to be sustained and embedded.
- Incidents were looked at to identify any trends, and referrals for extra support were made when required.

Is the service effective?

Our findings

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed and information available in their care plans. Staff were aware of people's likes and dislikes and knew people well. However, the service had not always been able to understand and meet people's more complex needs. This resulted in the past of at least one person receiving poor care because the provider did not always have systems in place to recognise when staff were not following a person's assessments and care plans. The manager had made recent improvements to ensure staff were aware of and supported people appropriately to meet their assessed needs.
- People's relatives told us that people had received a pre-assessment of their needs before moving into the service.

Staff support: induction, training, skills and experience

- People's needs had not consistently been met by staff who acted with appropriate knowledge and skills when providing their support. Staff had received training that was relevant to their role, however, staff had not always understood how to put this training into practice. The manager was working with staff to improve their knowledge and skills and improvements had already been made to staff practice. Staff had attended report writing workshops to improve the quality of incident reporting and analysis. The management team were attending positive behaviour support training to support staff to develop this approach in the home.
- We looked at training records and found these were mostly up to date. The manager was aware of the staff whose training was due to be refreshed and was making arrangements for this.
- Staff received regular one to one supervision meetings. However, this had not always resulted in timely improvements to the way people's care was provided.

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

- People chose the food on the menu and some people told us that they were supported to prepare meals of their choice.
- People were encouraged to eat a healthy balanced diet and had access to an easy read nutritional guide.

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

- The service worked well with other organisations. The manager and staff were currently working with the local authority to make the improvements that were required in the service.
- Staff contacted doctors and other healthcare professionals as and when needed.

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

- Many areas of the building had been recently decorated. Areas were accessible to the people living there; with various communal areas for people to use, and a large garden.
- People's rooms were decorated to their choice. People had personalised their bedrooms with pictures and other belongings that were important to them.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and found that they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured sufficient staffing resources to ensure people's independence. People's access to outside activities in the community were dependent on staffing levels and the provider had not always ensured sufficient staff were deployed to enable this to happen. However, people told us that this had improved recently, one person said; "I like going out places, before we weren't allowed to go out very often, but now I can go out whenever I want."
- People's confidential information was not stored securely. We saw that two cupboards in a communal area containing people's care records were not locked. These cupboards were accessible to all people living in the home and visitors. We discussed our concerns with the manager who arranged for extra keys to be cut to ensure that the cupboards would be accessible to staff but locked when staff were not in the area.

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

- People were involved in making decisions about how wanted their care and support needs to be met through recorded one to one meetings with staff. However, low staffing levels had meant that people's choices and decisions had not always been followed.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they had good relationships with staff, one person said, "The staff are alright, they're helpful, they treat me with respect."
- Most relatives told us that they found the staff were kind and caring. One relative told us, "[Person's name] is very happy there, confident, relaxed...some of the carers are like [person's name's] friends."
- Some of the people we met with were unable to tell us how they felt about the service but all seemed very comfortable in the presence of staff. We observed people being affectionate with staff and laughing.
- Staff knew the people they were supporting well. For example, one staff member assisted a person to talk with us. They did this with sensitivity and were careful not to respond for the person and to allow them time to consider the questions we asked.
- Information was made accessible to people, for example easy read policies and procedures were available.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to their needs and preferences. The manager had recently updated people's care plans. All the care plans we reviewed contained personalised information to support staff to provide people with individualised support. For example, each person had a person-centred plan which provided staff with information about their goals and aspirations, the people who were important to them and their communication needs.

- People's likes and dislikes were recorded within their files, and staff had good knowledge of these. For example, each person's care plan contained comprehensive information about the activities they enjoyed and situations that they may find difficult. We spoke to staff and found that they had good knowledge of people's likes and dislikes.

- People and their relatives told us that they had not always had sufficient access to a wide range of activities. One person's relative said, "I still don't feel [person's name] has enough to do, however they are working on that at the moment." The manager had recognised that improvements were needed to ensure people had access to activities suitable to their individual interests. They had reviewed people's choices and needs with them and had recently devised new activity plans with people to ensure they had regular opportunities to take part in things they enjoyed. During both days of the inspection we observed that people were able to go out and were busy and occupied.

- People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans contained information about their communication needs and the support they required. Where required people had easy read communication passports.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was clearly displayed and accessible to people and their relatives.

- People's concerns and complaints were recorded and responded to. Where an investigation had taken place, the outcome, any actions taken and lessons learned were recorded.

End of life care and support

- The service supported younger adults with learning disabilities and autism. The provider had an end of life policy in place and the manager understood the importance of providing good end of life care to people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had not taken sufficient, timely action to address the concerns we have identified at this inspection. Concerns with staffing deployment had been raised by the local authority, who commissioned people's care, however we found these concerns ongoing.
- Action was not always taken in response to audit findings. For example, we saw an infection control audit dated 8 March 2018 that detailed the need for hand washing facilities in the laundry. No action had been taken in response to this.
- There had been a lack of suitable management of the service and the provider's systems and processes for the leadership, management and oversight of the service had not been consistently implemented. As a result, staff had not provided people with safe appropriate support when they were distressed and displaying behaviour that may place themselves and others at risk.
- Management plans to promote people's safety and health and well being had not been consistently implemented. Measures to ensure the confidentiality of people's personal information had not been followed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The manager, regional manager and staff team understood their roles and were open and honest. All the people and staff we spoke with were positive about the new manager and the improvements they had made since January 2019. One person's relative said, "I've met the new manager a few times, I can see they're still learning about the service but they are contacting me more, consistency is better and they've already identified the staff that work best with [person's name]." Staff also spoke positively saying, "[Manager] is brilliant, has lots of good ideas." And, "[Manager] seems to know what they're doing, making changes and listening to staff." These improvements now need to be sustained and embedded.
- The manager notified CQC and other agencies of any incidents which took place at the home.

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

- People who lived at the service and their relatives were regularly asked for their feedback. We saw feedback forms had been completed by people in November 2018 and these contained positive feedback. We saw that feedback forms had been provided in different formats when needed.

- Team meetings took place regularly to communicate updates and enable an exchange of information and learning. These included updates on working practice, staff training and people's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- People had regular one to one meetings with staff and were able to feedback on what was going well for them or any changes they would like to their support.
- Relatives told us that the manager had written to them when they commenced work at the service and was arranging meetings to discuss the care and support of their family member. They were pleased to have this opportunity to discuss future plans.
- Staff feedback had been gathered; the most recent feedback collated in January 2019, reflected positive feedback regarding the improvements that had been made by the new manager. However, it also reflected that staff did not feel valued by the provider. The manager had implemented an action plan in response to this feedback.

Working in partnership with others

- The manager was working in partnership with others for the benefit of the people using the service.
- An action plan had been implemented following the local authority quality monitoring team visit to the home. Some improvements had been made and these were ongoing.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were suitably deployed to meet people's needs.