

Heathcotes Care Limited

Heathcotes Wolsey House

Inspection report

9a Cromwell Road
Eccles
Manchester
M30 0QT

Tel: 01617079607
Website: www.heathcotes.net

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heathcotes Wolsey House is a care home providing accommodation and personal care to four people at the time of the inspection. The service accommodates up to six people living with learning disabilities and autism in one building. This is one of many locations that the provider operates nationally.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Overall, people's medicines were managed safely. We found improvement was required with record keeping. Although daily records showed people had received their medicines, we found gaps in the signing of medication administration records (MARs). We found the hand written MARs did not follow National Institute for Health and Care Excellence (NICE) guidelines and were not robust enough to accurately document administration of medicines.

The provider had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each person.

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The staff and people at the service had prepared a buffet for their Halloween party. People were encouraged to take part in the preparation of the food and had a choice in what they ate. There was a joyous atmosphere.

People told us staff were kind and sensitive. A relative added, "Everybody [management and staff] have gone out their way to make sure [name of person] is well looked after."

Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes.

Staff said they were happy working at the service and spoke positively about the management team. Comments included, "We have a good team and [name of manager] is good" and "The atmosphere is good in the home and residents are happy here. I would recommend this home to a family member."

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

Rating at last inspection

This service was registered with us on 09/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Enforcement

We have identified one breach in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heathcotes Wolsey House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out the inspection over both days.

Service and service type

Heathcotes Wolsey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the service did not have a registered manager, however the service was being run by a registered manager from the provider's sister home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, regional manager, deputy manager, team leader and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risks of abuse and harm and information on safeguarding and was displayed in the service. People told us, "I feel safe here" and "Yes, I feel safe living here." A relative added, "[Name of person] is very safe living here."
- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. One staff member said, "Any issue I would go to the team leader or manager. I would go above the person who is the suspected abuser [if allegations were regarding a staff member]".
- Accidents and incidents were recorded and managed effectively. The manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

Assessing risk, safety monitoring and management; Using medicines safely

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed as part of their care plan reviews, or when needs changed.
- The provider had a physical intervention policy and staff were trained in non-abusive psychological and physical intervention (NAPPI). People had individual risk assessments to physical interventions. One staff member told us, "Verbal redirection or distraction or a change of face is always done. Restraint is the last resort if a service user is at risk. It doesn't happen often and done safely for the safety of the service user."
- Overall, people's medicines were managed safely. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely. A visiting relative said, "[Name of staff] is clued in [administering medicines] which has been very reassuring. I have no medication concerns. [Name of person] is receiving their medicines as they should, they [staff] are doing a good job of that."
- We found PRN protocols for 'as required' medicines were not always in place. PRN protocols are designed to ensure enough information is provided to staff and to minimise risk when administering medicines to people on an as and when required basis. This meant staff had limited direction of when people may have required specific medicines. The manager took immediate action to rectify this and spoke with staff to improve practice.

Preventing and controlling infection

- The service was clean and free from malodour. Staff encouraged and supported people to tidy and maintain their own rooms.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of

infection control procedures, and had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

- Staff received training in the management of infection control and food hygiene. The local authority conducted an infection control audit in March 2019 and issued a rating of 100% with no recommendations.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.

- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. Staff told us, "We are always fully staffed" and "There is always enough staff in, we have time to spend with people."

- Staff worked waking night shifts and the provider operated an on-call system which was covered by the managers. Staff were able to contact on-call for support or advice if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been comprehensively assessed prior to them using the service. This meant the service knew that they could cater for the person's care needs and the environment was suitable.
- People were involved in their care planning, which was reviewed at regular frequent intervals or when people's needs changed. A relative told us, "I have been involved in the care planning and reviews."
- We saw 'development plans' in place which documented the skills people have learnt and goals people would like to work towards. People were responsible for setting their own goals and staff supported people to achieve them. The achievements made were recorded and celebrated.

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

- Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. Staff told us, "MCA is about assessing people to see if they can make a decision. We support people according to their needs" and "it is about how much someone is aware and understands a specific task or action."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. We saw staff worked in accordance to people's best interest decisions.

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 closely with other agencies to maximise the support people received. The service worked in partnership with pharmacies, GPs and social workers to meet people's needs, we saw evidence of

this in people's care files. A relative told us, "There is good partnership working. [Name of external service] provides therapy to encourage [name of person]."

- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. MARs and health passports (documentation that details people's health needs and contains other useful information) were used.

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

- People's dietary needs and preferences were met, and people were involved in creating weekly meal plans and choosing their meals. We saw meal plans displayed in the kitchen informing people of the foods they had chosen each week. One person told us, "I like the food. I can choose what I want. I go shopping too."
- During the inspection we observed the teatime meal. The staff and people at the service had prepared a buffet for their Halloween party. People were encouraged to take part in the preparation of the food and had a choice in what they ate. There was a joyous atmosphere and staff were available to provide any assistance to people.
- People were supported to maintain a healthy balanced diet and to eat and drink well. We saw 'healthy eating' was promoted and 'eating well' guidelines were displayed. People were supported to lose weight through their diets as agreed on their care plans. A relative told us, "Staff have done a good job in getting [person's name] food healthier."

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

- The service was suitable for people's needs and provided people with choices about where they could spend their time. We observed a relaxed atmosphere throughout the home and saw people making use of all the communal areas.
- People's bedrooms were personalised with memorabilia that was important to them. People were in the process of redecorating their bedrooms and had chosen their new paint colours. One person told us, "I will be painting my room."

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. Staff knowledge was tested through regular skills tests which covered various topics, such as food hygiene, dignity and MCA. One staff member told us, "I had a full week of training before starting and did a few shadowing shifts. Training was enough."
- Staff had opportunities for regular supervision and observations of their work performance. One staff member told us, "We have an informal chat monthly and formally every two to three months. I feel supported in my role." No staff appraisals were due at the time of our inspection. We will review this at the next inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's views and decisions about care were incorporated during their initial assessments and in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. Staff told us, "We ask before doing anything and get their [people] agreement" and "We make sure they [people] are well informed and we always ask questions to get consent."
- Staff supported people to make day to day decisions. For example, we saw staff asking questions and giving people choices in taking part in day to day tasks.
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. We observed staff knocking on doors before entering people's bedrooms. One person told us, "Yeah they [staff] listen to me. They [staff] do respect me. They respect my privacy."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We knock on the door before entering [bedroom], ask people before doing something, put people's personal information away and cover up [people] for personal care."
- People's independence was promoted. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. One staff member told us, "We work in a person-centred way. We recognise what they [people] can do for themselves. I get [name of person] to help me cook tea with supervision. I cut the vegetables and they [person] do the rest with supervision."

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

- Staff had received training in equality and diversity. People's lifestyle and equality needs had been identified in their care records. One staff member told us, "We get to know people and how they like to live their lives and about their religion. We treat everyone the same as they wish to be treated."
- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. People told us staff were kind, courteous and sensitive. People told commented, "Staff are nice and good" and "They [staff] are really good and nice."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people. These showed staff were meeting people's individual needs as recorded in their care plans.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines. A relative told us, "Staff know the service users well and are on the ball."
- People could decide how to spend the day in the service, when to get up and when to eat. Staff respected people's choices. One person said, "I choose what I want." A staff member told us, "We give them [people] options and make sure they understand what the options are and what they mean. Communication is key."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the AIS and each person's specific communication needs were detailed in their care records. We saw AIS information displayed in the home and easy read formats of policies were displayed on notice boards. A relative told us, "Support staff have done the best they could with communication with [name of person]. The techniques worked very well."
- The service had not received any formal complaints. There was a complaints procedure and this was displayed in the home in easy read format. People told us they were able to raise their concerns. A relative said, "I have no complaints, I know there are procedures in place."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records identified people's important relationships and the support they needed to maintain them. People told us their family and friends visited, and some people regularly visited their families. A person told us, "I see my family often. They come here." A visiting relative said, "I am made to feel very welcome when I visit."
- People participated in activities that met their individual choices and preferences. We found people had a say in the type of activities and trips planned, and observed people engaging in the activities. One person told us, "I go out a lot. I like to go to the pictures and bowling. I am planning a trip to [name of location]." A

relative said, "[Name of person] has been taken out a lot, right from the start. It is one of the best things here."

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Those people who chose to make their end of life wishes known had the option to document this in their care files. The manager told us staff did not receive end of life training, however they did have access to training should the need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of a high-quality service and care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We reviewed a range of records and found improvement was required with record keeping. Medicines were administered by senior staff and recorded on medication administration records (MARs). Although daily records showed people had received their medicines, we found gaps in the signing of the MARs.
- The service used hand written MARs when required. We found the hand written MARs did not follow National Institute for Health and Care Excellence (NICE) guidelines and were not robust enough to accurately document administration of medicines. NICE provides national guidance and advice to improve health and social care.
- As discussed in the 'safe' domain we found PRN protocols for 'as required' medicines were not always in place.
- An internal quality assurance audit was carried out which highlighted a handwritten MARs had not been counter signed. Although action was taken to address this specific MAR, enough action was not taken to address the overall concern, as we found the same recording issue during our inspection.
- The provider also had systems in place to audit medicine records on a weekly basis. These audits were not robust as they failed to pick up on the recording errors we found during our inspection.

The provider had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management responded during the inspection. They held supervisions with staff regarding documentation, rechecked staff competencies and started to review their recording materials for medicines.

- At the time of the inspection the service did not have a registered manager, however the service was being run by a registered manager from the provider's sister home. After the inspection the provider applied to the CQC to add this service to the manager's registration.
- The manager had been managing the service for a short period and was committed to making positive changes to improve the standard of care. Staff we spoke with felt valued and supported by the management team. Staff told us, "[Name of manager] is very good and nice. They are approachable, you can have a laugh with them as well as raise concerns which is good. It is what you need in a manager, they are hands on and if we are short staffed they will work as a support worker."

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

- The manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. A relative told us, "It is absolutely fantastic here. There is no comparison to how [person] was when they arrived from hospital [to how the person is now]."
- Staff said they were happy working at the service. They said it had improved considerably over the last few months since the manager had been in place who was bringing stability to the service. One staff member commented, "[Name of manager] is good. They really turned things around next door [sister home] and doing well here. They [manager] get on with the staff and service users. A good team here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- We saw the service had let people and their relatives know if something went wrong under their duty of candour. Necessary statutory notifications were made to the CQC as required.
- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals.

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

- Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.
- The service had been operating for a year and were due to send out staff, stakeholder, residents and relatives surveys. We will review this at the next inspection.

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 registered person had systems or processes in place that were operating ineffectively as they failed to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each person. In particular, concerns in relation to record keeping, such as gaps in the signing for medicines.