

Heathcotes Care Limited

Heathcotes Wistaston House

Inspection report

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Wistaston
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Date of inspection visit:
15 October 2019
16 October 2019

Date of publication:
21 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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 Wistaston House is a residential care home providing personal care to four people at the time of the inspection. The service can support up to seven people in one adapted building. Each bedroom had its own en-suite shower room and there was a number of communal areas including a bathroom, lounge, kitchen, dining room, conservatory and a large garden area.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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.

The building design fitted into the residential area and the other large domestic homes of a similar size. 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

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. We have made a recommendation however to review any legal restrictions affecting a person's care.

During the inspection we identified one occasion where the registered manager failed to inform the CQC of a notifiable event. We have addressed this with the provider outside of the inspection.

We found that staff did not always receive all the training they needed to support people effectively. This

was addressed by the registered manager during our inspection however we have made a recommendation about some of the training staff receive.

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.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People living at Wistaston House had previously lived in a variety of secure accommodation settings. Staff were motivated and worked in a positive way to develop trusting relationships to encourage people to live full lives as independently as possible. The service enabled people to pursue their leisure interests, maintain relationships with families and friends and develop independent living skills.

People we spoke to during the inspection spoke highly of Wistaston House and the care they received. Staff also felt supported in their role.

Support plans identified the needs of people during their stay and plans contained sufficient person-centred information to meet the preferences of people receiving care.

People had access to healthcare and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

Systems were in place to ensure the safety and wellbeing of people. These included systems to protect people from the risk of abuse, receive their medicines safely and to ensure that people could share their views on the service being provided at Wistaston House.

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 25 January 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part by risks identified at other Heathcotes services. These included risks around risk management, staff training and governance. A decision was made for us to inspect and examine those risks as part of a comprehensive inspection.

We found there were no breaches in regulation, however we have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 Wistaston House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Wistaston 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 had 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the service registered with the CQC in January 2019. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and one visiting professional. We spoke with five members of staff including the regional manager, registered manager, team leader and support workers.

We reviewed a range of records. This included three people's care records and three medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We also spoke with three relatives of people who use the service.

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

- There were robust systems in place to protect people from the risk of abuse. This included safeguarding and whistleblowing policies.
- Staff were aware of how to raise concerns, and all staff had completed safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce identified risk. Specific risk assessments for people during times of distress were detailed and clear plans were in place for staff to follow to effectively support people through this.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff confirmed they had access to key policies and procedures that helped to keep people safe.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed before a member of staff started work at Wistaston House.
- There were enough staff to meet people's needs. This support was delivered by a small team of staff who knew people well.

Using medicines safely

- Systems to manage medication were safe. There was a policy in place and medicines were stored securely. The medication room was clean and well maintained.
- Medicines were only administered by staff who had been trained and assessed as competent.
- Records of administration were well maintained and in line with best practice.

Preventing and controlling infection

- Wistaston House had systems in place to reduce the risk of infection.
- Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.
- As the service is new, the Food Standards Agency had not yet visited to award a food safety rating. We checked the kitchen and records and found these were maintained in line with current requirements.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. There was a policy in place and staff understood how to report and record all incidents that may occur.

- Accidents and incidents were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as making referrals to other healthcare professionals for advice and guidance.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- There was a system in place to ensure that, where a person lacked the capacity to make a particular decision, a mental capacity assessment was completed. However, some of the records when a decision had been made in a person's best interests were incomplete. We also found DoLS applications had been made when needed, however we saw in one case that the conditions attached to an approved DoLS had not been met. We discussed both issues with the registered manager who immediately took steps to rectify this.
- Some people living at the service experienced long-term mental health needs and were subject to conditions under the Mental Health Act 1983 (MHA) when they moved into Wistaston House. In one case, it was unclear if the legal condition was still in place. The registered manager made immediate enquiries to establish this information and update the person's support plan.

We recommend the provider reviews its current processes to ensure records relating to DoLS and a person's legal status under the MHA are updated.

- Staff did demonstrate a clear understanding of the need to establish consent from people and we observed consent being sought throughout the inspection.

Staff support: induction, training, skills and experience

- Staff did not always receive all the training they needed to do their job well. Although there was a wide range of training completed by staff, they had not completed autism training at the time of our inspection.

We discussed this with the registered manager who explained that the training date had been missed. The registered manager had made arrangements for staff to complete an on-line basic autism awareness course until the full training could be completed and staff were in the process of completing this. Following our inspection, we received confirmation that all staff had completed this course.

We recommend the provider ensures that all staff receive a more comprehensive level of autism training, so they have the necessary skills and knowledge to fully meet the needs of the people receiving a service.

- Staff received a full induction when they started working at the service. We spoke to one new night staff member who was working day shifts to familiarise themselves with care plans and getting to know people living at the service before commencing regular night shifts.
- Staff felt well supported. They had received regular supervisions and felt able to raise any issues they had with the registered manager.

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

- Some of the people living at Wistaston House had previously spent a significant amount of time living in inpatient mental health services. Moving was planned at their own pace. People could visit and have overnight stays before moving in.
- People's needs were fully assessed prior to moving into the service and support plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.

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

- People were encouraged to maintain a balanced diet and support was clearly identified in support plans.
- Menu's were developed with people and staff were fully aware of people's dietary needs.

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

- People confirmed they were supported to attend all health appointments and see their doctor if they were unwell.
- Records of all healthcare appointments and their outcomes were written in support plans. This included where staff had made referrals to specialist services in response to changing needs.

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

- The living environment was of a high standard. It was light, bright and modern. There were numerous communal areas for people to use and there was access to wi-fi throughout.
- Bedrooms were decorated according to personal taste and were appropriate for people's individual needs. One person told us they, "loved their new bedroom."

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.

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

- We observed warm interactions between staff and people living at Wistaston House and staff knew people well. There was a relaxed friendly atmosphere and lots of laughing and joking between people and staff.
- People we spoke to were positive about the care they received and confirmed there were no restrictions placed on their preferred routines. One person told us, "Staff are okay, they are nice."
- Relatives also told us that their loved ones appears content living at the service and had built positive relationships with staff.
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

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

- We saw through records people were involved in the development and review of their support plans and we also observed people expressing their views and making everyday decisions.
- When needed, people had access to independent advocacy.
- People were also involved in the review of any accidents and incidents they were involved in to reflect on their care and make changes to support plans where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People had developed in confidence as a result of living at Wistaston House and we heard positive examples of how people had formed trusting relationships with the staff team. Staff spoke with pride of the progress people had made.
- People's privacy and dignity was respected, and we observed people being treated with dignity and respect throughout our inspection. Staff were able to provide examples how they protected people's privacy.
- Staff supported people to develop independent living skills through encouraging people to cook meals, do their own laundry and manage their own money when participating in activities within the local community.

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

- People received care that met their personalised needs and preferences. Support plans were person centred, and accurately captured the choices and decisions that people could make for themselves.
- The service promoted a calm and relaxed environment where people could successfully live as independently as possible.

Meeting people's communication needs

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 communication needs of people were assessed and support plans contained detailed information about people's communication needs.
- Key policies and procedures relating to people's care were available as pictorial versions and the registered manager explained all information about the service was available in alternative formats upon request.

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

- People were supported to pursue their interests and hobbies and we saw people participating in a variety of activities during our inspection including family visits, shopping trips and going out for a coffee. People were offered choice and different options and were encouraged to make their own decisions how to spend their time.
- Support plans clearly identified the activities and hobbies people were interested in as well as the core relationships with family and friends people wanted to maintain. Support plans also identified how these needs would be met.

Improving care quality in response to complaints or concerns

- People were confident in raising concerns and complaints were effectively managed. There was a complaints policy in place and information about how to raise a complaint was provided to people and clearly visible on notice boards.

End of life care and support

- The service was not currently supporting anyone with end of life care however the manager could access

end of life care training for staff if needed.

- Important information was recorded in support plans when people's wishes and feeling had been established.

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 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; Continuous learning and improving care

- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service however they had failed to notify the CQC of an event requiring statutory notification. This was discussed with the registered manager who responded immediately to rectify this and we will address this with the provider outside of the inspection.
- The provider had recently introduced an improved system of governance. This included new documentation and audits which had been implemented by the registered manager and the provider's quality team. Although this didn't identify all of the issues we raised through the inspection, we found it was effective in identifying and driving quality improvements. There was an improvement plan in place which the registered manager was working through with the support of the area manager.

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

- There had been a number of changes in the management structure since the service registered with the CQC in January 2019, however staff consistently told us the registered manager was fair and approachable. Staff also told us they felt supported and they were confident that if they had any issues the current management team would "get things done."
- Positive feedback about the current management team was also received from relatives who spoke positively about all the staff working at Wistaston House.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and regular meetings took place with people living at the service. At these meetings views were sought from people and decisions made about changes in menus, ideas for activities and decoration of the service.
- Staff were engaged and motivated and felt valued in team meetings where they felt able to share their views and feel they are listened to by the management team.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people. One visiting professional told us the registered manager had been "great" in planning the successful transition of a new person into the service and the service had come recommended by another community health team.

