

# Heathcotes Care Limited

# Heathcotes (Blythe Bridge)

## Inspection report

Southlands  
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## Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

### About the service

Heathcotes (Blythe Bridge) is a residential care home registered to provide accommodation and personal care to up to eight people who have a learning disability. At the time of the inspection five people were in residence. Three people were away on holiday.

Heathcotes (Blythe Bridge) is located on two floors which is accessed via stairs. All bedrooms are single occupancy. Bath/shower rooms were located on both floors. People had access to communal areas and a garden at the rear of the property. People who use the service do not have any physical disability. Hence, there were no aids or adaptations in place.

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.

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

At our previous inspection we found there were insufficient staffing levels to meet people's assessed needs. At this inspection the provider had taken action to ensure there were enough staff on duty. At our last inspection we identified that the provider's governance was not entirely effective to monitor the staffing levels in the home. The provider had now taken sufficient action to address this.

People were protected from the risk of potential abuse because staff were aware of how to safeguard them. Risk management was effective to reduce the risk of harm to people. People's prescribed medicines were managed by skilled staff. People were supported by staff to keep their home clean.

The undertaking of care assessments ensured people received a service specific to their needs. Staff were skilled and had access to supervision sessions. New staff were provided with an induction to ensure they had the skills to care for people. People were supported by staff to purchase, prepare and to cook their meals. The registered manager worked with other agencies to ensure people received a safe and effective service. People were supported by staff to access relevant healthcare services when needed. The environment was equipped with all the essential furnishings to ensure people's safety and comfort.

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.

People were cared for by staff who were kind and attentive to their needs. People were encouraged to be

involved in decisions about their care which was delivered in a way that promoted their right to privacy and dignity.

People's involvement in their assessment ensured their needs were met appropriately. People were supported by staff to pursue their interests. Complaints were listened to, taken seriously and acted on. At the time of our inspection no one was receiving end of life care.

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 service promoted a positive culture and the management team was described as supportive and approachable. Staff were clear of their roles and understood their responsibilities under the duty of candour. The provider engaged people and worked in partnership with others. The registered manager could demonstrate continuous learning to ensure people received a service specific to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 9 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led.

Details are in our well-Led findings below.

Good ●

# Heathcotes (Blythe Bridge)

## 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

The inspection was carried out by one inspector.

#### Service and service type

Heathcote (Blythe Bridge) 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service and two care staff. We also spoke with the registered manager and the regional manager.

We reviewed a range of records. This included two people's care records, medication administration record, quality monitoring audits. 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our previous inspection we found there were insufficient staffing levels to ensure people's assessed needs were met. At this inspection we found the provider had taken action to address this.
- One person who used the service said, "I have one to one hours and staff are always available to support me."
- A staff member told us, "The registered manager always makes an effort to ensure there are enough staff on duty."
- The staff rotas showed that enough staff were provided to support people.
- People were supported by staff who had been safely recruited.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home.
- Staff told us they had received safeguarding training and demonstrated a good understanding of various forms of abuse and how to safeguard people from this.
- One person said, "I feel safe here because the staff and other people make me feel comfortable, especially the registered manager."
- The registered manager was aware of when to share information about abuse to the local authority safeguarding team to protect people from the risk of further harm.

### Assessing risk, safety monitoring and management

- The risk to people was assessed with the involvement of the person. A risk assessment was put in place to support staff's understanding about how to mitigate the identified risk.
- One person told us they had been involved in developing their risk assessment and said they understood the measures in place to ensure their safety.
- The registered manager had taken appropriate measures to review, assess and to support people to manage their behaviours.

### Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- People told us that staff managed their medicines and they received them when needed.
- One person said, "I've got a cold and the staff gave me some painkillers."
- Medicines administration records were signed to show medicines had been administered as prescribed.
- Medicines were stored appropriately in accordance to the pharmaceutical instructions.

### Preventing and controlling infection

- The cleanliness of the home was maintained by the care staff.
- Staff encouraged and supported people to clean their bedroom and to do their laundry.
- We observed that the home was clean and tidy.
- Audits were in place to monitor and ensure hygiene standards were maintained.
- Staff told us they had received infection, prevention and control training.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of cross infection.

#### Learning lessons when things go wrong

- Accidents were recorded and reviewed monthly for trends and where necessary, measures were taken to mitigate a reoccurrence.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- We did not see any oral health care plans in place and the registered manager confirmed these were not in place. The registered manager told us people had access to routine dental checks. The registered manager assured us that action would be taken to ensure care records contained an oral health care plan.
- People told us they had access to routine health screening and the care records we looked at confirmed this.
- We looked at two care records that showed the involvement of other healthcare professionals to promote people's physical and mental health.

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

- We looked at two care records that contained evidence of the undertaking of a pre-admission assessment. Assessments were also carried out by healthcare professionals to ensure people received the appropriate support.
- People were involved in all their assessments. One person told us their views were listened to.

Staff support: induction, training, skills and experience

- People were cared for and supported by skilled staff.
- Staff told us they had access to training relevant to their role and responsibilities and the training record we looked at confirmed this.
- New staff were provided with an induction into their role. One staff member told us, "My induction gave me a better understanding of my role and what was expected of me."
- Staff told us they received one to one supervision sessions. One staff member told us, "The registered manager is very good at telling me what I'm good at and where I need to improve."

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

- People told us they were supported by staff to do their food shopping.
- One person told us, "I make a mean sandwich and a good brew."
- Staff encouraged people to participate in food preparation and cooking.
- People told us they had a choice of meals. One person told us, "Before I moved into the home I told the staff about the foods I like and things I don't."
- People told us they had access to drinks and snacks at all times.
- Staff were aware of suitable meals for the individual with regards to their health condition and their preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in conjunction with other agencies to ensure people receive a seamless service. These included healthcare professionals, social workers and advocacy services.

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

- The home was located on two floors which were accessed via stairs.
- People told us their bedrooms were comfortable and they were able to decorate their room to reflect their interests. One person told us, "I've got a nice bedroom and I painted it myself."
- The home was in keeping with other properties in the area.
- People had access to toilets, bathroom/shower areas that were located near to communal areas.
- People had access to a garden at the rear of the building.

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.

- The registered manager told us three people had an authorised DoLS in place. A further five applications had been made to deprive people of their liberty. This was because all the people who used the service either lacked capacity to make a decision or required constant supervision.
- We observed the undertaking of MCA assessments to ensure the application for a DoLS was appropriate.
- One person told us they were actively involved in meetings about them and was aware of why restrictions were in place for them.

## 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- One person told us, "I get on well with the staff." They continued to say, "All the staff treat me well and they have time for all of us and understand our behaviours."
- The same person told us, "I can't praise these guys (staff) enough, they'd made me feel so welcome."
- Another person told us, "I am happy living here, everyone one treats me nice."
- Staff demonstrated a good understanding of people's needs. One person told us, "I think staff have a good understanding of our needs."
- The registered manager told us that equality, diversity and human rights (EDHR) was covered during staff's induction and staff were provided with a three yearly refresher training. Access to this training should ensure staff have a good awareness of how to promote EDHR in their work practices.

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

- People were encouraged and supported by staff to be involved in decisions about their care and support.
- One person told us, "I am involved in all meetings relating to me and staff listen to me."
- Care records were in a format that promoted people's understanding.
- People told us they were happy with the care and support provided to them.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Staff respect my dignity and privacy. No one comes in my room. If I am unwell the staff will check on me."
- The staff we spoke with demonstrated a good understanding about promoting people's right to privacy and dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager told us that an assessment of people's needs was carried out before they moved into the home. This was confirmed by one person we spoke with. They told us, "During my assessment they asked me about my likes and dislikes."
- The care records we looked at provided staff with information about the person's history and diagnosis. Access to this information enabled staff to provide people with the appropriate care and support.

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.

- Although the registered manager was unaware of the AIS, they were able to demonstrate that information provided to people was in a format suitable to the individual. For example, documents were provided in an easy read format or pictorial.
- The provider used technology to assist people to communicate. For example, electronic tablets.

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

- The people we spoke with told us they were provided with one to one support. This enabled them to access social facilities within the local community.
- At the time of our inspection three people were on holiday.
- One person told us about their past aspirations to visit places. They told us that since living at the home staff had supported them to visit these places.
- People were encouraged and supported by staff to do daily domestic tasks to promote their independence. One person said, "I tidy my room and help with the delivery and putting things away."
- All the people and the staff we spoke with confirmed the service was diverse to meet people's specific needs. People and staff told us that everyone was treated fairly, regardless of their ethnicity, religion, sexuality and protective characteristic.
- People were supported to maintain contact with people important to them. One person told us, "My parents are able to visit me."
- The registered manager said people would be supported to develop skills to enable them to live semi-independent in the future.

Improving care quality in response to complaints or concerns

- The provider had received three complaints since the last inspection. These had been recorded and the registered manager was able to tell us what action had been taken to address them.
- We spoke with two people who told us if they were unhappy they would talk to the registered manager or a staff member.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, information relating to people's wishes in the event of their death was contained in their care record.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found that the provider's governance was ineffective to assess and to monitor staffing levels to ensure people were adequately supported.
- At this inspection we found that the provider had taken action to ensure sufficient numbers of staff were on duty at all times to meet people's needs. Where deficits were identified on the rota, agency staff were provided.
- We saw systems were in place to assess, monitor and to improve the quality and safety of the service provided to people.
- House management checks were carried out to ensure firefighting equipment were in working order.
- Infection, prevention and control audits were in place to promote good hygiene standards within the home.
- We saw audits were carried out to ensure water temperatures were maintained to mitigate the risk of scalds.

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

- One person who used the service told us, "I feel the home is run well, It's five star. I would recommend the home."
- A different person told us, "I like it here, it's my home."
- People were encouraged and supported to be involved in staff recruitment. This enabled them to have a say who worked with them.
- A staff member told us, "The management support is very good." They continued to say, "It's a very friendly and homely service. I would be happy for my loved one to live 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

- The registered manager understood the duty of candour and was active in reviewing the service provided to people to mitigate any potential risks.

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

- People were supported by staff to have a positive presence within their local community.
- People were assisted by staff to access local facilities and places of worship. One person who lived at the

home worked on the local radio station.

Continuous learning and improving care

- The registered manager had aspirations to continue to support people to enhance their skills, to enable them to live a lifestyle of their choice and to live more independently.

Working in partnership with others

- The registered manager worked with healthcare professionals and social workers to provide a safe and effective service for people.