

Heathcotes Care Limited

# Heathcotes (Rotherham)

## Inspection report

74-76 Gerard Road  
Rotherham  
S60 2PW

Website: [www.heathcotes.net](http://www.heathcotes.net)

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18 December 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 Rotherham is a residential care home providing personal care to adults with learning disabilities and autism. The service is registered to provide care for up to six people in one building. There were six people living at the home at the time of inspection.

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

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.

Medicines were not always safe. We have made a recommendation about the management of some medicines. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and professionals were happy with the care and support they received and spoke positively about staff and the manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

People were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development. People knew how to complain and were confident to do so. There had not been any complaints since the service had been open. Quality assurance processes, such as audits, were used to identify areas for

continuous improvement.

There was a positive and person-centred culture, promoted by the manager. People, staff and professionals spoke highly of the manager and her dedication to the people and service. Staff told us they were well supported. The registered manager understood their regulatory responsibilities.

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

This service was registered with us on 14/01/2019 and this is the first inspection.

Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### 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 (Rotherham)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to 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 Rotherham 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 although the day to day running of the service was carried out by a manager who was in the process of being registered. 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

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

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.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the manager, regional manager and two care staff. We reviewed a range of records. This included three people's care records. We looked at a 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 as requires improvement. This meant 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.

### Using medicines safely

- We identified improvements were needed to medicines management during the inspection site visit. For example, we noted a delay in the time of medicine administration and the signing of the medicines administration record (MAR),
- Staff had not consistently checked the temperature medicines were stored at. This is important as medicines may become less effective if they are not stored as per the manufacturer's guidelines.
- There were instances when the administration of controlled drugs was only recorded by one signature.
- People were receiving their medicines as prescribed by health care professionals. A person told us, "I always get my tablets on time."
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had.
- MAR records had been completed in full and there were no gaps in recording.
- Medicines were stored securely in locked cabinets in locked rooms.
- Training records confirmed that staff responsible for administering medicine had received medicines training.

Whilst there was no specific evidence of harm to people, we recommend the provider adopts good practice standards described in relevant national guidance, and as referenced within their policies.

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

- People were protected from abuse. One person told us, "I am safe and well looked after here."
- There was a safeguarding policy in place and staff had received training and were provided with information regarding who to report potential safeguarding concerns to.
- The manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.
- Staff confirmed they would inform the registered manager and knew where to go outside of the organisation if they had any concerns.

### Staffing and recruitment

- There were sufficient numbers of staff. We saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People we spoke with confirmed this.

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

#### Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments in place. For instance, road safety and going into the community without staff.
- The provider took appropriate steps to make sure the premises and appliances used were maintained in a safe way. There were regular checks on safety equipment, such as fire alarms and emergency lighting. Arrangements were in place to make sure cleaning products which could be dangerous to people were locked away.

#### Preventing and controlling infection

- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The service was clean, free from odours and had infection control procedures in place. We saw hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure appropriate actions would be taken following any incidents. These would be investigated, and outcomes shared with all staff. We saw risk assessments were updated and changes made to care plans if required.
- Formal analysis of any themes and trends would be identified and considered by the service, in order to identify any patterns and to support greater oversight.



# 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

- The service had an assessment process in place to identify people's needs before they started using the service.
- Assessments and care plans provided clear guidance for care staff to follow. They reflected people's individual care and support needs to ensure their care was delivered effectively.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had accurate, up to date information about each person they supported.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with knowledge and understanding of the organisation and their roles. For example, new starters shadowed experienced staff to get to know people they would be caring for. Staff we spoke with told us they always had someone to seek additional support from. One staff member said, "There is always someone to get advice from if you need to, it's really supportive."
- Staff told us the training they received was of good quality and enabled them to carry out their roles effectively. One staff member said, "I think the training is very good. I know I benefit from it."
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

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

- Staff involved people in choices about what they ate. Staff used pictures to help people make choices. These were kept on the refrigerator to remind people of the agreed menu for that day.
- People had a balanced, healthy diet. Staff prompted people to make healthy choices whilst respecting their preferences. People told us they enjoyed mealtimes.

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

- The decoration and design of the home met the needs of people living there. The atmosphere was as home-like as possible, with comfortable furnishings, suitable shared areas, private bedrooms and an activities room.
- People had choice and control over their environment. They told us they could choose the colour scheme in their rooms and staff consulted them about choices in the shared areas. People had personal items in the shared rooms, as well as in their bedrooms.

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

- People were supported to access healthcare support as needed. Care plans included details of specialist healthcare professionals who supported people to live healthier lives, such as occupational therapists, GPs and community nurses.
- People's health needs were considered and planned for. People had health action plans and health assessments which planned how their health needs would be met. Records were kept of healthcare appointments.
- The support people needed around oral care was assessed and recorded. These showed how often they needed to see the dentist and any specific guidance for staff on how best to support people to maintain good oral hygiene.

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

- Staff worked with other agencies when people moved into the service. One member of staff told us, "We get a handover and assessment from the person or organisation referring the person. We get as much information as possible from anyone who has input into the person's care and support."
- Transitions into the service had been planned, so people could visit and become familiar with the service. One senior community nurse told us, "The service dealt with an urgent placement very well. All aspects of the move were done professionally and with care. Excellent all round."

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 were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the manager had made an application to the relevant supervisory body. We saw that where a DoLS had been authorised, the service was following the conditions of the authorisation.

# 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

- People told us staff were kind and caring towards them. One person said, "All the staff are very nice to me."
- We observed staff interacting with people and found they were supportive, kind and caring. Staff knew people's communication needs well and were able to engage effectively with them.
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member said, "It's a great place to work. Seeing people happy is fantastic."
- Training records confirmed that staff had received training and understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with family and friends.

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

- The provider encouraged people to take part in decisions about their care. Staff held regular house meetings where people living at Heathcotes Rotherham could put anything they wanted on the agenda. If people wanted to, they were involved in staff recruitment interviews.
- Staff had supported people to go shopping to choose furnishings for personal and communal areas of the home.
- People had regular reviews of their care and support. This included the person and if appropriate, their family, staff who worked closely with them, and representatives from health and social care services.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. A member of staff told us, "I always knock and announce when I am coming into a room, it's just being respectful as I am in their home."
- Staff understood the importance of confidentiality. Care plans and information about people were kept securely.
- People were treated with dignity. Staff listened to people's choices and respected their decisions. Staff had training in privacy and dignity.

# 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

- Each person living at Heathcotes Rotherham had a care plan which was personalised and had been developed from the knowledge gained during the assessment process and other information provided from health and social care professionals.
- The service had a process of ensuring care plans were accurate and up to date, although this was not always effective. Most care plans were reviewed routinely and when people's needs, or health changed. We found instances where some parts of the plan had not been updated with the frequency expected by the provider. The manager and regional manager told us this would be rectified immediately through individual supervision and team meetings.
- People were involved in monitoring and reviewing their care plans, so they reflected people's current routines, likes, dislikes and aspirations.
- People's care plans clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. People's care plans detailed their preference for how they would like to be supported with their personal care. People's care plans also identified their strengths and areas of independence. For example, care plans identified which aspects of their daily life people were able to manage independently.

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.

- Information was available in range of formats, for example, easy read or large print.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

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 encouraged and, where required, supported to maintain contact with family and friends and links with the community.
- The service supported people to take part in activities that were relevant to their interests and social needs. One person told us, "I love going to town, I'm getting ready to go now."
- The provider supported people to avoid social isolation. There was an activities room with craft supplies and access to computer games. We also saw a table football game which staff said people used regularly.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy. Although they had not received any complaints since beginning the service there were several compliments. These included; "It was a pleasure to train your staff, the atmosphere of the whole place was brilliant" and from the police, "Thank you for your endeavours regarding the missing person. The work helped the police enormously. A demonstration of your dedication and professionalism."
- People were confident that if they had any concerns or worries they would be listened to and action would be taken to rectify their concerns. One person told us, "I have no concerns at all. If I did, I would talk to the manager."

#### End of life care and support

- At the time of our inspection, nobody living at the home was receiving end of life care.
- The manager and staff were able to demonstrate how they would seek support from other health professionals in the event of a person requiring end of life care support.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager told us the ethos of the service was to provide support and enhance the potential for people. They focussed on positive behaviours and encouraged positive outcomes.
- Throughout the inspection we observed examples of people being included and empowered to make decisions about their wishes and preferences. For example, we saw staff asking people to make choices about their care, food, clothing and going into the community.
- A senior community nurse told us, "The staff and manager are very dedicated and provide a very professional service for the individuals they support. "

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 manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The service was led by an experienced manager and staff felt well-supported. One staff member told us, "The manager is very supportive, knowledgeable and involved. They help to make it a great place to work."
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge. They told us they found these meetings useful and their contribution was valued.

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

- Records confirmed the service sought the views of people, their relatives and professionals to assess and improve the running of the service. One person told us, "They [staff] always ask me what I think."
- We saw meetings took place with people in both group and individual settings. Topics people discussed with staff included; achievements, living at the home, activities, family and friends, menu planning staff and any concerns they may have.

#### Continuous learning and improving care

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. There were also periodic audits carried out by a dedicated quality assurance team. Where issues were identified by these audits an action plan was produced to improve the service. Where issues had not been identified, for example, the weekly medication audit did not highlight the single signing of the controlled drugs book, the management team assured us this would be rectified through individual supervision and team meetings.
- The regional manager told us how incidents at any of the provider's services would be assessed and any learning would be disseminated across the organisation

#### Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare needs. People had regular healthcare checks with their GP.
- The provider had a positive relationship with the local authority, including the learning disability and safeguarding teams.