

Heathcotes Care Limited

Heathcotes The Gables

Inspection report

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Date of inspection visit:
05 June 2019

Date of publication:
25 June 2019

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 The Gables is a care home situated in a suburb of Lincoln. The home can accommodate up to eight people who experience learning disabilities and/or autism.

The accommodation is made up of a main house which can accommodate six people and two single person flats on the same site. On the day of the inspection four people were living in the main house and two people were living in the flats.

People's experience of using this service

Heathcotes The Gables had been designed and developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence.

The home applied those principles and values and other best practice guidance. The outcomes for people reflected this. 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's rights under the Mental Capacity Act (2005) were respected and upheld.

People told us they felt safe living at Heathcotes The Gables. Staff understood how to protect people from the risk of abuse and plans were in place to minimise any identified risks to people's health and well-being. People received their medicines as required.

There were enough staff, who were well trained and supported, to make sure people received the care and support they needed in a personalised way. People had access to healthcare when they needed it and staff sought advice from specialist health services wherever it was appropriate. People were encouraged to have a balanced diet to help them stay healthy.

The registered manager and staff knew people well and treated them with care and respect. People were involved in planning and reviewing their care where they were able to be. Staff sought out opportunities for people to develop their life skills and independence.

Systems were in place to monitor the safety and quality of the services provided for people. The registered manager promoted an open and inclusive culture where people, and the staff who supported them, could express their views and opinions and be involved in the running of the home.

Why we inspected

This was the first planned inspection for Heathcotes The Gables following their registration in June 2018.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are 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 The Gables

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heathcotes The Gables 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.

A manager who was registered with the Care Quality Commission was employed in the home. 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 was an unannounced inspection.

What we did before the inspection

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We also had contact with commissioners who had a contract with the registered provider.

What we did during the inspection

We spoke with four people who lived in the home and observed how staff interacted with them. We also spoke with the registered manager, three of the care staff, an interim operational manager and a member of the registered provider's quality assurance team.

We looked at the care records for three people, including medicine records, and we looked around the premises with one person who lived there. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment, safeguarding information and accidents and incident information.

What we did following the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Heathcotes The Gables. When we asked one person about feeling safe they said, "Yes," nodded their head and smiled at the staff member who was supporting them. Another person said, "I think I'm safer here than other places I've been. I've got a problem with [description of need which puts them at risk] but they've worked with me and I've been a lot better over the last couple of weeks." A further person told us, "Safe, yes, thank you very much."
- Staff demonstrated their understanding of how to identify and report any situation in which they felt a person was at risk of harm or abuse. Records showed the registered manager had worked with the local authority safeguarding team to investigate and resolve any issues of this nature

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been assessed and management plans had been developed to minimise the risk of harm occurring. The plans were regularly reviewed.
- Everyone who lived in the home had a personalised evacuation plan in place to minimise risks in the event they had to leave the building in an emergency. During the inspection the fire alarm sounded and all of the people who were at home and staff evacuated swiftly and to the appropriate safe place.
- Staff demonstrated their awareness of people's risk management plans and followed the guidance in the plans. We saw, for example, one person had been given sole use of an upstairs lounge and sensory room in preference to other communal lounges due to their assessed needs. Records showed this had reduced the frequency of behavioural events and the person was now choosing to spend short periods of time with others who lived there, such as joining them in the dining room for a meal.
- Staff were trained in a behaviour management technique called Non-Abusive Psychological and Physical Intervention (NAPPI). This is an accredited approach to managing behaviour with an emphasis on positive behaviour support. A member of staff told us, "We're trained to avoid incidents happening wherever we can."
- We saw one person suddenly became distressed and displayed behaviour which put them at risk of harm. Staff kept the person safe by using a minimal amount of restraint and quickly redirected the person towards a more positive behaviour. The registered manager reviewed the event and took immediate steps to minimise future risk and the need to use a restraint method.

Staffing and recruitment

- The registered provider employed enough staff to ensure people's needs were met in a timely way. Each person was supported by a dedicated staff member throughout the day. Some people had extra support hours which meant they were supported by two staff members when engaging in certain activities. During the night the people who lived in the flats were supported by their own staff member. In the main house there were two waking staff and one sleep-in staff who could be called upon should the need arise. The

registered manager told us the sleep-in staff was an interim arrangement due to one person's current needs.

- People told us there were enough staff on duty. One person said, "There's always someone around I can go to. There's a staff for everyone. I go to [registered manager] a lot."
- Potential new staff were assessed for their suitability to work with people who lived in the home, which included interviews and pre-employment checks such as with the Disclosure and Barring Service (DBS).
- The registered manager told us how they encouraged people to take part in the recruitment of new staff members. One person told us how they took part in interviews and said they "enjoyed" doing so.

Using medicines safely

- People told us they received their medicines as prescribed. Care plans recorded how people preferred to take their medicines and we saw staff were aware of and followed these preferences.
- Staff demonstrated an understanding of why people took their medicines and what to do if a person refused to take them. For example, one member of staff described how they would immediately contact a health professional for advice if a person refused medicines prescribed for epilepsy.
- Most arrangements for the administration of people's medicines were in line with good practice and national guidance. However, we noted a potential risk in the way people who lived in the two flats received their medicines. The registered manager and team leader took immediate action to eliminate the risk and communicated this to all staff.
- Care plans recorded how and when to administer medicines people only required at certain times (known as prn medicines). The plans indicated how the person expressed themselves and when medicines should be administered. This meant people would receive their medicines in a consistent way.
- The registered manager was aware of the national STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines) initiative. They told us how they were working with health professionals to review people's medicines and we saw this was recorded in people's care records.

Preventing and controlling infection

- During a tour of the home we saw all communal areas were kept clean and tidy. We spoke with a person who told us they liked to keep their flat clean and tidy and staff helped them to do this. Another person told us staff helped them to keep their bedroom clean but they chose not to always tidy up.
- Staff had received training about infection prevention and control and demonstrated their understanding of the subject through, for example, correct hand washing procedures.
- An external agency had recently awarded the home the highest rating for food hygiene processes.
- We spoke with the registered manager about some minor damage to sofas in communal lounges. This was caused by the movement of a wheelchair. The registered manager was aware of the damage and the impact this had on keeping the areas clean. They told us they were currently reviewing how best to address the issue for the long term.

Learning lessons when things go wrong

- The registered provider had systems in place for reviewing accidents and incidents.
- The registered manager showed us how they used the reviews to learn lessons to minimise the risk of accidents or incidents happening again in the future. We saw in records of staff meetings the registered manager reinforced the importance of debriefing and learning lessons after accidents or incidents had occurred.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care files contained information about how people expressed their decisions and choices and how staff should support them to do so. Where people were not able to make a clear, informed decision, best interests decision making processes were recorded. However, we found one best interest decision making process had not recorded the involvement of others who were involved, such as family and health professionals. The registered manager told us what they would do to resolve this and said they would review all best interests records to ensure similar omissions had not been made.
- Three people were subject to DoLS authorisations and the registered manager told us they had applied for one further authorisation following a review of a person's behaviour management plan. We saw staff were following the conditions set out in the authorisations.
- Information was available around the home about MCA and DoLS principles and staff told us about the training they received about the subject.
- We saw people who were able to had consented to their care plans. One person told us how they worked collaboratively with staff and their social worker to develop care plans and agreements that helped to keep them safe.

Staff support: induction, training, skills and experience

- The registered provider had an induction programme in place for new staff, which included the Care Certificate. This is a set of common induction standards for social care staff.
- Staff records showed they had completed an induction when they started work at the home. Staff confirmed this when we spoke with them. One member of staff said, "I had a really good induction. I've worked in places like this before but I learned a lot." Another member of staff described how they had been

able to shadow more experienced staff and get to know people who lived in the home. They said this had helped them to understand people better and support them more effectively.

- When we spoke with newer members of staff they demonstrated a clear understanding of people's needs and wishes and a commitment to supporting people to lead meaningful lives.
- All of the staff we spoke with said that on-going training and development was high on the registered manager's agenda. We saw that a manager from the registered provider's organisation has recently worked with staff to set out learning and development plans. This helped to encourage staff to develop a reflective approach to their work and set goals for their career development.
- Records showed, and staff told us, they received regular supervision and support from the registered manager and team leaders. The registered manager told us how the new learning and development plans would be reviewed at supervision sessions to ensure they remained up to date and reflective of staff's progress.

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

- People told us they enjoyed the food they had in the home. One person told us, "I don't really like eating much but I make what I want and staff help me when I need it." Another person told us how they were supported to cook in their flat and ate the foods they enjoyed.
- Staff demonstrated a clear knowledge of the foods people preferred to eat. They were also aware of who needed support with issues such as weight loss or foods to be avoided.
- We saw in team meeting records how the registered manager monitored people's food and fluid charts to ensure they were completed properly and any identified issues were managed appropriately.
- During the inspection we saw people had access to hot and cold drinks when they wanted them. Staff we spoke with understood the importance of providing people with a balanced diet and enough fluids to maintain their health. Throughout the inspection we saw staff encouraged people to make healthy choices.

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

- People told us they were supported to see healthcare professionals when they needed to. One person told us how staff had supported them to engage with a specialist group to help them overcome an issue that was affecting their physical and mental health. They told us they were "ready" to accept the help and hoped it would be a positive step for them.
- Staff were aware of people's healthcare needs and demonstrated their understanding of how those needs may affect the person's life.
- Care records showed when people had attended healthcare appointments such as with their GP or specialist hospital consultants.
- Care records showed that staff used nationally recognised tools to assess and monitor people's skin condition where they were at risk from the effects of pressure on certain parts of their body.
- The registered manager and staff worked with other organisations, including social work professionals, to help people maintain and develop meaningful lives. During the inspection we saw one person was supported to meet with a social care professional and staff from other care homes in order to plan for their future.
- We saw other examples where staff had developed links with education and work facilities to support people to develop their skills of independence.

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

- People's private rooms were comfortably furnished and decorated to their own taste.
- There were several communal areas in the main house and people who lived in the two flats had their own lounge, kitchen and bathroom.
- Suitable equipment was in place for those who needed it, such as a hoist. The registered manager told us that following the review of a person's needs they were awaiting a new hoisting system and bath to be fitted

in the person's en-suite bedroom to enhance their care experience.

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

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 or indicated to us they felt well cared for by staff. One person told us they "love it" living at the home, pointed at staff and said they were "lovely." Another person said staff treated them with respect and listened to what they had to say. They added, "They talk to me not at me."
- We saw that people were relaxed in the company of staff and engaged freely with them. Staff spoke with people in a calm and respectful manner and gave them time to express themselves. Staff knew when people needed time to be on their own and facilitated this.
- Staff were skilled at understanding the ways in which people expressed their needs, wishes and emotions. A member of staff told us, "You have to look at what's happening all around and not just what [the person] shows; there's always a reason."
- Staff received training about equality and diversity issues and demonstrated their understanding of protected characteristics during the inspection. One staff member said, "Everyone is different, they all have their own ways of living; we respect that here." Another member of staff described how they supported a person to maintain the aspects of their cultural heritage that were meaningful for them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff encouraged people to make their own decisions and choices; from choosing their drinks to deciding what activities they wanted to do. One person showed us how they wrote their daily care notes so that they had more involvement in how their care is delivered.
- We observed how staff responded to people's views about their support and the changes they wanted to make. An example of this was a person who wanted to take a trip into the local community. The person discussed with staff the aspects of the trip they wanted to change and they reached an agreement that would ensure the person's safety whilst enabling them to do what they wanted. When we spoke with the person later they described their experience of living in the home as "being more in control" of their life.
- People were encouraged to maintain their independence wherever they were able to. We saw people were supported to engage with tasks in the home such as laundry and cooking. We also saw that staff supported people to engage in education and work placements to further develop their skills.
- Information was available for people about lay advocacy services. These services can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them. One person told us they had used these services and knew how to contact them if they had need to in the future.
- People had their own spaces to go to when they wanted privacy. Each person had an en-suite bedroom and two people had their own flat. One person had the use of a lounge and sensory area as they did not like to engage with others for much of their day.

- Staff understood the importance of maintaining confidentiality regarding people's personal information. We saw in team meeting minutes that the registered manager monitored the security of people's personal information and reinforced this with the staff team. Care records were securely stored and computers were password protected.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
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 registered manager was aware of AIS and had systems in place to meet the standard, as shown throughout this report.
- People's needs were assessed before they moved into Heathcotes The Gables. We saw that people were offered the opportunity to visit the home or have overnight stays before the decision was made to move in. Where appropriate, staff also visited and worked with people at their current placement so they had time to get to know each other. The registered manager acknowledged that everyone had different needs and preferences so transition arrangements were personalised to suit.
- People, where they were able to be, were involved in developing care plans based on their needs, wishes and aspirations. An example of this was where one person had set out a plan called 'How to respect my privacy.' The person had also included information called 'What people admire about me.' This helped staff to understand what was important to the person.
- Care plans were reviewed and updated regularly to accurately reflect people's support needs. They contained pictures and images where appropriate to help people understand the information.
- The registered manager told us how they were currently reviewing different types of technology to help a person increase their participation in writing their daily care notes.
- People were supported to engage in meaningful activities and hobbies of their choice. We saw examples of people enjoying computer based activities, art work and horse riding. Other people were supported to go shopping or out to the pub. Some people liked to have a routine for their activities and hobbies and this was supported, for example, with regular days for a spa visit.
- We saw one person had expressed a wish to go on a picnic. Staff supported them to plan the foods they would take based on their dietary needs and how the trip would fit into their other routines.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure in place. It was available in an easy to read version and displayed around the home so that everyone could access it.
- Two complaints had been recorded and managed in line with the registered provider's policy. We saw that lessons had been learned from the complaints and actions had been taken to address the issues.
- External professionals had raised a poor practice issue following a visit to the home. Records showed that the registered manager had taken steps to address the issue as soon as it was raised.
- People told us that they would speak with the registered manager or staff if they had any complaints to make. One person said, "I can talk to [the registered manager] and any of the staff; they listen when I moan

and help me sort stuff."

End of life care and support

- People who lived at Heathcotes The Gables were of a younger age group and those who were able to had not yet considered their end of life needs.
- The registered manager acknowledged that some people did not have the capacity to make decisions and choices for their end of life care and support. They said in those circumstances they would use best interests processes to ensure people received the appropriate care.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather people's views about the quality of services they received such as satisfaction surveys and house meetings. Records showed that house meetings were held regularly and gave people the opportunity to celebrate their achievements as well as voice their opinions and ideas.
- The registered manager told us they had recently sent satisfaction surveys to people who lived in the home and those who were important to them, such as family members and health and social work professionals. They acknowledged that some people may not be able to complete surveys and said they would use other ways to gauge their satisfaction with services.
- People who were able to express their opinion to us were positive about the way the home was run. One person said, "Yeah, [the registered manager] does a good job." Another person said, "It's good."
- Throughout the inspection the registered manager was visible and accessible to people who lived in the home and members of staff.
- All of the staff we spoke with were positive about working in the home. They demonstrated a commitment to supporting people to live their lives in the way they wanted to and with the least restrictions. One member of staff said, "I'm 100% committed to this place and the people." Another member of staff told us they "loved" their job. They added, "We're all on the same page so people have consistency; they [people who live in the home] can do whatever they want in life; have achievements."
- Staff were equally positive about the way the home was run and the support they received from the registered manager. They told us communication within the team was good and the registered manager made sure everyone was kept up to date with what was happening. They also told us they had regular meetings at which they could share their views and ideas for the home.
- One staff member told us, "[The registered manager] is very supportive, he does debriefs after incidents; the team leaders are very supportive as well. Another staff member said, "[The registered manager] cares about his staff. I'm comfortable and confident with taking issues to him, he will do something."
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered provider had systems in place to monitor the quality of the services provided for people.

They employed a dedicated quality assurance team to support operational staff in auditing and reviewing the quality of services. We noted that the registered provider had recently updated the way in which service quality was reviewed. We were told this included more focus on observing the care provided, speaking with people who lived there and the staff team.

- The registered provider and registered manager carried out regular audits which covered areas such as the staffing, care plans, health and safety and infection control. We found where issues were identified, actions plans were in place to make improvements. This included the review of accident and incident reports to enable any trends to be highlighted. This meant that actions could be taken to reduce future risk.

- The registered manager understood their regulatory responsibilities. For example, they sent us the required information wherever necessary, such as Deprivation of Liberty Safeguard (DoLS) authorisations or injury notifications.

- The registered manager kept up to date with best practice. They told us they met regularly with other managers employed by the registered provider during which best practice was a topic of discussion. They were also working towards achieving a nationally recognised management qualification.

- The registered manager and staff worked in partnership with other organisations to support the provision of high quality care. These included local health and social care services, local authority commissioners and local safeguarding teams. We were shown communications from service commissioners which praised the care and support provided in the home.