

Heathcotes Care Limited

Heathcotes (Wigston)

Inspection report

The Vicarage
Bushloe End
Wigston
Leicestershire
LE18 2BA

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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

We inspected the service on 11 December 2018. The inspection was unannounced.

The service is registered to provide accommodation and personal care for up to eight adults with learning disabilities and autism. At the time of our inspection there were seven people using the service.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's right to take risks and become more independent.

There were sufficient staff with time to support people with their required needs. Effective recruitment processes were in place and followed by the provider. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were encouraged to have choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. Staff were also supported by managers through supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required

to enable people to have a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure people received healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests.

There was a complaints procedure which was accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

The registered manager did not manage the service as they had moved to another post in the company. The acting manager was responsible for the management of the home and stated that they were in the process of applying to be the registered manager. We will monitor this as it is a condition of registration that the service has a registered manager in post.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Heathcotes (Wigston)

Detailed findings

Background to this 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 was planned to check 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.

This inspection visit was unannounced and took place on 11 December 2018. The inspection team consisted of one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the service's aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about Heathcotes – Wigston. No information of concern was held about the current provision of personal care to people using the service.

During the inspection visit we spoke with a person using the service, the acting manager, the regional manager and four care staff. We were not able to speak with other people living in the service, as there were communication difficulties. We therefore observed how the staff interacted with and supported people in communal areas.

We looked at the care and support provided to two people who lived in the service, including their care records, audits on the running of the service and two staff recruitment records.

Is the service safe?

Our findings

A person we spoke with who lived in the service said they felt safe. They told us, "I think it is alright here."

Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They said if they had concerns about a person's well-being they would raise it with the acting manager or person in charge.

Each person had risk assessments for the activities they might need support with. This meant staff had the information they needed to keep people safe while at the same time respecting their freedom and independence.

Records showed people and their representatives were involved when risk assessments were written. Risk assessments included those for managing behaviour that could challenge and cause anxiety to people or others, and medical conditions such as epilepsy. This meant staff had clear information about how to protect people from risks to their health and welfare.

The premises were risk assessed to identify hazards and action taken to minimise risks to people. This included ensuring safe hot water temperatures and having window restrictors to prevent falls from windows. Fire precautions were in place such as regular fire drills and checks to fire systems.

Staff were aware of how to keep people safe, such as checking water temperatures before people bathed. Staff dealt with incidents of behaviour that challenged in a calm and measured way to de-escalate the behaviour. One person had a behaviour that challenged when out in the community with staff. The acting manager had reviewed the risk assessment to ensure there were enough staff members accompanying the person to protect people's safety.

There were enough staff employed to meet people's needs and keep them safe. Records showed staff had been safely recruited, so they were safe to work with people using care services.

People received their medicines safely and when they required them. A staff member who administered medication was knowledgeable and had been trained. Medicines were kept securely. Two staff checked medication before it was given to people to ensure it was correct. Medication audits were carried out daily to identify possible errors or problems.

The premises were clean, odour free and tidy. Staff were trained in infection control and food hygiene. This reduced the risk of infection being passed on.

Lessons were learnt if things went wrong. For example, a decision was taken to store a person's belongings in the manager's office to prevent self-harming behaviour. The person continued to have access to these belongings when they chose with staff supervision.

Is the service effective?

Our findings

The provider used a quality pre-admission assessment process to identify people's needs and choices before they moved to the service. Staff worked with people in their previous homes before they came to live at Heathcotes – Wigston, so people got to know staff, and staff were aware of their needs.

Staff were skilled and knowledgeable about how to provide effective care and support. Records showed they completed detailed induction training and other additional courses including how to safeguard people and training on people's health conditions, such as epilepsy and managing behaviour that challenged. The acting manager told us a person who may be coming to live in the service had a medical condition, and staff had already received training in readiness for this. This showed the service actively planned to meet people's needs.

Staff had one-to-one supervisions and attended meetings where people's care needs and their own training requirements were discussed. They had supervision to ensure they received support from management. If incidents of behaviour that challenged the service occurred, staff received support from management. Staff said they were satisfied with their training and could request extra training if they felt they needed it. The acting manager was very supportive of staff development.

People received appropriate support with their eating and drinking and were provided with a diet of their choice. A staff member told us, "We always give a choice. We ask people to choose between two things so as not to confuse them." People could eat at a time that suited them. For example, one person did not like noise so they were able to have their meals after other people so that it was quiet for them. A staff member described how healthy choices of food were provided to people to encourage them to eat well. Drinks were frequently offered and available for people.

Staff told us people's health needs were planned and met. They told us people had seen health care professionals and specialists when needed, such as specialist outreach teams and GPs. If people were feeling unwell then a GP appointment would be made for them by staff. A staff member told us they were monitoring a person who had an upset stomach and if they continued to feel unwell, then a GP appointment would be made for them. Records confirmed people's healthcare needs were assessed and met and staff worked with health care professionals, including GPs, dentists, and opticians and followed their advice. Emergency grab sheets, describing people's health needs, were in place if people needed to be admitted to hospital.

The premises were homely and comfortable and the facilities were accessible to people.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are 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.

Records showed the registered persons had made the necessary applications for DoLS authorisations so people at the home received lawful care. Some staff were not aware of DoLS conditions. The acting manager said this would be discussed with staff. Staff worked within the principles of the MCA and asked for people's consent when providing personal care to them.

Is the service caring?

Our findings

People were cared for by staff who were kind and genuinely interested in their well-being and happiness.

Staff told us they had time to build one-to-one relationships with people. They told us about people and were knowledgeable about them. They knew about people's likes and dislikes and the lifestyle they wanted to follow.

We saw thoughtful interactions between staff and people. Staff greeted people and asked them what they wanted to do. People were praised for things they had done. Staff responded promptly, calmly and positively to any issues.

People were involved in making decisions about their care and support. People got up at different times of their choosing and could have breakfast when they wanted. There was evidence that relatives agreed care in support plans and signed to agree the care plan. People and relatives had the opportunity to be involved in reviews of care needs.

The home's literature emphasised people's right to be treated with respect and dignity and to be involved in how they wanted the home to be run.

People told us staff encouraged them to make choices about their lives and they felt free to live their lives as they wished, given the restrictions of their conditions. For example, people went out to shop and enjoyed going for a coffee. One person told us, "I can go out if I want to."

Staff told us people's right to privacy was always respected and they could spend time alone as and when they wanted to. Staff told us they always knocked on people's doors and waited for a response before entering. The PIR told us staff were encouraged to be dignity champions to promote people's dignity.

Staff said people's independence was encouraged and respected. For example, some people could go out on their own and shower themselves. People were encouraged to maintain their daily living skills and keep their bedrooms clean and make food and drinks.

People's religious and cultural needs were respected. One person was religious and had been to church on a weekly basis. The Lord's Prayer was displayed on this person's bedroom wall in accordance with their wishes. A person who had converted to another religion was provided with foods that respected this belief. The acting manager said this person's meals would be reviewed to ensure they were in line with the person's culture and their wishes. The acting manager said people were supported with their sexuality and specialist help had been requested in the past to support a person.

Is the service responsive?

Our findings

People's care was planned and reviewed with their involvement. They and their representatives had the option to be involved in this process.

Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided met people's needs.

There was information about people that told staff about them, their likes and dislikes, hopes and fears and what was important to them. Staff were aware of individual information in care plans. There was a handover of information between shifts so staff were up to date with people's needs and whether these had changed.

Staff were aware of people's preferred activities. There were many activities held during the inspection visit. One person was on a computer looking at pictures and listening to music, which they obviously enjoyed. Another person had headphones on and listened to music. People could participate in activities outside the home if they wished to, and go outside if they wanted to smoke.

Staff said they did not know of any complaints from people or relatives. Records supported this and showed that no formal complaints had been made since the previous inspection. Concerns from outside bodies had been investigated and action taken.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. People's communication needs had been assessed and acted on. For example, people had pictures of activities such as cooking or having a shower. Staff communicated with one person by touch and signs. Makaton which uses signs and symbols to help people communicate, was also used.

At the time of our inspection the home was not providing end of life care. However, there was relevant information in care plans. This recorded people's preferences for end-of-life care so staff had information to effectively follow people's wishes.

Is the service well-led?

Our findings

There was a relaxed atmosphere in the service. Staff assisted people and people took part in various activities. Staff told us the acting manager was friendly and efficient. Communication between staff and people living in the home was good. Staff said they would recommend the service. They all thought it was well led and well-managed. A relative stated in a survey that staff "Regularly go over and above their call of duty." Another relative described, "The excellent work staff have done with [person using the service]."

The acting manager was involved in people's support and had a good relationship with them and staff. We saw her and other management staff assisting care staff with people's one-to-one support in a positive, friendly and helpful way. Staff were praised in supervision and staff meetings for their friendly approach and high standards of providing care to people.

Staff said there was a culture of openness at the service and the acting manager was supportive. One staff told us, "We know we can go to [acting manager's name] and she will always help us."

People had the opportunity to attend residents' meetings. They were held to check that people were happy with the service including issues such as food and activities.

Supervision sessions and staff meetings also helped to ensure that staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with swiftly by the acting manager.

Auditing services was in place such as for care plans, risk assessments and health and safety to ensure people were provided with a quality service.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had prominently displayed their rating in the home and on their web site. The provider was also aware of their responsibility to submit notifications and other required information to CQC and had provided the appropriate information.