

Heathcotes Care Limited

# Heathcotes (Larkrise)

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Heathcotes (Larkrise) is a care home which provides accommodation for up to seven people with autism, some of whom have additional learning disabilities. People also had particular needs in relation to communication. At the time of our inspection there were seven people using the service. At the rear of the home there was a large garden, this contained a separate supported living setting known as Garden Cottage. Garden Cottage was equipped to accommodate one person with private access and garden area. Both the care home and supported living service were looked at as part of this 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. 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 was a large home, bigger than most domestic style properties. Although this was larger than current best practice guidance, the building design fitted into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People were well supported and cared for at Heathcotes (Larkrise). Comments from relatives and professionals were, without exception, positive and praised the registered manager and staff team for the way they cared for people and supported people to live life to the full.

Staff put people at the centre of their care. Every decision made or action taken centred around people's needs and how staff could improve the quality of life for people. People received exceptional person-centred care and support which truly focused on people as individuals. People were encouraged to maintain links with family, and staff and relatives told us they valued the support this gave to people.

Staff knew people well and were able to use a range of communication methods to fully involve and engage with people in their everyday life including people's health and wellbeing; leading to excellent outcomes. 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 valued as individuals and staff worked with people to learn new skills, increase their independence and become more confident in everyday life. This meant people were able to achieve their goals and have a fulfilled life.

The design and layout of the environment was unique and really helped to support people's individual needs and preferences. Staff used the space available to its full potential so people could get the maximum enjoyment and benefits from communal areas.

The registered manager and staff were dedicated in providing a service that put people first. Relatives spoke highly of the registered manager and how committed they were to providing high-quality care. Relatives told us they would absolutely recommend the service to other people and gave examples of how the registered manager and staff had gone above and beyond to create an outstanding service.

Staff knew how to keep people safe. They knew how to care for people and the risks people faced and received training and support to do this. The service learned from accidents and incidents and worked hard to make sure there was continuous improvement. Staff recruitment continued to be safe and there were enough staff to meet the needs of people. Staff knew how to give people their medicines safely.

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

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 good (published 26 May 2016).

#### 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 re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Heathcotes (Larkrise)

## 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

Heathcotes (Larkrise) 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 also provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to

us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection-

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because some people were unable to express their experiences of the service verbally. We spoke with one person using the service, the registered manager, the area manager and three staff members. We also spoke with the relatives of one person. We looked at records which included three care records, three staff files, medicines records and other records relating to the management of the service.

After the inspection

We received additional information from the registered manager to validate evidence found. We looked at training data and quality assurance records. We made contact with two professionals who regularly visit the service and we spoke to four relatives of people who used the service for their views.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were safe living at Heathcotes (Larkrise). Comments included, "[Family members name] smiles all the time and looks relaxed. He feels safe with [staff]" and "I feel totally assured [my relative] is kept safe at all times."
- We saw people approaching staff without hesitation and appeared comfortable and relaxed.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, one staff member told us how they managed the risk of seizures for one person when in the community. Another staff member told us how they needed to support one person with road safety.
- Risk assessments were in place and these were regularly reviewed as people's needs changed. These covered risks to the person both at home and in the community and encouraged people to take positive risks to help increase their independence.
- Environmental risks were identified and reported to the provider's maintenance department to make the improvements necessary to keep people safe.
- Health and safety and fire checks were routinely carried out at the premises.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us they thought there was enough staff. Most staff had been at the service for a number of years and this helped provide continuity of care for people.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were stored securely and had been labelled correctly.

- We checked the medicine administration records (MAR) for three people and did not find any recording errors. Medicine profiles were in place with information about each medicine including the dose, why it was needed and any side effects. Information was also available to help staff recognise when a person was in pain or may need extra "as required" medicine to help them.
- Staff knew about people's medicines. They told us they had received robust training in medicine management. Six-monthly competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe. Staff carried out weekly and monthly audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

#### Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and food hygiene. Cleaning schedules were in place and regular checks were carried out to make sure people were protected from risk of infection.
- The communal areas of the service were clean and tidy. Communal bathrooms and toilets had hand washing and drying facilities and were clean and free from odour.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to report concerns and incidents and were fully supported, by the registered manager to do so.
- The registered manager reviewed all accidents, incidents and safeguarding concerns with a view to learning lessons to make things better for people. When learning or improvements were identified, these were shared with staff so action could be taken to reduce any risk that people could face.



# 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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The environment was unique and creatively supported people's individual needs and preferences. Space was maximised to actively promote people's independence and wellbeing. This included separate spaces for people to relax and engage in and personally designed and decorated bedrooms. This gave people the room they needed, to relax and engage in activities that were important to them.
- Staff were able to describe each person's preferences and how the service had been adapted to meet their needs. For example, a fully equipped sensory room allowed people to experience the lighting, smells and textures of their choice. One person, when they first moved in, would only spend time in their room and did not like being around others. Staff introduced the things they liked into the sensory room such as an aromatherapy diffuser, mood lighting and their favourite music to help them relax and feel comfortable outside of their room. The person started to use the sensory room, first on their own then over a period of time becoming more comfortable with other people joining them. Staff worked hard to make the person feel relaxed and comfortable and the person now sat in the lounge with others and joined in group activities without feeling worried or anxious. Staff told us about the positive impact this had had on the person and how their life had been enriched with their new-found confidence around others.
- The registered manager made sure they involved everyone in how the environment was designed. They either purchased or designed and built items themselves that people would enjoy and could learn from. For example, a sensory board gave people the opportunity to learn about different textures and feelings and a fish tank was purchased when one person expressed they wanted the responsibility and enjoyment of looking after a pet. A computer was available for people to use and sand timers helped people understand how long they had been using the equipment for and when it was time to share with others.
- The registered manager was constantly looking at new innovative ways to engage with people and involve them in the development and design of their environment. Following the success of the internal sensory room the registered manager had started to build a sensory garden. People and staff had helped them with the construction and painting and certain areas were designed with specific people in mind. In the summer people were encouraged to plant herbs and flowers or relax in a garden hot tub. Staff told us it was a lovely way for people to relax and helped people's mental wellbeing.

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

- Staff knew people well and were committed to promoting people's health and wellbeing. Staff told us what signs and gestures they looked for that could indicate people were unwell. One staff member told us "I can tell when they [people] are not well, it's their body language. I ask if they have pain anywhere." We heard

numerous examples where staff had worked with people to improve their healthcare with positive outcomes. For example, one person had been prescribed long term laxatives. However, after encouraging healthy eating and increased hydration the person was able to stop using these. Staff told us how this had helped the person's confidence and resulted in a reduction of behaviour that challenged.

- Social workers told us staff worked exceptionally well with them to support people. They said, "They [staff] have been proactive and made suggestions for treatment that are above and beyond their expertise as support workers but were agreed by the GP and have worked marvellously for [people using the service]."
- Verbal communication was difficult for many people living at the service. However, the registered manager and staff had put communication systems in place to help empower people with their health care choices. For example, staff had placed a push button on the medicine cabinet that would say "I'm not feeling well" when pressed. This had a clear picture on the button of someone in pain. Pictures were used to help people describe any pain they were feeling and where this was. Staff also used pictures and social stories to prepare people for appointments with healthcare professionals.
- People were fully supported to access the healthcare services they required. Staff went the extra mile to help people reduce their anxiety relating to their healthcare appointments. Examples included staff receiving injections and giving blood samples at the GP service so people could see what to expect and knew what they needed to do.

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

- When new people joined the service staff made sure they made the transition as smooth as they were able. Staff used a transition plan based on people's needs. This included a plan of individual visits to the service and any meetings with staff and people to make them feel comfortable, Additional staff training was identified and any communication methods required such as pictures, photographs and the use of social stories. This meant people were less anxious and worried about their new home.
- People's physical, mental and social needs were holistically assessed. This helped to identify people's support and healthcare needs together with their goals and aspirations.
- Staff applied learning effectively in line with current practice and this helped them to support people in the best way. The provider trained staff in known techniques to support people as individuals using proactive and reactive intervention when they became upset or anxious. We saw examples of strategies used in people's care records including recognising signs in people's behaviour or situations that might trigger an event and actions staff can take to help de-escalate a potential incident. Staff knew these strategies well.

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

- People were supported to be as independent as possible with their choice and preparation of food. Staff told us people were encouraged to be involved in food preparation and we saw people helping in the kitchen during our inspection. A relative told us how their family member liked to make their own sandwiches for lunch and was encouraged to help themselves to healthy snacks.
- Staff worked with people to plan menus, try new foods and to make healthy choices. Information was available to help people make choices and a pictorial guide was in place giving people menu ideas and helping people understand what healthy alternatives were available.
- Some people had behaviours that could escalate around certain types of food and staff told us how they had worked with people to help change longstanding habits and rituals. One person had been reliant on daily unhealthy snacks when they first started to use the service. Staff told us they had worked with the person and over time, using a consistent approach, had encouraged a routine of healthy eating. The person was now able to choose healthy substitutes such as fresh fruits and understood the reasons for limiting unhealthy options to occasional treats. Staff told us this change had helped the person become more independent at mealtimes which helped their self-esteem and confidence.
- People's cultural, ethical and religious needs were respected when planning and preparing meals. People were able to learn about different religious celebrations and to try different cultural foods.

- People's likes and dislikes were recorded in their care records along with any special dietary needs. This meant staff could protect people from poor nutrition and hydration and support them to maintain a balanced diet.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. When training was not completed within a specified deadline the provider took appropriate action to make sure staff completed this promptly.
- Staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

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.

- People's capacity to make particular decisions had been assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- Where the registered manager thought there were restrictions on people's liberty, applications had been made to the local authority. A log was kept of the authorisations received and the registered manager was aware of any conditions they needed to meet as part of the DoLS 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.

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; respecting and promoting people's privacy, dignity and independence

- Relatives were extremely positive about the staff at Heathcotes (Larkrise) and told us how caring they were. They gave examples of how staff supported people with kindness and compassion and helped them maintain positive relationships with their family members. One relative told us how one staff member went "above and beyond" to make sure they felt involved when staff took their family member on holiday. They told us they would have loved to have travelled with their family member as it was such a special thing for them to do. Staff understood this and arranged to send them photos and updates each day to make sure they felt included and give them the opportunity to speak to their relative about the things they enjoyed on their holiday. Another relative told us how staff would go out of their way to bring in a morning newspaper for their family member. They told us, "It's just so caring, they don't have to do that, but they do."
- There was an exceptional, visible, person-centred culture and ethos that clearly benefited people. Staff we spoke with knew people very well and demonstrated real empathy for people. Staff comments included, "They take a little piece of your heart, it really is a lovely job" and "The focus is always on the service users. I enjoy seeing them do things they haven't been able to do in the past...just having a good time."
- People were relaxed and happy in the company of the staff. Staff interactions with people were positive with people smiling and laughing. We observed one person and a staff member broke into spontaneous dancing and singing, everyone was smiling and laughing and people were clearly enjoying themselves. Other staff were helping another person to bake a cake while other people were enjoying one to one activities. It was obvious that each person was given the time and space to be treated as an individual and staff had a true respect for people's views and opinions.
- Respect for privacy and dignity was at the heart of the services culture and values. Some staff had worked at the service for a long time, and it was clear when observing people, they valued and trusted the support provided by these staff. Staff were given the time and freedom to work with people to increase their independence, to teach people new skills and give people the opportunity to fully embrace new experiences. One relative told us how staff had helped their family member prepare for a special family event. Staff had helped the person buy a new suit and shoes to help them look smart and give them confidence and they gave them additional information to help reduce their anxiety on the day. The person's relative told us how happy and relaxed their family member had been during the day and explained how confident they had become since living at Heathcotes (Larkrise). They were incredibly proud of what their family member had achieved.

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

- The service was exceptional at helping people express their views and this had a positive impact on the care they received. For example, improved communication and staff knowledge, helped people become less frustrated. This resulted in less challenging behaviour and allowed people to be truly valued as individuals and empowered to make choices and decisions about their care.
- Staff understood the relationship people had with their families and what was important to them and this was confirmed by relatives. Staff worked hard to support people emotionally and , when required, offered other support options such as advocates to offer help and advice.
- Professionals gave very positive feedback about the care and support staff provided for people. They told us how knowledgeable staff were about people as individuals and how proactive and creative they were when it came to improving outcomes for people. One professional told us, "I was particularly impressed with the buttons people can press to alert staff and request they want to go out or want to have their [tablet computer] etc. A novel way to give people more choice and control when they don't communicate verbally." Comments from professionals in the most recent survey sent by the service included, "Staff are always willing to look at new approaches", "Staff seem to care genuinely for residents and treat them as individuals and "Staff encourage different ways for non-verbal clients to communicate with others." The positive feedback from professionals demonstrated the commitment of staff to give people the opportunities to really engage with their care and treatment as much as they were able and to feel fully involved in the support they received.

## 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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff put people at the centre of their care and made sure their care and support was tailored to meet individual needs. We were given many examples of this during our inspection including a variety of techniques used to help people manage their behaviours and tailored interventions used by staff to support people. For example, staff understood the importance of people's routines and what was important to them and when. They understood this helped reduce people's anxiety and came up with creative ways such as the use of sand timers, to help manage people's expectations especially around time management when moving from one activity to another.
- Staff thought carefully about how to develop people's individual skills to help them cope effectively with new challenges. This included a personalised approach by staff to encourage people to learn new skills in subjects such as, English, maths, geography and cooking. Staff were given the time to tailor each lesson around people's abilities allowing them to achieve exceptional outcomes. Staff were proud when they showed us the records of people's achievements and told us how as a result of this learning, people had increased confidence and pride in their abilities.
- The inclusive nature of care and support extended outside to visitors and the community. Before visitors entered the service, staff used a leaflet to explain what they might expect and how people may respond to them. This meant that people were less likely to feel anxious or upset with new faces and staff were more able to prevent and respond to behaviours with the full support from visitors. One healthcare professional told us "On my first visit to the home they showed me their leaflet explaining some of the needs of the people living there and things that might be an issue for them...this was brilliant and I was very impressed. It has been written in a very positive and caring way but lets you know important information to keep yourself safe and not to upset the residents."
- Relatives told us they felt absolutely involved in their family member's care and support. They felt they worked as a team with staff and the registered manger. One relative told us about the improvements they had seen in their family member since using the service because of the person-centred care staff provided. They told us how their relative's confidence had grown, the new skills they had learnt and how they had seen a reduction in behaviour that challenged. This meant there were more opportunities for them to be involved in the things that were important to them.

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

- Staff empowered people to achieve their goals and aspirations with impressive results. They understood what motivated people as individuals and were able to encourage people to try new activities or learn new

skills using a person-centred approach. This was confirmed in the feedback we received from professionals. For example, "They [staff] have been proactive, enthusiastic and creative in planning support for people and thinking of new things they might like to try."

- There was a wide variety of activities for people both inside the service and outside in the community, which were tailored around people's individual hobbies and interests. Staff supported people to take positive risks and used various communication methods to help alleviate any worries or concerns. For example, staff created social stories to introduce people to new experiences and give them the information they needed so people knew what to expect and when, thus reducing their anxiety. One person took a lead role in a family celebration with the help of staff encouragement and social stories. This resulted in a very special day for the person and something they were incredibly proud of.
- Staff had a can-do attitude when it came to new challenges and went the extra mile to find out what people liked to do or any interests they may have had in the past. One person came to the service having previously had little or no access to the community because of their health. Staff told us how they had worked with them over a period of months and years to help build their confidence and fitness. Staff told us how the person now went bike riding, swimming and trampolining. They told us, "[Person's name] now does all the activities we were told they couldn't do. Now they are so relaxed and doing so well, they just love it".
- Staff worked with people to spend meaningful time together with their families when previously this had not been possible because of their anxiety. One relative told us of the improvements they had seen and how their family member was now calmer and able to visit them at home. They said, "My [family member] has completely changed since he has been there. The staff are wonderful and he is very happy."
- The registered manager actively encouraged positive relationships between people and those who mattered to them. They arranged activities with family members to help build a sense of community. Examples included, countryside family walks, fundraising and social events. The registered manager explained the benefits included an increased support network for people's parents and the ability for people to share quality time with their family members by embarking on an activity together.
- People celebrated key religious events and festivals and staff took the opportunity to share learning about people's faiths and beliefs with other people using the service. For example, during one religious festival people shared a specific cultural food related to the festival one person was celebrating.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff were constantly taking innovative steps to meet people's communications needs. Most people had limited verbal communication skills and staff understood this could be a source of frustration leading to behaviour that challenged the service.
- Staff used various methods to communicate with people depending on their individual needs. For example, PECS (Picture exchange communication system) was used extensively around the service so people were able to make choices throughout the day. (PECS is a system using pictures to help people with autism communicate their needs and preferences.)
- People and staff were also encouraged to use Makaton, (a type of sign language) and staff told us of ways people had adapted this to suit them. The registered manager had placed push buttons around the home that allowed people to verbally explain to staff how they felt or what they wanted. When the fire alarm sounded people were supported to evacuate using PECS. This explained the sequence of events and what they needed to do, so they could follow the evacuation process step by step.
- Staff also used a sequence of pictures and photographs, to help explain new or different experiences and situations for some people. All of these methods were observed and in use during our inspection and meant people were easily able to have conversations with staff and express their views and choices.

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

- Information was available for people using PECS on what they should do if they were unhappy or wanted to make a complaint. Staff asked people how they felt and supported people if wanted to make a complaint or were concerned about something.
- Relatives told us they knew who to make a complaint to if they were unhappy but most had not needed to do this. They told us they had total confidence when they spoke to the registered manager about their family member's care and that they would be listened to and changes would be made.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

#### End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- People and their family members were given the opportunity to discuss their end of life plans and records of these conversations were kept in people's care records.



# 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 good. At this inspection this key question has remained the same. 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

- People were always at the heart of the service. This was reflected by the views of professionals and relatives who told us how people's lives had improved since living at Heathcotes (Larkrise). The registered manager's focus was to continually improve the outcomes for people and this included looking at new and creative ways to develop and enrich the service for people. They told us, "I am passionate about supporting positive care and maximising people's potential." They went on to praise their staff team, explaining they were confident, caring and motivated able to create a positive ethos and culture. This was evident throughout our inspection in every question we asked.
- In spite of financial constraints the registered manager used his drive and leadership skills to make sure people received the support they needed. For example, people told staff they would like a pool table. Undeterred, the registered manager and staff saw this as an opportunity and involved people in organising a cake sale and car wash event in the local community to help raise money for the equipment needed. This gave people a real sense of involvement and empowerment, knowing their contribution had enabled them to buy the equipment they wanted.
- Relatives told us how their family members lives had improved since being at the service in comparison to previous experiences. They described the registered manager and staff as "wonderful", "excellent" and "exceptional." One relative said, "[Registered manager] is an amazing manager, he is really hands-on. He is always improving things all the time."
- The provider fully supported the registered manager and encouraged learning and innovation. This enabled staff to develop and feel more empowered and confident in their work. Staff were given the time and support to drive improvements and achieve positive outcomes for people. For example, some people were able to use Makaton as a way to communicate. Makaton was not included in part of the provider's training package at the time of our inspection. Instead the registered manager encouraged staff to learn and practice one Makaton sign at the end of each handover meeting. Staff told us how helpful this was and gave them additional confidence in using this communication method with people.
- Staff spoke positively about the team they worked with and the registered manager. One staff member told us, "[Registered manager] is really good at keeping us focused. He will listen and encourage us to work together to improve things for the [people using the service]. He has good ideas and will come in at any time, Christmas and Halloween parties, he is always involved. He is a really hands on boss and shows staff how to do stuff right."

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

characteristics

- The registered manager actively encouraged feedback and acted on it to continually improve the service for people. This was echoed in the feedback from professionals who told us they felt staff listened to them and acted on their advice. For example, "[Registered manager] is an excellent manager and he and his staff have a very person-centred and inclusive approach to supporting people."
- Relatives told us the registered manager and staff were always open to suggestions and would listen to them. One relative said, "I have an excellent and open relationship with the [registered manager] as well as the rest of the staff team." Another relative said, "I would completely recommend this service to others...I give them 10 out of 10."
- People were clearly encouraged to voice their opinions and views through the many communication methods available. Staff knew people well and explained they had good relationships with people's relatives so felt able to shape the service around people's needs and wishes, ensuring each person had the opportunity to have a fulfilled life. For example, two people were supported to work as volunteers. The registered manager explained how their jobs helped empower them and made them feel exceptionally valued.
- Staff told us they felt engaged in people's care and were encouraged to give their views and ideas during handover, team meetings and one to one supervision. One staff member told us, "We discuss anything that we think could help people, like different activities. We discuss this with the manager and at meetings ...I always feel listened to and supported."

Working in partnership with others

- The registered manager and staff had developed exceptionally positive working relationships with social care staff and healthcare professionals. Professionals confirmed their recommendations and advice was always considered to help improve outcomes for people. One professional explained the staff's flexible response to one person's needs had greatly improved their confidence and social skills.
- Links with the local community were strong and the registered manager gave examples where working with other organisations had helped improve the care and support people received. For example, one local charity worked with the registered manager to obtain additional support for one person that had not been available elsewhere, and links with the local authority helped the service find a local allotment so people could enjoy the outside space and experiment with growing their own food.
- People were encouraged to hold events throughout the year and invite a wider social network to help promote social inclusion. Summer fun days were held where people were invited from other services with their families to enjoy food and games. People helped to organise games such as hook a duck and tombola. Hosting events such as these gave people confidence and made them feel included as part of wider social network.

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; continuous learning and improving care

- The provider was committed to continuous improvement. When things went wrong there was a culture of openness and transparency with a strong emphasis on putting things right.
- The registered manager and the regional manager discussed in detail, the improvements they had made for people and the areas further improvements were needed. They gave examples of the real difference these changes had made to people's lives. For example, changes in the service to allow people more independence and the plans in place for the garden to create a calm and sensory environment. From conversations it was obvious that the registered manager's focus was always on the people living at Heathcotes (Larkrise) and driving continuous improvement and learning.
- The registered manager made sure key messages from lessons learnt were shared with staff so everyone knew where improvements were needed. When things went wrong the registered manager recognised the importance of being open and transparent about improvements that needed to be made and actively

sought practical, safe resolutions to improve people's quality of life.

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

- There had been some changes in the senior management structure at Heathcotes. However, the registered manager assured us they were supported by a clear management structure that included an experienced regional manager and director of operations who were always available and supportive. The provider made sure central functions such as accounts, recruitment, training and maintenance were completed allowing time for the registered manager and staff to focus on the people they supported. The registered manager explained without this support and encouragement they would not have been able to achieve such positive outcomes for people.
- The governance arrangements in place allowed the provider to monitor, assess and improve the service. A robust governance framework made it easy for changes in legislation or best practice to be acted upon. The registered manager felt supported to make the changes necessary to make sure they met their regulatory requirements and felt confident the processes in place were effective and reflected best practice.
- The manager was aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.