

Heathcotes Care Limited

# Heathcotes Cranbourne House

## Inspection report

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Bradford  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Heathcotes Cranbourne House is a specialist residential service for adults with a learning disability who may have dual diagnoses and associated complex needs. The service has eight en-suite bedrooms and provides twenty-four-hour support. At the time of our inspection, six people were living at this service.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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.

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

People felt safe living at this service as they were supported by staff who had received training in recognising and reporting abuse.

There were sufficient numbers of staff in the home to meet people's needs. Staff were recruited using safe procedures and on occasions, one person who lived in the home was part of the interviewing process.

Instances when staff needed to use legal forms of restraint had significantly reduced. Low level forms of restraint were occasionally used at the time of inspection. At the same time, people's dependency levels had reduced. This had been achieved through building relationships between people and staff based on trust, discussion with relevant professionals and careful risk assessing.

Medication was safely managed as people received their medication as prescribed and the systems to support this were effective.

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.

Positive outcomes were seen where people had specific dietary needs. People had been assisted by staff to manage their diet and we saw they had lost or gained weight in line with their health needs. Other specific dietary needs relating to risk and religion were being met.

The registered manager and staff team worked in partnership with a range of professionals. People had health action plans which showed the involvement of health professionals in meeting their needs.

People and one relative told us they liked the staff who provided their care and support. Through our discussions with staff and examples of interactions we observed, we concluded people were supported by staff who knew their needs well. People's privacy and dignity was respected and they were encouraged to live independent lives.

People had a wide range of risk assessments to support activities of daily living both inside and away from the home.

Care plans were sufficiently detailed and person-centred. They provided essential information for staff to provide effective care. Regular reviews of care plans were taking place. People received social stimulation both within and away from the home.

Complaints were dealt with appropriately. The service was well-led by a registered manager who was motivated and ensured their staff team received formal and informal support. Audits and spot checks showed oversight of the service provided for people.

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

Rating at last inspection

This service was registered with us on 14 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Thematic review

The Secretary of State has asked 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 registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. We found the use of restraint had reduced significantly since people first moved into the home. Only low-level restraint was being used at the time of our inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Heathcotes Cranbourne House

## **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 over two days by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection:

Before the inspection we reviewed the information we had received from the service including notifications about incidents in the service the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any

information they could share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager, regional manager, head of services (north) and two members of staff, two people who lived at the service and one relative. We looked at two people's care plans in detail as well as other records including those connected with recruitment and training, maintenance of premises, medicines administration and quality monitoring.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe living at this service. Staff were able to recognise and report different types of abuse. One staff member said, "These guys (staff) would report that straightaway."
- Staff told us they had watched a recent television documentary about poor care and abuse in a care setting. They said they had openly discussed this as a staff team and told us they would immediately report any concerns if they witnessed the same practice in this home.
- Training records showed staff had received up-to-date training in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- During this inspection, we looked at the way restraint was used in situations where people's behaviour presented risks to themselves or other people. Records showed when people first moved to Cranbourne House, staff were required to use legal forms of restraint which they had been trained in using. However, as people and staff formed relationships built on trust and knowledge of each other, the use of restraint had significantly reduced. Low level forms of restraint were occasionally used at the time of inspection.
- Key certificates relating to premises and equipment were all up-to-date. One area of carpet on the ground floor had been identified by the registered manager as needing action. They were dealing with this at the time of our inspection.
- People had a wide range of risk assessments to support activities of daily living both inside and away from the home. As examples, risk assessments were used for people's road safety skills, choking, riding in vehicles, swimming and the use of restraint. These provided clear guidance for staff in how to reduce risks to people.

Staffing and recruitment

- Numbers of support hours needed for each person were assessed before people moved into Cranbourne House. The registered manager demonstrated how they were able to reduce the levels of staff support through effective care planning and relationships built on trust. Safe staffing levels were still maintained and any changes were agreed with relevant professionals.
- One staff member told us, "I'd definitely say we've got enough staff."
- Safe recruitment practice was followed when recruiting new members to the staff team. One person who lived in the home had been involved in recruiting staff which showed they were involved in deciding who provided their support.

Using medicines safely

- Medication was safely managed by staff members who received training and had competency checks completed this year.



- People had protocols for the use of 'as required' medicines, although information which staff knew about how people expressed pain was not always documented. The registered manager addressed this immediately.
- On the first day of our inspection, the weather was very warm and the room temperature where medication was stored was putting medication at risk of spoiling. The registered manager took steps to reduce the temperature in this room. Medication storage temperatures were routinely recorded and seen to be in a safe range.
- Medication audits were effective in identifying any issues with the safe management of medicines.

#### Preventing and controlling infection

- The living environment was found to be clean and tidy. Some people and all staff were responsible for housekeeping duties. A relative told us, "They've got a small kitchen, it's always immaculate."
- We asked one staff member about infection control and they said, "Yes, we're all over that." Staff had access to personal protective equipment to help prevent the risk of infection being spread.
- The infection control audit needed an action plan adding to it with timescales for completion. On day two of our inspection, the registered manager had dealt with this.

#### Learning lessons when things go wrong

- The registered manager encouraged a culture of learning lessons when things didn't go as planned. For example, we saw where a staff member had been responsible for a medication error, they had been retrained and steps taken to ensure they were competent.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered provider ensured all staff were trained in the use of nationally recognised tools for the use of restraint.
- The registered manager told us Cranbourne house was following the NHS autism strategy. They worked with a speech and language therapist who assisted people with communication needs.

Staff support: induction, training, skills and experience

- Staff were provided with an effective induction which included several days at the registered provider's training offices. Thereafter, staff shadowed experienced workers for two weeks. The registered manager said they assessed when staff were ready for lone working.
- Supervisions were taking place every four to six weeks. Staff said the registered manager showed a genuine interest in their welfare. We saw records of 'instant supervision' where these occurred quickly after a specific event to address any issues with staff practice.
- Staff training records showed the registered manager ensured staff had received all training relevant to their role.

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

- On the first day of our inspection, the weather was very warm. The registered manager said to one member of staff, "Let's make sure everyone is having loads to drink. This heat is crazy." We spoke with one person who was enjoying an ice lolly to stay cool.
- One relative told us, "They (people) are always eating healthy stuff made from scratch."
- Care records and staff told us one person had been supported to lose a significant amount of weight to take them into a healthy range. Another person who was at risk due to weight loss had gained weight in the months prior to our inspection. Special dietary needs were being met.
- One staff member said, "We encourage people to have a lot of fruit. When we cook meals, we ensure plates are balanced with healthy foods."
- People were offered choices around their meals. The registered manager said, "If someone wants something else, there's an alternative" and "Staff eat with (people)."

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

- Each person living in the home had their own Health Action Plan. This recorded their health needs and showed how they were being met. We saw evidence around health appointments people attended, such as those with a GP, dentist, psychiatrist, occupational therapist and those for hearing.

- One person's care record noted, 'I need staff to book the first or last appointment of the day as I do not like waiting in busy and noisy waiting rooms.' This showed care was personalised to meet the needs of the person.

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

- Adaptations to the home were seen with the introduction of a 'soft room' to support people if they were anxious and were at risk of harming themselves.
- A ramp had been fitted to the side of the building for one person who needed wheelchair access. These adaptations helped to ensure the home met people's needs as stated in the Equality Act (2010).

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.
- Decision specific mental capacity assessments, including those for the use of restraint, were found in the care plans we looked at. Where best interest decisions were needed, the relevant individuals were involved.
- The registered manager had applied for a DoLS for each person in the home. They had clear oversight of this.
- The registered manager said each person was given a key to their room when they first moved in, although some of these had subsequently been lost. As people all had a staff member working with them, they were able to access their room at any time.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff who provided their support. One person told us, "I like the staff. We're well looked after."
- One relative told us, "I see very caring [staff]. [The registered manager] has a brilliant team. If they say they are going to do something, they do it. They go the extra mile for people." This relative said they were always made to feel welcome when visiting the home. The same relative told us staff took care of their family member's appearance. They told us, "I want my son to be presented well in the community, I've never had to once tell them."
- People's living spaces were personalised and reflected their interests.
- One person who suffered a bereavement was supported by staff to have a keepsake box and they were assisted to visit and place flowers at the graveside of the deceased.
- One person was supported to purchase a car. The registered manager said the person was shown brochures and visited car dealerships with staff. They were treated as a customer and were able to enjoy the experience. The person was at the heart of the decision about which car to purchase.
- People had a core group of staff who were familiar with them and their care preferences. The registered manager carried out compatibility assessments for people to be matched to staff. Care records showed people's preferences about being supported by male or female workers was respected.
- We observed the registered manager sat on a sofa, stroking one person's hand which their communication care plan described helped to reassure them.
- Staff knew people's needs well and this was supported by the reduced use of restraint in the service.
- Technology was used to help provide safe care and stimulation for people.

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

- Staff provided support to people by offering them choices and allowing them to direct how they wanted to spend their time. One person was being supported to make choices using easy read documents and pictures.
- People's religious needs were covered in care plans and we saw related dietary needs were being met.
- The registered manager and staff worked with advocacy services. Advocates are independent individuals who represent people and support them in decision making.

Respecting and promoting people's privacy, dignity and independence

- The registered manager was reviewing levels of support people needed which had reduced over the months before our inspection. This was because staff enabled people to become more independent.
- Where they were able to help with household duties, people assisted with tasks such as cleaning, washing

up and cooking. A staff member told us, "We don't believe in de-skilling people here."

- Staff were observed knocking on doors of people's rooms before entering. Staff were able to describe how they protected people's privacy and dignity both in the home and whilst they were in the community with people. One relative said, "Even the night staff are lovely. They talk with so much respect."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and clearly recorded people's needs and preferences in detail. These records showed who was important to the person, both personally and professionally.
- One person's care plan showed their skin integrity was at risk, although they didn't have a care plan for this. The registered manager said they would create this immediately following our inspection.
- We looked at one person's outcome support plan for challenging behaviour. This provided relevant history, types of behaviour, triggers for this and how staff should respond. Red, amber and green indicators were used to track and monitor outcomes for people.
- Care plans were reviewed on a quarterly basis or more often if people's needs changed.

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 provider was meeting this standard. We saw various information was available in 'easy read' format.
- Working with speech and language therapists, the home used pictorial boards for some people, which they used to select choices.
- Some people were using Makaton which is a form of sign language. We saw communication care plans were detailed. Communication guides with photographs showed staff demonstrating how to use various signs to communicate with people.

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

- We saw a range of activities both within and away from the home took place. People's care plans recorded their interests and showed they attended regular clubs to provide social stimulation. Staff went with people for walks on a daily basis and to attend swimming sessions.
- The home had its own activities lounge. People's care plans showed they received sensory stimulation.
- We saw evidence of movie nights and day trips to the seaside as well as Chester Zoo which one person confirmed they had been to. Photographs of these events were headed with the title, 'Nothing is impossible, just try and try again, don't give up on me'.

Improving care quality in response to complaints or concerns

- One person told us they would see the registered manager if they were dissatisfied. We looked at records of complaints and saw appropriate action had been taken. Complaints were taken seriously. We saw the registered manager and senior management team were actively working to resolve one outstanding complaint.

#### End of life care and support

- We saw people's end of life care wishes were recorded using a NHS document for this purpose.
- Although no one was at end of life stage when we inspected this service, staff worked with a range of partners which meant they could ensure a positive end of life care experience was planned for when it was needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us this service was well-led. One relative told us, "I am so lucky my [relative] has got this place."
- We saw the staff team worked well together and they were capably led by a registered manager who was motivated and wanted to achieve high standards for people.
- One staff member told us about the registered manager, "She will come on to the floor and help out. She is a blessing. We're lucky to have her, she is very passionate." One relative said, "[Registered manager] does the job with so much passion."
- The registered manager was mentoring one member of staff who had expressed a desire to take on more responsibility.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent throughout the duration of our inspection.
- The registered manager was aware of their reporting responsibilities to the Care Quality Commission and had formally notified us of events which they were legally required to do so.
- The registered manager carried out unannounced spot checks to help ensure the service was well run outside normal working hours.
- Staff told us the registered manager was approachable and operated an open-door policy.

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

- The registered manager took responsibility for a series of weekly and monthly audits. These covered, care plans, finances, medication, health and safety and an annual infection control audit.
- The July 2019 general health and safety risk assessment identified actions around risks to people. This assessment did not have an action plan with timescales for completion. We discussed this with the registered manager and saw this was added by day two of our inspection.
- The regional manager visited the home weekly and carried out their own audit and action plan.

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

- Meetings for people living in the home took place at least every two months. Staff meetings were taking



place within these timescales. One staff member said their meetings were two-way conversations between staff and management. They also said the registered manager held meetings without team leaders being present to allow support workers to pass on any feedback about them.

- A satisfaction survey for people and relatives, staff and professionals who had experience of working with the home had been carried out in May 2019.
- People living in the service had completed an 'easy read' survey and provided positive feedback. The surveys completed by professionals also showed they were very satisfied with the support people received.

#### Working in partnership with others

- One person who found communication difficult had been supported to make a decision around information sharing using 'easy read' documents and pictures. The person's social worker was involved in this decision.
- Partnership working was evident in the care records we looked at. For example, staff worked with the community team for people with learning disabilities, a local health centre who provided specialist services for people with learning disabilities and the NHS early interventions (mental health) crisis team.