

Heathcotes Care Limited

Heathcotes Queens Park Lodge

Inspection report

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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 Queens Park Lodge provides accommodation and personal care to people who have a learning disability or autism. The service can accommodate up to eight people. At the time of our inspection, three people were living at the service.

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

People were happy living at Heathcotes Queens Park Lodge. This was evident through their interaction with staff and how they responded to them.

Staff displayed a kind, caring and attentive approach towards people throughout our inspection and it was clear staff knew people well. They were able to describe people's individuality to us and how people communicated with them through actions and expression.

People received the medicines they required and there were detailed descriptions for staff on how people liked to take their medicines. There were sufficient staff on duty to meet people's daily needs, such as personal care and social activities. Staff were seen following good infection control practices and the service was clean, tidy and well presented.

People's care plans were comprehensive and gave staff all the information they needed about people. People had access to health care professional input when needed and they were provided with nutrition and hydration to help maintain a good level of health. Risks to people were identified and recorded and staff knew how to respond to these risks in order to keep people safe.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Staff supported people in their independence and learning new life skills. We observed this during our inspection.

Right care:

- People were treated with respect and dignity by staff. Personal care was undertaken behind locked doors and staff gave people time on their own when they wanted it.

Right culture:

- The values and behaviours of staff demonstrated an approach that enabled people to live a fulfilling life. People were encouraged to maintain contact with people close to them as well as spend time taking part in their own interests and favourite pastimes.

The manager looked for ways to improve the service people received. Good governance arrangements were in place to help monitor the service and management demonstrated a responsive and open approach to any shortfalls identified.

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

Rating at last inspection and update

This service was registered with us on 03/04/2019 and this is the first inspection.

Why we inspected

This inspection was carried out as the service had not received an inspection since its registration with us.

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 Queens Park Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Heathcotes Queens Park Lodge 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.

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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service on our internal systems. This included notifications received from them in relation to accidents, incidents or safeguarding concerns.

We used all of this information to plan our inspection.

During the inspection

People were unable to speak with us about their experience of the care they received. We did not use SOFI (Short Observational Framework for Inspection) as some people were affected by our presence. Instead we observed interactions from a distance between people and staff and spoke with two relatives following our inspection to gain their views. During our visit we spoke with four members of staff, which included the registered manager, the service manager and care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for accident and incident analysis records, provider audits and training records.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm as staff had a good understanding of what may constitute abuse and what to do in response to it. A staff member told us, "It depends on the incident. It has to be reported instantly and safeguarding contacted." A relative said, "I feel he is safe. He is always happy to return back after he's been out with us." A second relative told us, "They [management] are very good at safeguarding people and relatives."
- Incidents of potential abuse had been reported to CQC in line with requirements of registration. There was also an internal whistleblowing procedure which staff could follow should they have other concerns.

Using medicines safely

- People received the medicines they required. People had a medicine administration record (MAR). We reviewed the MARs and found these had been completed correctly, with no gaps in the recording. A relative told us, "Yes, he gets his medicines."
- Each person had a medication profile which stated how they liked to take their medicines. A staff member told us, "You have to know the right times, the right medication, bring it down, talk to the client and then once taken, go back and sign the MAR."
- Regular medicines audits were completed. These helped check that medicines were dispensed as prescribed.

Assessing risk, safety monitoring and management

- Risks to people were recorded and guidance was in place for staff on how to protect the person from harm.
- One person was at risk of choking and staff were instructed to encourage the person to chew their food and for the food to be cut into small pieces. Staff were also required to support the person to put food on their spoon, so they did not eat too much in one mouthful. We saw this happening at lunch time.
- A staff member said, "We read care plans and risk assessments. For example, we need to know about [person's name] choking and how to work with [person's name] in the community."
- Monthly fire drills were carried out and a fire risk assessment for the premises took place in March 2021. This helped ensure people were kept free from the risk of fire at the service and that staff would know what to do should an alarm be raised.

Staffing and recruitment

- People were cared for by a sufficient number of staff. A staff member told us, "Generally it is enough." A second staff member said, "I think we have enough staff. We are trying to recruit."

- People were funded for one to one staffing hours during the day and two to one staffing when outside of the service. The manager knew the details of the hours people should receive and as such arranged the staffing rota around this. We observed people receiving this level of staffing.
- When people required attention from staff, we saw this was given to them, without them having to wait. Staff were consistently around and interacting with people and where one person expressed a wish to go out for a drive, saw were available to take them.
- Prospective staff were recruited through a robust process. They were required to provide evidence of conduct in previous employment, their right to work in the UK and that they were fit enough to carry out this type of work. All soon-to-be staff were required to have a Disclosure and Barring Service (DBS) check. This check enables employers to check whether an applicant is suitable to work for this type of service.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Where incidents occurred, staff responded appropriately. A staff member told us, "We complete an incident report and leave them for the manager to review."
- There had been a recent medicines error. One staff member ensured the person it affected was safe, the manager spoke with the staff concerned, reviewed the internal procedures and made changes to help reduce the chance of this happening again. A phone alarm was used to alert staff to dispense medicines and once done, a second staff member carried out a quality check.

Is the service effective?

Our findings

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

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

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

- When people moved into or out of the service a slow transition period took place. This helped ensure that the move went smoothly and did not unsettle the person. A relative had noted in a recent feedback survey, 'very informative first visit and the manager answered all our questions and reassured us that the setting could provide a good environment'.
- One person moved in as an emergency. Their family member told us that despite this, they had settled quickly and they had since seen a marked improvement in their loved one.
- Staff used recognised tools to help them care for people. Some people had a Positive Behaviour Support Plan (PBSP). This identified factors that could trigger and lead to challenging behaviours and could be used to calm or redirect the persons thoughts or actions. Staff were able to describe to us some of the strategies they used, following these plans.
- Staff used a Malnutrition Universal Screen Tool (MUST) to record and measure people's weight. A MUST contains a body mass index (BMI) chart to help staff screen for potential undernutrition.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and received the training they required for the role. The training matrix confirmed this. A staff member said, "Training is alright. There is on-line and face to face training. We have a good induction and refresher training." A second staff member told us, "The training is good. They try to update us all the time." We noted some staff were due to attend positive behavioural support training which would help staff understand how to respond to a person's behaviour that challenges.
- We heard staff had not received Makaton training [a language programme that uses signs, speech and symbols] which would be useful in order to aid communication with people. We spoke with the manager about this, who told us, "We have only just re-started face to face training and have requested Makaton. My plan is to display key signs and symbols on the garden fence opposite the dining area as prompts for staff as they are learning."
- Throughout our visit, we found staff to be knowledgeable and experienced in caring for people with a learning disability. The way they described people to us, their individuality and the approach they took in response to this demonstrated to us that staff were appropriately skilled.
- Staff had the opportunity to meet with their line manager regularly to discuss their role, any concerns and professional progression. A staff member said, "We do supervisions every six to eight weeks. It is useful to have a chance to sit down and discuss any problems."

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

- People's support plans contained information on their likes and dislikes in relation to food and we

observed a staff member prepare each person's lunch in line with their preferences.

- People were weighed regularly and their MUST was updated. This helped ensure people remained at a steady and healthy weight. A relative told us, "They feed him properly – he is at last putting on weight."
- A staff member told us, "They [people] will show us if they haven't had enough food. We know what each client likes. They have plenty of drinks."

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

- People had access to healthcare professional input when required and staff worked with external agencies to help ensure the most appropriate care and treatment was provided to people. A staff member told us, "If someone was unwell, I would speak to the manager or call the GP or ambulance if needed." This was reiterated by a relative who told us, "Staff will call the doctor or paramedics when needed."
- Staff worked as a team to care for people and there was a calm, but positive atmosphere in the service.
- Each person had a health action plan where staff recorded appointments in relation to their health. For example, when they last saw the dentist, chiropodist or optician and when the next appointment was due. Each year, people's medicines were reviewed by the GP.

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.

- There was evidence that people's liberty was not being restricted, as capacity assessments and best interests decisions were made for a range of scenarios and situations, such as covert medicines [medicines being given without the person's knowledge], living at the service, one to one support by staff and audio monitoring during the night for one person's epilepsy.
- Where a best interests decision had determined a restrictive practice, a DoLS authorisation was in place.
- A staff member told us, "Every person is assumed to have capacity unless assessed they lack it. You might have to look at what's in their best interest."

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

- People's rooms contained a large number of sensory items. There was also a separate sensory room at the service for people to use.
- The environment was designed as such to keep people safe, for example, there were protective screens around the television. There was a large, level garden which was easily accessible for people and the trampoline had a protective netting around it for safety.
- We discussed the internal décor with the manager as we had noted some people's bedrooms were quite sparse. They explained that people had chosen for their rooms to be this way, however they said the building was being reconfigured internally to enlarge the kitchen/dining area to make it more of a 'hub'. Part

of this project was to review each person's bedroom to look at ways of making them more individual and personalised to the person. Following our inspection, the manager sent us a plan of the new layout within the building. We will check on progress at our next inspection.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- There were clearly good relationships between people and staff. The atmosphere was friendly and relaxed. When staff came on duty, they greeted everyone individually and we heard a staff member say to one person, "Good morning handsome."
- Relatives said staff were kind and caring, with one telling us, "We talk about his 'friends' and he gets excited when I mention particular staff names. They [staff] are all very good." A second relative said, "They [staff] seem to enjoy his company and he's happy in theirs."
- We heard how people were encouraged to do things for themselves, like put their bedding in the wash or help with meals.
- People were treated as individuals by staff and their characteristics were protected because of the way staff cared for them. For example, one person liked a particular type of food and this was catered for. A staff member told us, "The time I have spent with [person's name] I get to know what he likes and what he doesn't like. I make sure I provide for him to make it a better day for him."
- People were treated with respect and their independence was encouraged. A staff member told us, "We give them choices of daily living – food, clothes – and when we do their personal care, we give them privacy. Give them their time and space." We heard grip and flexible spoons had been purchased for one person to enable them to try to eat without staff assistance.

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

- People were supported to be involved in their care as they were able to make decisions about how they spent their time. We observed staff encouraging people to participate in tasks around the house, however where people made it clear they did not want to, staff respected this.
- A relative told us they were very involved in their family member's care and were consulted by staff and listened to if they made suggestions.
- Throughout our inspection, staff stopped to attend to people when they sought their attention, interacting with people in the way they liked. A staff member told us, "You keep it professional, but you get attached. We create a family environment for them." A second staff member said, "These boys are young and in a new environment. We give them choices, but also look at their routines as this is important for them."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff knew people extremely well. They were able to describe people's individuality and specific needs in detail.
- People's support plans contained personalised information relating to them, such as their specific health conditions or their routines. Where people were diagnosed with epilepsy staff told us, "You time it [the seizure] and if it's too long, you call the ambulance."
- Where people had relatives, they were involved in their care. There was evidence of people being regularly in touch with family members.
- People had keyworkers to review medical appointments, contact with external agencies and activities and goals. These were a good way for staff to check people's lives were as fulfilled as they could be.
- People's background were detailed in their support plan. This was useful to help staff who may not know someone, to get to know them as a person. One person was recorded as liking a particular television programme and we observed them watching it during the visit.
- At the time of the inspection, no one living in it was at the end of their life.

Meeting people's communication needs

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

- Information was made available in a way that would be understood by people. We observed pictorial information, guidance and communication cards.
- Staff understood how to communicate with people and their sensory stimuli. There was a dedicated sensory room within the service. We regularly saw staff clapping hands with one person and a staff member told us, "Continuous clapping means he is agreeing with you."
- Staff used a Picture Exchange Communication System (PECS) with people. This is a communication system for people with autism, consisting of phrases and pictures to communicate messages.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and the manager took complaints or concerns seriously. A relative told us, "I have no complaints."
- We read of one complaint received where staff involved an external health professional to work with them to address the complaint. A second complaint had been responded to in writing and through conversation with the complainant until they were happy with the outcome.

- We noted a compliment received by staff, which read, 'absolutely great news about [person's name] – thank you so much and well done to all staff involved. Our grateful thanks to you and the team'.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activity timetables which included sensory time, walks, music therapy, baking and other activities.
- One person went out with a staff member late morning for a drive and a music therapy session took place during our visit. Another person had started swimming sessions and had a pass for a local theme park. A relative told us, "They do an awful lot with him – I can't sing their praises enough." A second relative said, "[Staff name] goes the extra mile to find things for him to do. He has regained skills he had lost."
- In addition to outside activities there was information about in-house sessions which people were involved in during lockdown. A staff member said, "We have kept everyone busy and since COVID we have been trying to take them out in the community."

Is the service well-led?

Our findings

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

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

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

- Staff created a positive atmosphere at the service, one which made people feel comfortable and had a positive impact on people.
- Relatives said living at Heathcotes had had a positive impact on their family member. A relative told us, "Management are very good at disseminating information to ensure a good level of care." A second relative said, "[Manager's name] has done a marvellous job. Any issues and she lets us know. She has great management skills."
- Staff felt supported by their managers. A staff member told us, "[Name and name] are brilliant at what they do. I feel supported by close line management."

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

- Management took incidents seriously. A relative told us, "[Name] was pushed by someone. Management were open and honest with us about what happened, which left us feeling comfortable with the actions they took."
- Where incidents or accidents had occurred, the manager had submitted notifications to CQC as per their requirements of registration.
- There were a number of internal policies, all developed to help with people's safety. Such as infection control, COVID-19 risk assessment, asbestos policy and business continuity.
- Auditing took place to check the quality of care people were receiving. Where areas were highlighted, action was taken to resolve this. For example, a carpet lifting from the floor had been reported to the facilities team for re-laying.
- Weekly checks took place around the service which included mattresses, the vehicle, first aid boxes, window restrictors and shower chairs.
- Staff learnt from accidents and incidents. Monthly analysis took place of any incidents within the service and staff took action to help reduce those, such as action in response to a recent medicines error.

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

- Relatives told us staff were very good at communicating and consulting with them around people's care or changing needs. They felt involved in their loved one's care.

- Staff had the opportunity to get together through staff meetings to discuss aspects of the service. A staff member said, "We have staff meetings and Zoom meetings. We have one every month – it's the only way you can raise issues. They [management] try hard to listen to us." We found the staff team worked cohesively and were regularly consulting with one another about people.
- Staff meetings covered topics such as COVID-19 vaccines, activities, staffing levels, PPE, people's individual needs, health and safety and policies and procedures. In turn, key worker meetings were held as well as regional management meetings. Key workers take a specific interest in people, helping them set goals and achieve their individual wishes.
- Each month people met with their key worker and, using a pictorial form, the key worker recorded people's response to questions around their care. This included how happy they were at the service, if they liked their activities and the food and if they knew what they needed to do should the fire alarm sound. This helped staff shape a person's care appropriately based on responses.

Continuous learning and improving care; Working in partnership with others

- Management consistently looked at ways to improve the service. The manager told us of plans for the service structurally, particularly to the communal areas, which included the addition of a conservatory and more open-plan kitchen/dining area. They told us, "Until the work is complete, we will not move anyone else in."
- Staff worked with external agencies and professionals to help improve people's experience of living at Heathcotes – Queens Park Lodge. One person had the engagement of a psychologist to look at alternative strategies to help reduce their anxiety and behaviours. Staff told us this person was much more settled as a result.
- We read the outcomes of a December 2020 relatives and friends satisfaction survey. This showed a 100% positive response in all aspects of their family member's care, with one relative commenting, 'staff are attentive to my needs' and another, 'the care my son has received has been consistent and staff have offered him a varied and engaging timetable despite lockdown'.