Heathcotes Care Limited

Heathcotes (Magna)

Inspection report

29 Bushloe End
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Website: www.heathcotes.net

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22 April 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We carried out our inspection on 21 and 22 April 2016. The inspection was unannounced on the first day, we returned announced on the second day.

Heathcotes Magna provides accommodation for up to six adults who require personal care and support. People who use the service live with autistic spectrum disorder and/or a learning disability.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at Heathcotes Magna. This was because staff understood and applied the provider's policies and procedures to guide them on their responsibilities to keep people safe and how to report any concerns on people's safety.

People had the appropriate level of staff support to meet their assessed needs. The provider completed relevant pre-employment checks which assured them that staff were safe to work with people.

People's care plans included risk assessments of tasks associated with their support and care. This meant that staff were able to support people in a safe and enabling manner.

People's medicines were stored safely. Staff made accurate records of medicines that had been administered. However they did not always follow the provider's protocols or guidance in the support plan to record when a person who used the service refused their medicines. They did not always record any actions they may have taken on such occasions.

Staff received training in the Mental Capacity Act (MCA) 2005 and how they would practice it in their role. However they did not always ensure that when decisions were made on behalf of people using the service that they involved other people who were actively involved in their care and support.

People were supported to have a healthy and balanced diet. People had access to a choice of meals.

People who used the service had prompt access to healthcare services when they needed them.

People were complimentary of the caring attitudes of the staff that supported them. Staff treated people with respect and promoted their dignity and human rights. They also promoted people's right to privacy.

People were supported to maintain links with the wider community. They had access to a range of activities.

People and their relatives had various opportunities to raise any concerns about the service they received. We saw that staff actively encouraged people to do so.

People who used the service, their relatives and the staff all had confidence in the manager and how the service was run. Staff had a shared commitment to provide a caring service to people.

The provider had quality assurance systems to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had the knowledge and skills to keep people safe from harm.

The provider consistently deployed enough staff to meet people's assessed needs.

Medicines were stored and administered safely. However staff did not always follow the provider's protocols or guidance in the support plan to record when a person who used the service refused their medicines. They did not always record any actions they may have taken on such occasions.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were supported and enabled to undertake training that allowed them to meet people's individual needs.

Staff could not be assured that they always made decisions in people's best interests. This was because they did not involve other people who were actively involved in the care and support of people using the service in decisions when it was believed the person did not have the capacity to make the specific decision.

People had prompt access to health care services.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the individual needs and preferences of people using the service.

Staff treated people with dignity and respect.

Relatives could visit without undue restrictions.

Is the service responsive?

Good

The service was responsive.

The provider supported people using the service to be involved in making decisions about their care and support.

Staff listened to people's views and preferences and they acted on them.

Care was provided in a person centred manner.

Is the service well-led?

Good

The service was well-led.

The managers were easily accessible and approachable.

Staff told us that they received the support that they required to meet the standards that the manager expected of them.

The provider had quality assurance systems in place to monitor the quality of the service being provided.

Heathcotes (Magna)

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 April 2016. The inspection was unannounced on the first day, we returned announced on the second day. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We gathered our evidence of how people experienced the service the service by reviewing the care plans of three people who used the service. We spoke with five people who used the service. Due to people's cognition, capacity and anxieties our conversations with them were brief. We also spoke with relatives of two people who used the service, the registered manager, the head of service, three care staff and a health professional who support people that used the service. We observed the support people received in communal areas within the home. We also reviewed people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

People were kept safe from harm and abuse because staff understood their responsibilities to keep people protected from avoidable harm. People told us they felt safe because of the staff that supported them. One person stated that they felt safe because "[Staff] understand me." This person also added that they felt safe within the premises. They said, "Like the gate because it's locked and fence is high so nobody can get in." Another person told us they felt safe because "There's staff to talk to." Relatives that we spoke with agreed that people were safe at Heathcotes Magna. One relative said, "It's very safe there." Another relative commented, "Staff have their eye on [person] at all times." They continued by saying that they felt it was so safe that they took their grandchildren to visit the home.

Staff used the provider's policies and procedures to guide them on their responsibilities to keep people safe and how to report any concerns about people's safety. Staff had received up to date training on safeguarding people. We saw from people's records that when safeguarding concerns were raised, staff followed the provider's guidelines to report their concerns. Staff were also aware that they could raise safeguarding concerns to the local authority safeguarding team and the Care Quality Commission. We reviewed records of staff meeting minutes that showed the provider discussed safeguarding at staff meetings.

People were supported by suitable staff. We reviewed staff records which showed that the provider had safe and robust recruitment practices. Before staff commenced their employment, the provider completed relevant pre-employment checks and ensured that as far as possible that staff were suited to support people who used the service. We reviewed records which showed that where staff had been involved in incidents or concerns regarding people's safety, the provider investigated and followed their disciplinary procedures where necessary.

People's care plans included risk assessments of tasks associated with their support and care. This meant that staff were able to support people in a safe and enabling manner.

People were safe from risks of trips and fall because the home was tidy and free from clutter. The premises were well maintained.

The provider deployed enough staff to meet people's assessed needs. Relatives told us that there were enough staff on duty when they visited the home, and that staff responded to the needs of people using the service.

On the day of our inspection, we were unable to access all medicine storage units. Following our inspection the registered manager told us that they had implemented a new system that ensured there was no such reoccurrence and that authorised staff could access all medicine cabinets when required. However we saw that the provider had followed current guidelines on securing medicine cabinets. This protected people from unsafe access and potential misuse of medicines. The provider also had good practices for the storage of people's medicines. The provider had protocols to guide staff when they administered medicines that

were prescribed 'as required'.

We reviewed people's medication administration records (MAR) charts. People's MAR charts were completed correctly following the provider's guidelines. We saw that staff made accurate records of medicines that had been administered. However we saw that staff did not always follow the provider's protocols or guidance in the support plan to record when a person refused their medicines. They did not always record any actions they may have taken on such occasions.

Requires Improvement

Is the service effective?

Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. Staff told us that they were able to fulfil the requirements of their roles due to the support they received through training and support from their manager. We reviewed the provider's training records which showed that staff had access to relevant training that they required. We also reviewed records that showed that staff received regular support in the form of supervision meetings.

Staff had the skills to communicate and provide support that met people's needs effectively. This included when people displayed behaviours that may challenge others. We observed staff supporting a person with behavioural needs. We saw that they spoke to the person in a calm, consistent and appropriate manner. They could clearly identify individual signs of distress and responded effectively. For example, staff used timers to deescalate behaviours. This gave a sense of control to the person and a timed end which they could count down to. A member of staff told us that information required to support people were detailed in their records. They said, "Reading the care plans have helped me so much." Staff also used a behaviour scale to guide them when supporting people whose behaviour may challenge others, this guided them to respond to any triggers to people's behaviours. One member of staff told us, "I would separate the person from the situation and try to divert the individual from the trigger; this may be just talking to them to find out the problem. The final option is restraint."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider could not be assured that decisions were always made in people's best interests. For example, we reviewed records which showed that where decisions had been made on behalf of a person who used the service, that staff had not involved other people who had active involvement in the person's life. This meant that staff could not be confident that the decisions were in the best interest of the person, as this was the person's first residential placement for several decades of their life and staff may not know or understand the person's full history and decisions they had made in the past. We brought this to the attention of the registered manager who informed us after our inspection that they had started arranging contact with relatives and other professionals involved in people's care for their full involvement to ensure that decisions were made in people's best interest.

Staff had received training in MCA and Deprivation of Liberty Safeguards (DoLS) and knew how they would apply it to their work. We also observed staff supported people in accordance with relevant legislation and guidelines. For example, they sought people's consent before they offered care and support.

The provider had made applications to the local authority for DoLS authorisations for people who required this. We saw that where people had been deprived of their liberty, that it had been done with as minimal restriction as possible. We reviewed records which showed that staff used restraint only as a last resort to keep people safe. On the occasions where restraint had been used, staff kept records for monitoring and support. Staff were trained in the safe use of restraint, and received regular refresher training. The manager monitored the use of restraint. On occasions staff had not used restraint safely, the manager followed the provider's protocols to manage this and minimize the risk of a reoccurrence of unsafe practice. This included notifying the safeguarding authority, the Care Quality Commission and following the provider's disciplinary procedures.

People's nutritional needs were met. The provider supported people to have a healthy balanced diet. People who were able to do so were supported to be involved in preparing their own meals. People told us that they enjoyed their meals. Their comments included, "The food is good" and "Yes". Another person signalled to communicate their satisfaction with their meals. A relative told us, "It [food] seems fine, I haven't had any complaints." Another relative said, "The food is nutritious, [person] gets enough to eat."

People had access to a variety of meals. For example, staff told us that they laid out a variety of breakfast options which people chose from. They said that although some people routinely chose to have the same meals, staff daily offered them the option to make a different choice. The service used a four weekly menu which staff told us was being changed to a two option choice system. People could choose to have a different meal from what was on the menu. Staff used a food labelling system to support people make healthy food choices.

Staff supported people to have prompt access to health care services. People told us that when they felt unwell staff supported them to access relevant health care professionals. Records showed that people had the support they required to access health services.

Good

Is the service caring?

Our findings

Staff supported people in a kind and compassionate manner. People told us that they had positive relationships with the staff. One person told us that staff were kind because they had "a good rapport with staff". Another person said, "Staff have really helped me, I can't fault them." They went on to say that they were happy to talk to their 'key worker' if they felt anxious about things. Relatives also spoke fondly about the caring attitudes of staff. A relative told us, "The staff seem fine, they all seem to love the job, it's not just for a wage. [Person using service] has been there just over two years and there haven't been any major incidents, he seems happy and settled." They went on to say, "We are relived that he's there."

We observed that staff appeared to have great fondness for the people using the service. They demonstrated a shared purpose to give people the best that they could. They spoke to them in a non-patronising manner and treated them as adults with choices. This enabled people to feel that they mattered. We received positive feedback from relatives regarding the caring attitudes of staff. Some of their comments included. "Can't fault them." "I think that it [service] is excellent, mainly because of the staff, they do seem to genuinely care." Another relative enthused, "They [staff] are brilliant!"

We reviewed records which showed that staff listened to and acted upon the views of people using the service. The provider allocated a keyworker to each person that used the service. This meant each person had a key member of staff who ensured that their needs were met and would report any change in person's need to a senior member of staff for follow up and further action.

The provider had arrangements for people to access independent advocacy services when they needed them.

People were treated with dignity and respect. Staff had good knowledge of how they would do this. We observed that staff knocked on people's bedroom door and waited for a response before they entered. A person using the service told us if they didn't want staff to come in, they could say so and that staff would respect this. Staff also told us that they 'picked up' the signs if people using the service wanted to have some privacy from their allocated carer.

People could be as independent as they wanted to be. Staff demonstrated equitable balance of supporting people and promoting their independence. We observed that although most people needed the support of a least one member of staff in the day, that the allocated staff member was keen to promote their independence. For example, we saw one member of staff support a person with making a cup of tea. The staff slowly explained the stages required, and was careful not to take over but to give as much support and encouragement as necessary.

The provider stored people's information securely. Only people who had authority to access people's information had access to people's care plans and other relevant information.

Relatives could visit without undue restriction. One relative said, "They have never given me an excuse not to

go". They told us that when they had been unable to visit the home, that staff came and drove them to the home so that they could visit. This ensured that people using the service maintained contact with their family.

Good

Is the service responsive?

Our findings

People received support that met their individual needs. People's care plans included information such as their interests, and their likes and dislikes. Following our inspection, the registered manager had begun involving people's relatives and those acting on their behalf in the development of their care plans. Relatives also told us that staff kept in regular contact and shared any concerns or issues about the care and support of their loved one. One relative said, "If there is a problem, they would ring and inform me, which is very good."

Staff took into account people's views and their level of independence in the delivery of their care and support. They offered people choices and respected their choice. For example, we observed staff support a person who had a fear of going outside. Staff told us the person had refused all offers to leave the service and engage in activities. We observed that staff left the front door open with the outside premises secured. They told us that this was done in order to acclimatise the service user to the outdoors. Although the person did not go out on the day of our inspection, staff told us this sometimes encouraged them to go outdoors and engage in activities.

People were supported to maintain links with the wider community. They had access to a range of activities. We saw photographs of people engaging in various activities which they appeared to enjoy. The provider ensured that they allocated people's assessed level of staff support to ensure that they could engage in activities safely.

People had opportunities to share their experience of the service. People had access to regular residents meetings where staff sought their feedback on various aspects of their care. We saw that staff acted on the feedback that they received. For example, people had requested for a Halloween party with their family and friends. We saw that staff fulfilled this as requested. They involved people in the activities required to organise the party. We also saw records that showed that staff regularly asked people if they felt they see enough of their family. Staff used this information to support people to maintain contact with people that mattered to them.

We reviewed the provider's complaints documentation and saw that the registered manager responded to people's complaints appropriately and within prompt timescales. We saw that concerns and complaints were investigated and improvements made where necessary. Staff supported people using the service to raise any complaints they may have. They did this through regular 'residents meetings'. The provider's complaints procedure was displayed within the home and was in an accessible format so people easily knew who to contact to raise a complaint. Relatives told us that they could raise any concerns they had with the registered manager. They felt confident that the registered manager actively listened to and addressed their complaints. They also said that raising a complaint did not adversely affect the care and support that people using the service received.

Good

Is the service well-led?

Our findings

There was a shared ethos of promoting a positive, caring and empowering culture within the service. Staff and relatives told us that they could easily approach the registered manager which encouraged open communication about the support that staff needed in their role or support that people using the service required.

Staff told us that they felt supported by the registered manager and other senior staff. They said the registered manager supported them to meet the standards they expected of them. They did this through supervisions, appraisals and training. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. Staff told us that were happy to work at Heathcotes Magna and they promoted the caring ethos of the service. They understood their responsibility to promote choice, dignity and care of the people who used the service. They talked about the open door policy of the manager and said that this also made them feel supported. They understood the provider's whistle blowing procedure and felt confident that the organisation listened to any concerns raised and acted promptly.

During our inspection visit, we observed that the manager was accessible and responsive to people who used the service and to staff who sought their advice or support. Relatives also complimented the support that they received from the registered manager.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). They promptly sent notifications to CQC when required.

The registered manager was supported in their role by a regional manager to provide a good quality of care that achieved positive outcomes for people using the service. Although the role of the regional manager was vacant at the time of our inspection, we saw that the manager was actively supported by a senior manager. The registered manager also maintained links with managers of other Heathcotes services in the region to share challenges, achievements and learning to help improve the service.

The provider had quality assurance systems for assessing and monitoring that they provided a good quality of service. The provider's procedures consisted of monthly 'provider visits' where managers of other homes within the organisation carried out checks and observations which included ensuring that staff promoted the values of the service. We reviewed records that showed the registered manager encouraged staff to provide a good quality service by recognising staff who showed outstanding performance during the 'provider visits'. We saw that the provider developed action plans following the visits. We also saw that the registered manager actively improved the service using the feedback they received.

They audited their systems every three months. All the audits we reviewed were up to date. Where the audits had identified issues, a plan was created and relevant issues were completed.