

Heathcotes Care Limited

# Heathcotes (Taylor View and Gilbert 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

A registered manager was in place but not available at the time of our inspection. A manager was covering the registered manager until their return and was present at our inspection. 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. The provider and registered manager had met their registration requirements had had notified CQC of any event they were required to do.

People told us they were happy with the service they received. Relatives were positive that the provider and staff, provided a service that met their family member's individual needs. A relative said, "The manager is definitely approachable." Another relative said, "Staff seem open and friendly, this indicates they get support. All the staff are very amenable. Pass messages on."

The service had an open and transparent culture where the management team had clear expectations of staff to provide person centred care and support. People were supported to achieve good outcomes.

People's diverse needs were discussed with them and the provider had clear values that promoted and empowered autonomy. This was backed up by the provider's policies and procedures, these included equality and diversity and cross gender.

People who used the service, relatives, external professionals and staff received opportunities to share their experience about the service. This was by means of meetings, surveys and the management team having an open door policy where they made themselves available.

The provider was able to continually improve the service by completing regular audits and checks on quality and safety. The manager, area manager and the provider's internal quality monitoring team completed this monitoring. Where shortfalls were identified an action plan was developed, to identify what was required by whom and when. This meant the provider had oversight of the service and there was accountability.

The service worked with external agencies and organisations as a method to improve outcomes for people. This involved attendance at local forum meetings where providers shared and exchanged information and good practice. Staff were supported by community health and social care professionals and engaged well with the support provided. A professional told us, "I found the manager of the service to be knowledgeable in relation to the service users and their needs. She formed a good working relationship with myself and others and attended all necessary meetings. The service was always clean and tidy and service users looked happy and were happy to talk about the activities / day trips they had been out on."

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

We always ask the following five questions of services.

### Is the service safe?

The service remains Good.

Good ●

### Is the service effective?

The service remains Good.

Good ●

### Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

The service remains Good.

Good ●

# Heathcotes (Taylor View and Gilbert Lodge)

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on the 24 May 2018 and was unannounced.

The inspection team consisted of two inspectors and one Expert-by-Experiences. This is a person who has had personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is 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. This also included statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service and funded some people's placements. We received feedback from one social care professional.

During the inspection, we spoke with three people who used the service for their views about the service they received. We also spoke with two relatives by telephone to gain their views about the service their family member received.

We spoke with the registered manager, area manager, two team leaders and two support workers.

We looked at the care records of four people who used the service. The management of medicines, staff

training records, three staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

## Is the service safe?

### Our findings

People were supported to remain safe as far as possible from abuse and avoidable harm because staff followed the systems and processes that were in place. People who used the service gave examples of why they felt safe. A person said, "Staff and place," kept them safe. Relatives were positive about their family member's safety. A relative said, "Staff are attentive. The environment and the house is safe." Another relative said, "The gates are locked and staff are just great." Staff told us they had received training in safeguarding and had policies and procedures to instruct them of the action required if they suspected any form of abuse. Records confirmed what we were told.

People did not experience undue restrictions on them. People had access to all parts of the service. Some people were able to access the community independently whilst others needed staff support to maintain their safety. Where people required this level of support, records confirmed they regularly accessed the community. A staff member told us how people were supported with positive risk taking. They said, "People are able to take risks, for example one person enjoys doing the gardening. We always make sure they're wearing sturdy shoes and they only use power tools under supervision."

Some people required support with managing their behaviour that was described as challenging at times. Positive behaviour management plans were in place to inform staff of the possible signs and triggers, and the action required to de-escalate any potential behaviour. Staff had also received accredited physical intervention training. One staff member said, "It's not very often we have to use physical intervention and we can only use interventions the person has been assessed for." Records showed any incident of physical intervention was recorded and actions reviewed. Risks associated with people's behaviour were known by staff and external healthcare professionals supported the staff team to manage people's behavioural needs safely.

The provider ensured there were sufficient staff to meet people's individual needs and safety. People told us there were enough staff to meet their needs during the day and night. One person said, "There's someone around at night if I want them." Staff had no concerns about staffing levels. One staff member said, "There is never any staff shortages, and people receiving one to one support always get this."

People received their prescribed medicines safely. One person told us they received their medicines on time. Medicines were managed, stored and administered safely.

People were protected from the risks associated with infection and cross contamination because the provider had systems and processes in place to minimise any risks. Staff had completed training in infection control and food hygiene.

Accidents and incidents were recorded and monitored and consideration given to reduce reoccurrence. Staff told us accidents and incidents were very infrequent but gave examples of action they would take to mitigate further risks. This included involving external health care professionals if required and staff discussions to identify what could be done differently.

## Is the service effective?

### Our findings

The provider used best practice guidance to inform practice and care and support was delivered in line with current legislation. Policies and procedures supported this. Assessment of people's needs, included their protected characteristics under the Equality Act such as age, religion and disability and these were considered in people's care plans. This helped to ensure people did not experience any discrimination and that they received the support they required. For example, staff's practice was inline with learning disability national guidance in meeting people's healthcare needs.

People told us they were confident staff understood their needs and relatives felt staff worked well together. This included the use of effective communication systems to ensure people's needs were known and understood. People were supported by staff that had received an induction on commencement of their employment and ongoing training and support to review their work and development needs. The staff training plan confirmed staff had received training identified by the provider as required, such as learning disability and mental health awareness. The provider had systems in process to check staff's competency, including one to one meetings that were used as an additional method to support and develop staff's awareness in different areas. Staff were positive about the support they received.

People were involved in menu planning, food shopping and cooking. One person said the food was "Good." Another person told us how they had been involved in planning and cooking of a meal of their choice. This demonstrated how independence was promoted. We saw people had access to the kitchen and could help themselves to drinks and snacks. The menu considered people's dietary needs, religious and cultural preferences and likes. Consideration to people's communication needs had been made and pictures of different food choices were available to effectively support choice making. Food stocks were found to be managed and stored correctly.

Processes were in place for important information to be shared with external organisations to support ongoing care and support. This included health action plans used to record people's health care and support needs, when accessing health care services, such as hospital. Information was also available to share with the fire and rescue service in the event that required people to be evacuated from the building.

People were supported to maintain their health and well-being and achieve positive healthcare outcomes. People told us staff supported them to attend health appointments and relatives felt informed of any healthcare needs. Staff gave examples of how they worked with external professionals. People's records confirmed how staff had worked with the GP, community psychiatric nurse and psychiatrist in meeting people's needs.

The environment internally and externally met people's needs, people had space for privacy and their rooms were personalised to their individual preferences. People also had access to a large garden that was safe and secure.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood MCA and DoLS principles, assessments and best interest decisions had been made in line with this legislation when required.



## Is the service caring?

### Our findings

People were supported by staff that were kind, caring and knew their needs, preferences and what was important to them. People spoke positively about the staff and their approach. One person described staff as, "Kind and lovely. I get on with all of them." Relatives were equally positive about how staff were caring and attentive. A relative said, "Yes, staff are very nice and are always friendly. They look after [relation]'s best interest." Another relative said, "Definitely (caring), they (staff) have all the time in the world for [relation], like home."

From our observations of how staff interacted with people and their response, we found staff were friendly and people were at ease in their company, indicating positive relationships had been formed. An example of this was how we saw a staff member and person singing and laughing together, it was clear to see they were enjoying each other's company. The manager supported a person to share their views with us about living at Heathcotes (Taylor View and Gilbert Lodge). The manager showed sensitivity and respect towards the person, giving them time to respond and encouraged conversation when the person looked for support.

People were involved in planning their care and support. This included making choices and this was evident from resident meetings records and people's care plans and information. Staff explained meetings to support people to share their views and wishes were on a one to one basis, as people found previous group meetings difficult. A staff member said, "People have more confidence to speak up on a one to one than in a meeting."

Meeting records demonstrated what was discussed with people and included what long term and short term goals people had, what they had achieved within the month, and any changes they wished to make. Agreed actions were discussed and then reviewed at the next meeting. This meant staff had considered and acted in people's best interest, to give them the best opportunity to be included in their care and support.

People told us staff supported them in developing and promoting their independence. A person said, "I want to get a job in the future." The monthly resident meeting records evidenced what action the person would take to achieve their goal. This person told us they had requested they worked on this goal independently and said staff respected this.

People told us their privacy and dignity was respected. People felt staff listened to them and respected their choices of how they wished to live their life. We saw how staff promoted choice making, examples of this included offering a choice of activities people wished to do and meal options. On the day of our inspection, a person wanted to go shopping to purchase some personal items and was supported to do this. We also saw how staff respected people's personal space and privacy and did not enter people's rooms without gaining permission. Staff gave examples of how people were supported to develop their independence. They said people were encouraged as fully as possible to do as much as they could for themselves. This included being supported with domestic tasks such as cleaning, laundry and cooking.

Staff had received training in equality and diversity. Staff showed an understanding and supportive

approach in meeting people's diverse needs and lifestyle choices. A staff member said, "People have the right to live as they wish and their differences should be respected and supported."

## Is the service responsive?

### Our findings

People received an assessment of their holistic and diverse needs before moving to live at the service. Support plans were then developed to inform staff of what people's needs were and the action required to support and manage these needs. It was evident from viewing people's support plans they had been included in the development and review of their care and support. Information was personalised to people's individual needs, preferences and routines. People told us how their lifestyle choices were respected. For example, a person said, "I could stay in bed all morning." With staff support, they explained they got up about 10.30am. This person added that they had stayed up all night recently because they wanted to, "Talk to staff and watch tv."

People were supported to lead active and fulfilling lives where they received support with social activities, interests and hobbies. A person had recently completed a college course and two other people were in the process of exploring college vocational courses. A person said, "I walk to the library, go on the Internet and take books out, like classics." Another person told us of the activities they enjoyed that included water parks and visiting relative on a regular basis. Relatives were positive their family member was supported by staff to be active in the activities they enjoyed and was important to them. A relative said, "[Relation] is very sociable, goes into town on the bus alone. Staff organise things for residents to do and carry it out well. They make things happen." This relative gave examples of activities provided and said, "They [relation] are looking into a holiday, perhaps a City break. They've [relation] just got a passport."

On the day of our visit, people were supported individually or with another person on various community activities. This included a trip to the coast, shopping and one person was supported to the hair salon and nail bar in the local town.

Staff told us how they supported people to identify what was important to them such as goals they would like to achieve. Staff then identified with people the action required to achieve this. We saw how a person had identified that they wanted to attend their college course independently and they had been successful in this. An activity board showed individual preferences of activities people were supported with; this included variety of activities such as cinema, eating out, day trips, bowling and gym. People's care records confirmed people had participated in a variety of activities

The Accessible Information Standard was found to have been met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had been assessed and planned for. The service user guide that informed people about what they could expect from the service was available in an easy read format, as was the complaint procedure and other policies.

People told us they would speak with the staff if they had any concerns and a relative told us they would speak with the manager to try and resolve it but they had never had cause to raise anything. The complaints log showed two complaints had been received in the last 12 months and the manager had taken action to resolve these.

People's end of life wishes had been discussed with them. Care records included details of arrangements they would like in place such as a funeral plan. No person was at the end of their life.

## Is the service well-led?

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