

Potensial Limited

# Heathfield Gardens

## Inspection report

163-165 High Street  
Tibshelf  
Alfreton  
Derbyshire  
DE55 5NE

Tel: 01773872229

Date of inspection visit:  
10 May 2018

Date of publication:  
11 June 2018

### 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

Heathfield Gardens 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.

Heathfield Gardens is registered to accommodate 11 people with a learning disability and associated conditions in one adapted building and provides personal care. There were 10 people using the service at the time of our inspection. Each person had their own bedroom with ensuite facilities and a variety of communal areas that they could access. This included a secure garden, with seating and equipment for outdoor games.

Heathfield Gardens met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager in post. 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. There was a manager in post and they had applied to register with us. Their registration was in progress at the time of this inspection.

This is the first inspection since the provider registered this location on 21 October 2016

People's needs were met as there was enough trained staff to support them. People were supported to keep safe and the staff understood their role in protecting them from the risk of harm. People were supported to take reasonable risks to enable them to live as independently as possible. To ensure people's safety was considered, environmental risks were assessed and managed. People were supported to take their prescribed medicine and systems were in place to ensure this was done safely. Checks were undertaken on staff before they commenced work to establish that they were suitable to support people. The service was kept clean and systems were in place to guide staff on the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their representatives were involved in their care; which enabled them to make decisions about how they wanted to receive support in their preferred way. People were supported to eat a balanced diet that met their preferences and assessed needs, and access healthcare services. People received coordinated support to ensure their preferences and needs were met.

Staff understood people's needs and preferences and knew them well. Staff were considerate and caring

towards people and supported them to maintain their dignity. People's privacy was respected and upheld by the staff team and people were supported to maintain relationships with those who were important to them.

People were supported to maintain their interests and be part of their local community. The manager and staff team included people and their representatives in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in developing the service. Staff understood their roles and responsibilities and felt supported by the manager. The provider understood their legal responsibilities with us and systems were in place to monitor the quality of the service to enable the manager and provider to drive improvement.

## 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.

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Identified risks to people were minimised and they were supported to take their medicines in a safe way. Staff were available to support people and recruitment was ongoing. The recruitment procedures checked staff's suitability to work with people. Systems were in place to manage infection control and hygiene standards. Continuous monitoring was in place to ensure lessons were learnt and improvements made as needed.

### Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights were protected because they were supported to make decisions. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met. When people moved between services this was done in a coordinated way to meet their individual needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People's rights to make choices were promoted and they were treated as individuals. People's rights to privacy and dignity were valued and respected and they were supported to be as independent as possible and maintain relationships with people that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People were supported using their preferred communication method, to make decisions regarding their daily lives and received support that met their needs and preferences. People were supported to share any concerns they had and these were addressed in a timely way.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their representatives were consulted and involved in the development and improvements of the service. The manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were met. Systems were in place to monitor the quality and safety of the service and drive improvement.

# Heathfield Gardens

## 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 10 May 2018 and was unannounced. The inspection visit was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. 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.

The inspection was also informed by other information we had received about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider and the local authority safeguarding team.

Some people due to their needs were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people and how the staff interacted with them.

During the inspection, we spoke with the four people that used the service, the manager, area manager, four care staff and the housekeeper. We spoke with one person's relative following the inspection.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the manager to email copies of their development plan so that we could see how the provider monitored the service to drive improvements. The manager sent this to us within the required timeframe.

# Is the service safe?

## Our findings

People that were able to express their views told us they liked the staff and felt safe with them. Our observations throughout the day demonstrated that people were relaxed with the staff that supported them. We saw that people were able to walk around their home freely. One relative told us they felt their relation was safe with the staff that supported them and said, "I am very happy with the support my relative gets. The staff are very good and when we take [Name] out they are always happy to go back home; which I think is a good indicator that they like being there."

Staff were clear on what constituted abuse or poor practice and knew how to recognise and report potential abuse to keep people safe from harm. One member of staff told us, "If I had any concerns, I would report them to the manager. We have had safeguarding training so I know that we can go directly to the local authority if needed. I have never needed to do this but our job is to keep people safe and I wouldn't hesitate to report any concerns to the local authority if I needed to." Staff understood the whistle blowing policy. This is a policy that enables staff to report poor practice, anonymously if they prefer; it also protects staff if they do this. We saw that the provider had liaised with the local authority when concerns were raised to ensure these were investigated.

When people demonstrated behaviours that may put them or others at risk, the staff understood how to support them in the least restrictive way. Positive behaviour support plans were in place to guide staff on how to support people to reduce these behaviours. Where incidents had occurred records were in place to demonstrate the support the person had received, to maintain their safety and the safety of others.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support each person would need in the event of fire or any other incident that required their home to be evacuated. Staff had a good understanding of the level of support each person needed and confirmed that fire evacuation procedures were undertaken with people to ensure they would know what to do in such an event. We saw that work was done with people to assess their understanding of what to do in an emergency such as a fire. This showed us the provider had proactive measures in place to minimise risks to people's safety. Records were in place, to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

The manager confirmed that there were some staff vacancies that were being recruited to at the time of the inspection. A deputy manager and senior carer had been appointed along with three care staff. Further staff posts were in the process of being filled. The manager told us, "I need another four staff but I am going to overstaff to possibly four or five." Staff told us that the staffing levels had been reduced due to staff leaving but confirmed that people's needs had continued to be met by staff supporting from another of the provider's homes. One member of staff said, "We all work together; there are another two homes nearby and we support them when needed and they do the same. It is good because it enables us to get to know each other." We saw there was sufficient staff to support people throughout the day. For example, one person was supported to visit their relative and staff were seen supporting people with their daily activities.



Arrangements had been made for staff to support a person to visit Skegness the week following the inspection. Another person was going on holiday to Yarmouth with their staff support. This demonstrated that staff resources remained available to enable people to plan their holidays and spend their time as they wished.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. One member of staff told us, "I wasn't able to start work until all my checks had come back." We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. The manager told us of the plans they had to involve people that used the service in the staff recruitment process. They said, "This is an area I want to develop, as we have people here that would be interested in doing this; they should be involved in deciding who will be supporting them."

Medicines were managed safely. We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Staff told us they had undertaken training and received competency checks to ensure they administered medicines safely. All of the people that used the service required staff support to take their medicine. Medicine administration records were kept and staff had signed when people had taken their medicine. Medicine administration records were audited to check that people had taken their medicines as prescribed. We checked some medicines against the stock balance and they corresponded. This showed us that people had received their medicines as prescribed. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff supported people to keep their home clean and received training in infection control, food safety and the Control of Substances Hazardous to Health Regulations. This training sets out standards for the safe storage of hazardous substances like cleaning products in working environments. We saw that cleaning products were stored securely. The housekeeper confirmed that a cleaning schedule was in place and followed to ensure good hygiene standards were maintained. The manager used this information to complete audits regarding the prevention and control of infection, to ensure any areas for improvement were identified and action taken as required. We saw that all actions had been signed off as completed at the last audit.

We saw that continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the manager to look for any patterns or trends; to enable them to take action as needed.

## Is the service effective?

### Our findings

People received care and support based on their holistic needs, preferences and diverse needs. People's needs were assessed using nationally recognised assessment tools and best practice guidance such as needs associated with positive behaviour support and specific health care needs. This meant people could be assured their needs were effectively managed and monitored.

People told us the staff supported them well and confirmed they liked the staff. One relative told us they were happy with the support their relations received from the staff team and said, "The staff know [Name] well. I have no concerns about the support they get. The staff get training and the manager is very good, she has her eye on the ball."

The manager confirmed that new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards to enable new staff to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "Before this job I hadn't worked in care before so I completed the care certificate as part of my induction. It was very useful." Staff confirmed they received ongoing training to develop their skills and understanding and training certificates confirmed this. One member of staff told us, "The training is very good we have a mix of on-line, classroom and workbooks, so it's varied." Another member of staff said, "Our training covers all the essential areas and they are done really well. We had fire safety yesterday which included practising with fire extinguishers. I thought that was really good as I had never used one before; so it was really helpful. This training also covered evacuating the building so we know how to safely support people out if there's a fire." Staff confirmed that they also received training to meet the specific needs of the people they supported such as training in autism and epilepsy. Staff told us they were currently in the process of completing training in dementia and end of life care. One member of staff said, "There are workbooks that we complete and send off. Half of us are doing the dementia training and the others end of life care; then we will swap. Both are areas that I don't have much knowledge in and in the future we may need this knowledge to support people." This demonstrated that the provider had considered the future needs of people they supported; to ensure staff were equipped with the relevant knowledge and skills.

Staff confirmed they received supervision. One member of staff told us, "I have had supervision and the manager works with us a lot and they are always available to talk to." Another member of staff said, "The manager is so approachable and very easy to talk to. She works with us a lot, she is really hands on." The manager confirmed a plan was in place to ensure supervision was provided on a regular basis. They advised that they rostered themselves on the rota to work on shift with staff and told us, "I am continuously supervising the staff and monitoring practice when I work with them."

People were supported to choose their food and drink, and were assisted to consider a balanced diet. Meals were planned taking into account people's preferences and included specialist diets as required. For example, one person required a soft diet as they were at risk of choking. We saw that they were supported to follow this diet. This person told us they enjoyed their meals and said, "The food is really nice."

Staff worked with external organisations. For example if a person required health care support or was admitted to hospital, the relevant information about the person was shared, to support clinicians in the person's ongoing care. The manager confirmed they also worked with the community learning disabilities team to ensure people received the support they needed to maintain their well-being.

When people moved into the home they were supported to do this in a way that met their individual needs. For example, transitional visits were arranged to enable the person to meet other people living at the home and for the other people to get to know them. The amount of visits varied depending on the person's needs and increased to overnight stays when the person felt ready. The manager told us that one person had initially visited with a member of staff who knew them well. This enabled the person to adapt to their new environment at a pace that suited them and with staff they were familiar with.

People were supported to access health care services and referrals were made as needed to support people to maintain good health. For example, we saw one person had been referred to the community mobility team to reduce the risk of falls. This team had undertaken an assessment of the person's mobility and referred the person to the orthotics department who provided insoles for the person's footwear to support them in walking safely. One relative told us, "I like to attend appointments if I can but if I'm not available the staff will support [Name] and feedback to me."

Heathfield Gardens provided a domestic style house that had been adapted to ensure regulations were met such as fire safety; this included fire fighting equipment to eliminate compartmental fires. Aids were in place to support people's mobility where needed. There was a choice of communal areas such as two spacious lounges, a conservatory, a small lounge area and a dining room for people to access. A large rear enclosed garden with tables and chairs and equipment for outdoor games was also available and accessible for people to use.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 manager confirmed that all of the people that used the service lacked the capacity to make some decisions and we saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received. Including accessing the community. All of the people had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and at the time of the inspection these had been approved for three people. Whilst awaiting the outcome of the remaining applications people were supported in their best interests to ensure their safety was maintained.

Staff told us they were provided with training to support their understanding around the MCA. We saw that people were supported as needed to make choices throughout the day, such as how they spent their time and what they wanted to eat and drink. One member of staff told us, "Some people can't tell us verbally so we use pictures or they might take us to what they want. Giving people choice is really important." Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. The manager confirmed that decision making forms had been introduced when people chose to spend significant amounts of money. For example for holidays or large purchases. This ensured people were protected from financial abuse as large purchases required the agreement of senior managers within the organisation.

# Is the service caring?

## Our findings

People told us they liked the staff. One person said, "The staff are very nice." Another person said, "The staff are my friends." We saw a positive and caring approach was provided by the staff team that enabled people to live a fulfilling life. For example, we saw staff supporting people with their planned activities and sitting chatting with them.

Staff confirmed, and we saw they were able to communicate effectively with people. People's communication methods were recorded in their support plans. Alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be, by enabling them to communicate their preferences and wishes and to be in control of their daily lives. For example, one person had a communication book which consisted of photographs. They used this to communicate their wishes when they had difficulty expressing themselves verbally. Makaton sign language was also used by some people. Makaton is a recognised sign language used by people with a learning disability. The manager told us of the plans in place to provide Makaton workshops for all of the staff team. These would be led by one of the people that used the service. This demonstrated that the staff worked in partnership with people to promote their autonomy.

People were encouraged to maintain control over their lives and daily activities. For example, people had and were being supported, to decorate and refurbish their bedrooms. This was done by showing people colour charts and photographs of furniture. Several people invited us to look at their bedrooms and the new décor in place which they told us they were pleased with.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The manager told us that none of the people that used the service were supported by an independent advocate at the time of our inspection.

Staff had a good understanding of people's needs and we saw they supported them with dignity and respect. For example we saw that staff supported people discreetly to use the bathroom when needed. Staff respected people's privacy. For example when people chose to spend time alone in their rooms, we saw that staff respected this.

People were supported to maintain relationships that were important to them. One relative told us, "We have regular contact with [Name] and come and pick them up. The manager is very good and keeps me informed about everything."

## Is the service responsive?

### Our findings

A key worker system was in place and changes to this system were in progress at the time of the inspection. Key workers were responsible for updating and reviewing people's support with them and for being their key contact for them and their relatives. The manager told us, "People should be deciding who their key worker is not us. We have used photos of all the staff to support people in making their decision." People were able to tell us who their chosen key worker was.

The manager and staff team ensured people's social inclusion by promoting purposeful recreational and social opportunities. We saw that people were supported in meaningful engagement, and activities were structured in a way that supported their individual needs. A member of staff from one of the other homes owned by the provider was working at the home on the day of the inspection. They told us, "We are setting up group activities across the homes through meetings with people that live in the homes and their staff team to decide on the activities. We are setting up a walking group; this will be for people that are mobile and also people that use wheelchairs." People were supported to seek employment. At the time of the inspection one person with support from the manager was looking for employment in the local area.

We saw the provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received and choices within their daily lives; as staff ensured this information was provided in an accessible format for them. For example, pictorial menus and pictures to support written words within support plans. The manager told us of their plans to develop further pictorial information for people such as an easy read complaints procedure.

People confirmed that support plans were developed with them and these were detailed, personalised and up to date. We looked at one person's support plans with them and they confirmed the information was correct. One relative told us, "I am kept updated with everything." The manager confirmed that person centred reviews were undertaken with people and their representatives.

A complaints procedure was in place. We saw a system was in place to record complaints received and the actions taken and outcome. One formal complaint had been received in the last 12 months and we saw that this had been addressed in a timely way and resolved. Staff told us they would report any concerns to the manager. Staff confirmed that they spoke with people at house meetings to ensure they understood that they could raise concerns. In this way the staff team advocated for people; to ensure their voices were heard and the support they received met their preferences.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

# Is the service well-led?

## Our findings

The manager in post was in the process of registering with CQC at the time of the inspection. People knew who the manager was and one person told us, "They are nice." The staff team confirmed that the manager worked with them to ensure people received the support they needed. One said, "The manager is very supportive. They work alongside us and cover shifts, they will always help out. The teamwork is very good."

People's relatives felt the home was managed well. The relative we spoke with told us, "The manager is very good and manages the home really well. They are very open with us about everything and have said to call them if we have any concerns."

The provider understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken.

Staff had a good understanding of their role and responsibilities. The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. Staff confirmed they had regular team meetings and confirmed they felt supported by the manager. We saw that a workshop had taken place with staff to discuss what was working and not working and what they needed to achieve to improve outcomes for people. The manager told us, "There is now better communication across the team. The staff that are here now want to develop the service." One member of staff told us, "At team meetings we discuss issues and building on development to improve the support people get."

The provider and manager gathered feedback to enhance the lives of people they supported. This included annual questionnaires to relatives, people that used the service and visiting professionals. Visitors were also offered feedback questionnaires when they visited the service. We looked at some of the feedback received this year which was positive. For example one relative had written, 'They always seem happy whenever I visit.' Another relative wrote, 'The staff are always helpful.' A visiting professional wrote, 'The staff are welcoming and approachable and are good advocates for the residents.' Meetings were also held with people who used the service to gather their views and ensure they were happy with the support they received.

Systems were in place to assess and monitor the service and support provided to people. We noted where improvements were required a development plan was in place that described the timescales of action required. This was good practice and enabled the provider to have continued oversight of the service and any shortfalls that needed improving. We saw the improvement plan included staff recruitment, Makaton workshops and a communication group with two other services owned by the provider and developing a challenge charter for staff to positively challenge practices. We saw that some actions on the improvement plan had been completed. For example, health and safety within the home had been undertaken such as the servicing of equipment and maintenance of the building. Improvements had also been made in the

infection control standards.

The manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team and other health care professionals. This demonstrated they worked in partnership with other organisations to ensure good outcomes for people were achieved.