

## Heathcotes Care Limited

# Heathcotes (Eversley)

### 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 

### Overall summary

This inspection took place on the 25 and 26 June 2015 and the first day was unannounced.

Heathcotes (Eversley) is a care home for adults and registered for a maximum of eight people. At the time of the inspection there were seven people using the service. Heathcotes provides care and accommodation to people with Autism Spectrum Disorders.

The service was last inspected on 26 June 2013 and, at that time; it met the regulations we assessed.

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.

The care provided was personalised and enabled people to live as independently as possible. People who used the service were supported and encouraged to make decisions about aspects of their daily lives. Each person

# Summary of findings

had a support and activity plan which had been discussed and agreed with them. Activities undertaken included; holidays, day trips, shopping, gardening, going to discos and the cinema.

Staffing levels were structured to meet the individual needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff received training and support to enable them to carry out their work in a skilled and confident way. This meant that people were supported by staff suitable in character and ability.

People lived in a safe and homely environment and the registered provider ensured it was properly maintained. Risk assessments were carried out and staff took steps to minimise risks without taking away people's rights to make decisions. Support plans had been developed that provided clear guidance to staff as to how to support the positive management of behaviours that may challenge the service and others. Staff provided a consistent approach to situations that may be presented and protected people's dignity and rights. People's nutritional and dietary needs had been assessed and people were supported to plan their meals, shop for ingredients and prepare food.

Staff knew how to protect people from abuse and to keep them safe. The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Medicines were ordered, stored, administered and disposed of safely.

People had contact with their GP and had attended routine health checks and accessed other health professionals as required. The service made appropriate and timely referrals to healthcare professionals and their recommendations were followed.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by the supervisory body. The registered manager and support staff had a good understanding about this and when it should be applied. Documentation in people's support plans showed that when decisions had been made about a person's care, and they lacked capacity, decisions had been made in the person's best interests.

Where complaints had been reported, these were responded to appropriately and action had been taken to resolve them. A complaints policy was in place which was also available in easy read format to make it accessible for the people who used the service. There were systems in place to seek feedback from people who used the service and their relatives about the service provided.

A quality monitoring system was in place that consisted of stakeholder surveys, reviews, assessments and audits.

# Summary of findings

## 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 was safe.

There were sufficient numbers of staff who knew how to manage risks and provide people with safe care. The required checks had been undertaken to ensure that staff were of suitable character.

Staff understood how to protect people from abuse. There were processes in place to listen to and address people's concerns

Safe systems and procedures for supporting people with their medicines were followed.

Good



### Is the service effective?

The service was effective.

Staff received on-going training and support to ensure that they were competent and confident in their day to day work.

Staff understood how to provide appropriate support to meet people's social, physical and mental health needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

Good



### Is the service caring?

The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support. People were treated with respect and their privacy and dignity was maintained.

People were supported to maintain relationships in the community that were important to them. Relatives were appropriately involved and consulted in matters of any concern.

Staff recognised the different religious and cultural needs of people and took steps to ensure that these were met.

Good



### Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff were knowledgeable about people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships.

There were processes in place to deal with any concerns and complaints.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service was overseen by a registered manager who was approachable and who was committed to provide a good quality service. She undertook regular audits to ensure that issues were highlighted and learning achieved.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to listen to people and their feedback was used to make improvements to the service they received.

# Heathcotes (Eversley)

## 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 inspection took place on 25 and 26 June 2015 and the first day was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also looked at the statutory notifications that the registered provider had sent to us.

We contacted the local authority safeguarding unit, quality assurance team and service commissioners who informed us that they had no current concerns about the service.

Some of the people who used the service were unable to communicate their experiences about the service and others chose not share their views. We observed the care people received to help us understand their experiences. We spoke to five relatives following the inspection to ascertain their views about the care and support people received.

We spoke to six members of staff and the registered manager. We read care records for five people who used the service. We also looked at records relating to the management of the service and the recruitment records for four members of staff.

# Is the service safe?

## Our findings

People who used the service looked happy and relaxed in the presence of staff. Relatives told us that they had “Every confidence that people are safe” and that “I never have to worry about how [family member] is being treated”. Staff told us that they knew how to keep people safe from harm and they were able to identify situations that could be seen as potential safeguarding concerns. Staff were aware of the safeguarding procedures and were confident about reporting a concern. Safeguarding policies were available throughout the service and they were also in an easy-read format for people who used the service. The registered manager had reported concerns of a safeguarding nature to the Care Quality Commission (CQC) and the local authority safeguarding unit. There was evidence to show that the registered provider had taken steps to investigate these incidents and had put management plans in place to reduce the likelihood of further harm to people. Systems were in place to ensure the safe management of personal allowances for each person who used the service. These helped to minimise the risks of financial abuse.

People who used the service had the flexibility to what they wanted to do and when. Staffing rotas had been recently reviewed and amended so that the full complement of staff were available until 10pm. This allowed people to participate in evening activities both inside and outside of the home. Due to the high level of supervision and support people required, staff provided people with one-to-one support from 8 am to 10 pm. On both days of the inspection, there was sufficient staff to meet the needs of people who used the service.

Assessments were in place to identify areas of risk for individuals. These contained sufficient information to guide staff on how to support people and to minimise the risk of harm. Staff told us about their understanding of risk for individuals and how best to support them. For example, one person liked lie on their bed but there was a risk of other people wandering in and upsetting them. Their support plan stated “Ensure that when [name] is relaxing on the bed that the bedroom door is alarmed and set to a different chime setting to the other residents”. This meant that staff could clearly identify if someone had entered this specific room. People accessed the community with

appropriate levels of support and supervision. The risks that people faced to enable them to access the community were assessed and appropriate risk management plans in place to keep people safe.

There was a policy and procedure in place for the reporting and management of accidents and incidents. We saw that these were recorded and the registered manager had oversight. They were able to identify themes and trends in such occurrences and take steps to review support plans or environmental factors. Accidents and incidents were reported on a weekly basis to the registered provider for further analysis.

The registered provider had suitable arrangements in place for supporting people with their medicines. There were support plans for each person that indicated their level of capacity and understanding with regards to their medication and the level of support required. One person did not like to swallow lots of tablets but was agreeable to take liquid medicines. Staff had consulted with the pharmacy and the person’s medication was put into liquid form and taken from a lidded beaker with a straw. It was clear on another support plan that medication was to be given on a spoon with thickened water and not food due to swallow difficulties. Some people had medicines PRN (medicines to be given as required) such as pain relief or for agitation. Each person had a care plan that clearly indicated when these medications were to be given. Staff kept a separate running record that documented when PRN medication was administered and why. This helped staff to identify if a support plan or medication review was required due to regular use. If someone required a PRN medication to manage behaviour this was only given after all other redirection techniques had been tried and authorised by a senior member of staff. The processes for ordering supplies of medicines and the disposal of unused items were recorded and followed. The registered manager and senior support staff carried out audits to check that staff were following procedures. Medicines were stored appropriately and securely as per pharmacy instructions. People’s medicines administration records (MAR) were in order. Staff who administered medication had been given appropriate training, supervision and received ongoing competency assessment.

The registered manager had followed safe recruitment processes to ensure that people were cared for by staff of a suitable character and skill. Prior to commencing work staff

## Is the service safe?

had gone through a robust interview process, gaps in employment history had been verified, appropriate references were obtained and disclosure and barring service (DBS) checks were carried out. DBS checks were for “adult workforce” but staff, on occasions, supported people under the age of 18. We brought this to the attention of the registered manager who took immediate remedial steps to ensure that they would be updated to cover both children's and adult workforce.

The environment in which people lived was clean, safe and secure. The registered provider had systems in place to ensure that all required building checks such as gas, electricity, portable equipment testing, water temperatures

were kept up to date. People had keys to their rooms to enable them to lock away their valuables. Staff were aware of what to do in an emergency and they identified where business continuity plans and personal evacuation plans were located.

At the time of the inspection there were no disciplinary investigations on-going. The registered manager undertook "instant supervision" where any issue arose concerning staff and where there was an element of future learning. For example: where staff had not completed documentation in a timely manner or recorded something in a way that compromised people's confidentiality.

# Is the service effective?

## Our findings

People had confidence in the staff that supported them.

Staff told us that they felt suitably skilled and confident to do their job. They described the range of training that they undertake as “Excellent” and they told us that it was sometimes “Individually tailored to the resident”. For example: a number of people who used the service had seizures and so training had been set up to ensure that staff were confident in supporting people who had seizures. New staff underwent an induction programme that introduced them to the policies and procedures of Heathcotes, the premises, and the individuals that they were to support. New staff also had regular supervision and a probationary review.

Staff had supervision every six to eight weeks and this was evidenced both in documentation and through discussion with staff. Supervision, staff told us, was regular and gave them an opportunity to discuss a range of issues. They told us that they felt listened to and supported. All staff also underwent an annual appraisal to look at challenges of the last year and future learning needs.

Staff understood the importance of continuity of care and told us that they would “Always try to cover shifts as agency staff do not know people like we do”. The registered manager confirmed this and we saw that the last agency shift was on new year’s eve.

Staff told us that every person who used the service was able to make some decision for themselves in regards to certain aspects of their care and support. This was corroborated in support plan documentation which indicated decisions people could or could not make. Support plans also outlined how staff needed to communicate with people in order to try to ascertain their consent. For example, people’s plans stated; “The best way to present information to me is verbally but do not overload”, “Ways to help me understand are to give me time and be patient”. “Speak in short sentences”. Support plans also directed people as to the best time of day to approach them in order to get the best response.

Mental capacity assessments were carried out for people who lacked capacity to make a particular decision, such as whether to take medication, to relinquish management of their finances and to be restricted from the use of the kitchen. Staff used the four stage assessment of capacity

and for each of the key questions demonstrated how they had reached their conclusion. Where a person lacked capacity and a decision was made in the person’s best interests, the assessment indicated what the decision was, why it was important, what decision making had taken place and who had been involved. This meant that staff followed the MCA 2005 code of practice and ensured the rights of people were protected.

Some people had restrictions in place such as with one-to-one care or not being able to go out unless escorted. Staff were aware that this was a deprivation of liberty and had made applications to the supervisory body for authorisation for such matters. To date, the supervisory body had not assessed any of the applications.

Staff supported people with very complex health and behaviour needs, each of whom had a unique background and circumstance. A number of people who used the service displayed behaviours that challenged others. Staff told us that they applied the principles of Non-abusive Physical and Psychological intervention. (NAPPI). On occasions staff needed to use restraint for the safety of the person and others. Staff reiterated that this was a last resort and in most occasions NAPPI technique resolved the behaviour. Care plans clearly indicated what would need to be done in the first instance and daily records supported that this had been followed.

Meal times were flexible as was the menu. People were encouraged to make choices and there were a number of visual aids to assist people to do so. Staff encouraged healthy eating and people had access to snacks, drinks and fruit throughout the day. Staff ensured people had adequate and sufficient drinks. Some people required the use of specialist utensils to enable them to eat and drink independently and they had favourite mugs. Care plans detailed specialist equipment and people’s preferences with regards to eating and drinking. A relative said; “Staff bring the blender when they meet me and [name] so that a café or restaurant can blend the food. This means that they don’t miss out and can enjoy things we take for granted”.

Staff kept an accurate record of people’s food and fluid intake so that they could monitor where there were nutritional concerns. Some people required a reduction in calorific intake. Staff had taken time to educate and encourage people with healthy eating but to make it enjoyable. For example, a person enjoyed to bake and eat cake. Staff had bought a healthy options cook book so that

## Is the service effective?

the person could continue this activity and bake things for everyone that were healthy. Staff sat with the person and let them decide what they wished to bake out of the recipe book. Allergies and dietary requirements were also noted and staff were aware of these.

The premises were suitable to meet the needs of people who used the service. People had personalised their rooms and they were decorated to meet their own particular

needs and preferences. Some rooms had brightly coloured wallpaper and murals to aid people's sensory stimulation whilst others promoted calmness. People had activity boards to help them with daily and weekly routines. There was an outside space that was accessible and people were encouraged to use it. There was plenty of sports equipment, games and a trampoline for people to use.

# Is the service caring?

## Our findings

Interactions between people who used the service and members of staff were caring and demonstrated that staff listened to people. If a person did not feel very happy or was a little anxious, staff understood how to cheer them up and addressed their concerns with patience. Staff talked about things that were important to people such as their family, holidays etc. Relatives said that “We are delighted that staff really care”, “They are fantastic”.

Throughout the two days of inspection, it was evident that staff had a positive relationship with the people that they supported. They knew them well and were able to interpret their behaviours and to anticipate their needs. People who used the service looked to staff for reassurance and support. Staff spoke to people in a calm and reassuring way and were caring in their approach.

A relative told us that; “Staff go to great lengths to find out what [name] wants to do.” “They are always trying to think of new things and places to visit”. People were offered choice in a way and at a pace that they could understand: from what to eat, what to watch or what to do later in the day. A staff member tried, by the process of elimination, to find out what someone wanted to eat for lunch but options were discounted so they said “We can always go to the shops if you want something else”. This meant that people were being offered real choice and opportunity in their lives.

Staff responded to diversity and respected the cultural and religious needs of the people who used the service. One person had specific requirements due to their religious beliefs and these were outlined in the support plan. Staff had undertaken their own research as well as speaking with family. Literature, for example, on appropriate foods was kept in the kitchen for all staff to follow.

Staff supported and encouraged people to be as independent as possible by supporting them to do as much as they could for themselves. For example, a person indicated that they wanted staff to make a drink for them

but staff encouraged the person to do it alongside them as the person was capable. They used lots of positive reinforcement “Come on let’s make tea together. You make one of the best cups of tea in the house”. People were encouraged to lay the table or to take their dishes to the kitchen following a meal. Staff told us that it was important that people developed or maintained life skills and this made people feel valued.” A staff member said “It’s a case of what they can do rather than what they can’t”.

There was lots of laughter and banter between staff and people who used the service. One person had picked up a guitar to play and sing to everyone in the lounge and was given positive encouragement. Staff knocked on doors and asked permission before they entered. One person wanted something from their room but were not sure where they had put it. Staff said “let’s go and look together. I don’t want to go through all your drawers as it’s your personal things”. We observed staff discreetly ensuring that a person was covered up or their clothes repositioned as they spread out on the sofa in order to ensure their dignity. One of the staff told us that they use “code” to use to represent certain situations that may arise within the home. For example colours are used to signify seizures, so staff would call “[colour] room [number]”. This ensured that they did not shout out personal information within the home for others to hear. People were treated with dignity and respect and their confidentiality was maintained.

Information about advocacy services was available in the communal area and staff told us that somebody from the advocacy service had been recently to speak about the service available. Staff were able to tell us that an advocate could be required if somebody did not have somebody to act in their interest and there was conflict-of-interest that needed to be resolved.

People were encouraged to think about end of life care and their last wishes. These were documented in a booklet and written and pictorial form. Staff involved families as they felt it was important to ensure that such arrangements were clearly indicated and that it was important to respect people’s wishes at the end of life.

# Is the service responsive?

## Our findings

All of the relatives we spoke to reported that their family member had made improvements since going to live at the home. Their comments included; “They have had a new lease of life since they went into the home”. “They are so much calmer now” “They are so much healthier”. They don’t want to come home so much now so I know they are settled”.

Staff told us that routines and rituals were very important to some people who used the service and made the difference between them having a good or bad day. Support plans provided step by step guidance about people’s preferred routines and this helped to ensure that people received care in the way that they wanted. One person’s bathing routine outlined to “Test the water, [name] lies in the bath with the tap running” “Likes deodorant and always apply before dressing, likes it applied to back and the rest of their body”. “My family often bring me gifts of chocolates and these need to be put into my named tin in the kitchen and give me smaller quantities as I can get overwhelmed with them in my room.” Support Plans were detailed and gave a clear picture of the needs of a person (in words and pictures). Any new member of staff would be able to recognise someone immediately and be able to deliver the care that was required.

Staff had information about how best to communicate with people and this included the use of communication aids such as body language dictionaries and picture boards. We saw that staff communicated effectively with people and used their preferred methods and style of communication.

The care and support people received was outcome focused and promoted people’s independence. Support plans focused on the person and not their behaviours. They were positive and always started off with what someone was able to do. For example “I can make a cold drink but need help with hot drinks”, “I can dress but will need some help with buttons” “I can be affectionate, thoughtful, caring and energetic” but “I can tense my facial muscles, pull my tongue, and growl if there is something wrong.

The registered provider had introduced “grab sheets” which were a summary of the support plans. Staff were able to use these when they took someone out or if someone had to visit another service or establishment. This ensured that care remained consistent in any situation.

Activity logs were detailed and also recorded what had gone well or not so well for people, so staff could learn from this; Staff told us that one person loved to go to the park but they have now learnt that it has to be a park where the person can see specific things from the car park otherwise they become agitated and do not want to get out.

Some people who used the service required regular weights to be taken due to nutritional concerns. Weights were recorded for people as required and they included height and an accurate Body Mass Index (BMI) score. The documentation also highlighted what the target weight and BMI so that staff could monitor progress. The support plans outlined what action was required and any advice from professionals was incorporated. For example; “All my foods need to be fortified with whole milk, cream and this is working for me”. This meant that staff were effectively monitoring health conditions of concern in order to improve people’s quality of life.

Support plans outlined the relationships that people had with staff but also other people within the house. For example; “Interacts more with staff but does laugh if others are displaying inappropriate behaviours”. There was a “staff matching” assessment for each person that indicated the skills and characteristics that a staff member would require in order to meet someone’s needs. Relatives said that time was taken to find the “Right match” and they people had consistent key workers. The registered manager told us that she was currently recruiting new staff to meet the specific requirements of a person due to move into the service.

Relatives said; “I would have no hesitation in raising an issue and knowing it will be resolved”. “I would not feel at all uncomfortable raising a concern”. There was a complaint policy in place and this was also in an easy read format available in the communal area. There had been two recent complaints and these had been responded to in an appropriate manner and the complaints process followed. We spoke to the registered manager and asked that this policy be updated to reflect the roles of the local authority and the local government ombudsman.

# Is the service well-led?

## Our findings

Relatives commented; “Every confidence in the manager and the staff”, “They are a tremendous team” “Staff keep us up to date with any issues of concerns and make sure that we all have regular reviews”. They also told us they had a weekly update from the staff as to how their loved one had been over the week and what they had done.

Relatives said that the home was “Well run” and “Senior staff were always available if the manager was not there. The registered manager had previously worked as a team leader so she knew the people who used the service and the staff well.

Staff held monthly “resident meetings” where they discussed with people any changes as well as things people liked or disliked. These were recorded and the minutes available

There were systems and processes in place to monitor the effectiveness and safety of the care being provided. The registered manager undertook a series of audits weekly or monthly that covered a variety of things such as environment, medication, and care plans and peoples finances. There was evidence that where shortfalls had been identified action then been taken to remedy. She was organised and any information we asked for was readily available. The home had a clear statement of purpose and this was displayed in the foyer. It was also in a clear, easy read format with lots of pictures chosen by the people who used the service. The registered provider also carried out monthly audits and produced an action log where there things to improve. We were able to see that actions had been fulfilled and that the internal quality rating for the service had improved significantly over the last 6 months.

The registered provider carried out an annual survey for relatives, people who used the service and professionals. The survey results published were collated across all of services in the Heathcotes group and so the registered manager was not always able to identify which issues or comments were applicable to the service. The registered manager had been able to identify some of the comments made attributed to Eversley, such as “It’s a nice house with nice people” “delighted” “change for the better” “Getting the best quality of life” Warm welcome” “Compassion and kindness”. We spoke with the registered manager about carrying out a survey for the service and she said that she would discuss this with the registered provider.

Staff told us that they “Loved working” at the service and that they “Would not want to go anywhere else”. They said it was a supportive environment and that “I have never worked anywhere like this, where all the staff get along and will help you out”. Staff felt supported by the manager and said that she was proactive in addressing any concerns. Staff had a number of opportunities to get together through team meetings. We saw that these meetings were a time to discuss concerns in regards to the people who used the service but also the challenges and opportunities within the service.

There was good partnership working with the community teams for mental health and learning disability. Staff told us that regular reviews were held and that they were always available for advice and support. Professionals had given positive feedback on their involvement with the service, for example; “Credit where credit is due, I am very impressed” “People have had a new lease of life in your care”.