

Heathcotes Care Limited

# Heathcotes (Ashbrook House)

## Inspection report

3 Poplar Street  
Wellingborough  
Northamptonshire  
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Tel: 01933275087

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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

This inspection took place on 29 January 2018 and was unannounced.

Heathcotes (Ashbrook House) 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.

Heathcotes (Ashbrook House) is registered to accommodate up to six people. The service supports people with autism and a learning disability. The service is a house with six bedrooms and communal living areas, in a residential area in Wellingborough. The care service has been developed and designed in line with 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. At the time of our inspection, five people were living at the service.

The service had 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.

People were safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. Staff told us that they were able to update their mandatory training with refresher courses.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were well supported by the registered manager and senior team, and had one to one supervisions and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this. Staff supported people to access health appointments when necessary. Health professionals were involved with people's support as and when required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines .

People were protected by the prevention and control of infection.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment .

people's individual needs were met by the adaptation, design and decoration of the premises.

People's consent was gained before carrying out any care

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

### **Is the service well-led?**

**Good** ●

The service was well led.

Quality monitoring systems were in place.

People knew the manager and senior team, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

# Heathcotes (Ashbrook House)

## **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 was the first comprehensive inspection of the service, it took place on 29 January 2018 and was unannounced.

The inspection was carried out by one inspector.

Before our inspection, we reviewed information that we held about the service such as notifications. These detail events, which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service. 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.

We spoke with two people who used the service. The people we met were not always able to fully verbally communicate with us. We asked some questions, and spent time observing staff supporting them. We spoke with two support workers, a team leader, the registered manager, and the regional manager. We reviewed three people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

People were safe living within the service, and with the support that staff gave them. One person we spoke with nodded when we asked them if they felt safe with the staff, and from our observations, they clearly felt comfortable around staff and within the service. All the people we observed appeared comfortable with the support staff were giving them, and staff were able to identify when people may have been feeling uncomfortable and therefore more likely to display behaviours that may challenge.

We talked with the staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would speak with the manager or the shift leader, and make sure the person was safe." Another staff member said, "I have done the safeguarding training, and I feel confident in reporting anything of concern." We saw that staff had been trained within this area, and were confident that concerns were always followed up promptly by the registered manager.

The service supported people with learning disabilities and autism, who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised to each individual and clearly explained how staff should support them. Environmental risks were assessed to include each person's road safety awareness, and risks that may be apparent within the community. Behavioural support plans were in place to describe what might trigger a certain feeling or behaviour for a person. This included the social and emotional support for people with complex needs, and promoted people's independence as much as possible.

There were enough staff to meet people's needs. The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. One staff member said, "We are fully staffed here, we don't use agency." The registered manager confirmed that no agency staff were used, and that shifts were covered by staff doing overtime, or staff from another service run by the same provider could be used as well. Rotas we looked at confirmed that staffing was consistent and people's needs were being met. Our observations during our inspection was that people were safely supported by the correct amount of staff to meet their assessed needs.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and references and identification had been obtained before new staff started working at the service. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the results had come back clear.

People were supported safely with their medicines. The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the medicines storage area. We looked at stock levels of several medicines, and saw they were accurate.

People were protected by the control of infection. The service was clean and tidy and we saw that regular cleaning took place. People were supported to take part in cleaning and tidying their environment as much as they were able to. We saw that the service was given a five star food hygiene rating by the local authority. Staff told us they had all the necessary equipment to make sure standards of cleanliness were kept high.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. We saw that any incidents were discussed within the team meeting or within individual supervisions when required, and staff worked together to create actions for improvement.



# Is the service effective?

## Our findings

People received pre assessments before receiving any care, to make sure the staff were able to provide the correct care and fully understand their needs. The service worked with the local authority commissioning team in assessing referrals, and then personalising a transition for each person. This would consist of a full assessment of needs, and visits to the service to ensure they were happy, and that they could be supported effectively.

Staff received induction training before starting work within the service. The staff we spoke with confirmed that this included basic mandatory training such as safeguarding adults, moving and handling, infection control, food hygiene and more. One staff member told us, "The training was good quality. It was enough to be confident to support people with complex needs." Another staff member said, "The shadow shifts were important, that's where you learn the specific way that people need to be supported." All new staff were enrolled on to the Care Certificate. The care certificate is a qualification that covers the basic requirements to work within care. We saw that on-going training was provided to all staff, which was monitored and kept up to date.

People were supported to eat and drink and maintain a healthy balanced diet. One person we spoke with told us they enjoyed the food that was on offer and was looking forward to their lunch that day. We saw that pictorial guides were available for people to choose foods they wanted to eat. A staff member told us, "We use the pictures to help people choose, and we know what people like. We can show people what's on offer and they can have whatever they like." People's care plans clearly documented what their preferences were, and any dietary requirements were observed by staff.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. We saw that records were kept by the service in relation to other professionals involved in people's care, and that the service was able to communicate effectively for the benefit of the people using the service.

People had access to the health care support they needed. Care plans included detailed information about people's health requirements and any input from health professionals. It was evident that people who required medical appointments were being supported to book and attend them, and staff had up to date knowledge of people's health requirements and the input they were receiving.

The service had several communal areas including a dining room and lounges, that people were able to access and use. We looked at people's bedrooms and saw that they were personalised to people's tastes. A staff member told us, "Some people require a very minimal amount of furnishings and décor, as this works best for them. Others prefer more, it's whatever makes people feel comfortable." Reasonable adjustments were made to the environment to ensure that people were safe, if they were displaying behaviours that may challenge. This ensured that the house remained homely and safe at the same time.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that MCA and DoLS authorisations were completed as required, and best interest meetings were held to determine the best course of action for people regarding specific decisions.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

## Is the service caring?

### Our findings

People were treated with compassion, respect and kindness. One person we spoke with told us they liked the staff in the service and were happy with the way in which they were treated. We saw that staff, including the registered manager and regional manager, interacted with people in a positive and friendly manner, and clearly knew each person well. When people appeared to become upset or agitated, staff were able to give them the time they needed to communicate and enable them to feel more positive. Staff all understood the individual signs which indicated that people were unhappy, which meant that people who had limited verbal communication skills were understood and felt well cared for.

Care planning documented the personality and skills of each person. For example, there was a 'What's working?' and 'What's not working?' section so that staff understood each person's personality and likes and dislikes. Goals and aspiration were recorded in a 'things that are important to me' section so that staff could support people to achieve what was important to them. Staff we spoke with all had a strong belief that people should feel well cared for and happy within the service.

People felt involved in their own care and support, and relatives of people were involved in people's care when they could not be. A staff member said, "We have regular meetings and reviews with people and involve them in their care planning. We have positive relationships with family members who advocate for people when they need support with certain decisions." Staff members were given the role of 'keyworker' which meant they took a lead in making sure people were as involved in their own care as they could be. The service had information relating to advocacy services should people wish to use them.

Privacy and dignity was respected at all times. One person we spoke with confirmed they felt they had privacy and were respected by staff. One staff member we spoke with said, "I think all the staff that work here respect people and make sure to maintain privacy at all times. I would say something if they didn't." When we were being showed around the service, we observed that staff knocked on people's doors and were conscious of their privacy. Staff also informed us at which time it would be appropriate to meet with and speak with people, as they required privacy during certain times of the day.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. People had care plans in place, which documented their care in a personalised way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history, and activities people had joined in with and enjoyed.

Staff understood how to respond to people's needs and personalise their care. One staff member told us, "We have worked with [Name of person] over a long period of time to build their independence skills. I am proud of the fact they can now go in to a shop and buy their own magazine. They couldn't cope with shops before, but slowly we worked with them to desensitise the process. They have done really well." This showed that staff understood and were responsive to each individual they were supporting.

Care planning was personalised to people's own needs. Care plans that we looked at showed us people had involvement with making specific decisions, and that their choices, likes and dislikes were clearly outlined for staff to follow. Staff were guided and prompted by care plans to respond to each person in a way that they understood. Each person had a list of activities they enjoyed doing and how staff should support them to achieve this. Care plans enabled staff to learn about people and the specific things they liked. Staff also told us that monthly residents meetings took place where people had the chance to feedback on a variety of topics. We saw minutes that confirmed this.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that there were many examples of easy read and pictorial guides for people to use to understand information and make choices.

People knew how to make a complaint if they needed and the procedure to make complaints was available in an accessible format. The complaints procedure was shared with relatives of people who could also make complaints on their family member's behalf. Complaints that were made, were recorded, and responses were documented with any actions taken to improve quality when required.

No end of life care was being delivered at the service, but systems were in place to support people with decisions in this area should they need to.

## Is the service well-led?

### Our findings

The service had a clear vision and strategy to provide positive care for people. The registered manager told us, "The service has completely turned around. There were issues a while back, but the service is in a really good place." The management team and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered manager worked directly with people using the service, covering shifts when required, and covering staff breaks. Support was also available from the regional manager who staff told us regularly visited the service.

All the staff we spoke with were happy that the support they got from the registered manager was good. One staff member said, "The registered manager is great, I can see her at any time. The team is really good, it's very well led."

During our inspection, we saw that staff were comfortable interacting with both the registered manager and the regional manager, and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received. Results were collated and looked at to identify any areas of improvement, with clear actions taken by staff and good communication with people and relatives.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Quality assurance systems were in place. Comprehensive audits were carried out by management across all areas of the service including training, care planning, staff files and general health and safety. Managers from other services the provider owned would come and carry out the audits, and score the service across all areas. We saw that any areas for improvement were clearly identified and acted upon by the service.

We saw that the service was transparent and open to all stakeholders and agencies. The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service was working on a current action plan for improvements with the local authority. We looked at some of the areas that improvements had been required, and saw that positive progress was being made.