

Heathcotes Care Limited

Heathcotes (Balby)

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

The inspection took place on 14 and 15 April 2015 and was unannounced on the first day. Our last inspection of this service took place in November 2013 when no breaches of legal requirements were identified.

Heathcotes (Balby) is registered to provide specialist residential accommodation for eight adults with learning disabilities, complex needs and associated challenging behaviour.

The service had a registered manager in post at the time of 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 registered manager was not present every day and, as part of their personal development a senior staff member was acting as home manager on a day to day basis, in preparation to apply to take over the role of registered manager.

Summary of findings

We spoke to four of people's family members and they all said they felt that their relatives were safe. We spoke with staff, who had a clear understanding of safeguarding people from abuse and of what action they would take if they suspected abuse.

Care and support was planned and delivered in a way that ensured people were safe. The individual plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. We saw the staff training record for the service. This showed that staff were provided with appropriate training to help them meet people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they could speak to the managers for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available

in-between. We spoke with two people who used the service and they told us they liked the food. People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's individual plans included information about their family and friends and who was important to them. We saw that people took part in lots of activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version.

We saw various audits had taken place to make sure policies and procedures were being followed and the registered manager told us the company sent out satisfaction surveys to people for them to comment on their experience of the service provided.

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.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

There were appropriate arrangements in place to manage people's medicines.

Good



Is the service effective?

The service was effective.

The staff training showed that staff received core training necessary to fulfil their roles along with other, relevant training specific to people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were knowledgeable in this area and said they could speak to managers for further advice, if they needed to.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



Is the service caring?

The service was caring.

People's family members described the staff as caring.

Staff we spoke with were aware of people's needs and the best way to support them, whilst maintaining their independence.

People who used the service were supported to maintain family relationships and friendships.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

We saw that people took part in lots of activities on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Good



Summary of findings

Is the service well-led?

The service was well led.

We saw various audits had taken place to make sure policies and procedures were being followed.

The registered manager told us the company sent out satisfaction surveys to people for them to comment on their experience of the service provided.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

Good



Heathcotes (Balby)

Detailed findings

Background to this inspection

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

The inspection took place on the 14 and 15 April 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. At the time of our inspection there were seven people living in the home.

Before the inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the

service and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with people who used the service and observed the care and support people received in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four family members on the telephone to get their feedback about the service.

We spoke with eight staff including the home manager and the registered manager. We reviewed a range of records about people's care and how the home was managed. These included the care plans and day to day records for four people. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems that were in place.

Is the service safe?

Our findings

We asked two people if they felt safe living in the home and if they like the staff and they both said they did. We spoke with four family members and all said they felt that their relative was safe, for instance, one person's family member said, "They are safe here, all the time watching, always." Another family members told us, "Yes, they take good care of [my relative]." And a third relative said, "I have felt [my relative] is safe, cared for and looked after."

The service had policies and procedures in place to protect people. The staff we spoke with confirmed they had seen the policies and could have access to them at any time. Staff told us that they had received training in safeguarding vulnerable adults. They had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One support worker said, "The people here are very vulnerable and I am very aware of any changes in behaviour that might indicate they were being abused." Another support worker said, "If I saw anything that I felt was in any way abusive I would contact a manager straight away." Staff we spoke with felt confident that members of the homes management team would take appropriate action without delay.

We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the members of the management team in the home carried out regular audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents. Additionally, we were told that the company had a clinical governance group, which had oversight of all incidents, accidents and near-misses, to make sure that any learning points were identified and shared with the wider staff group.

The registered manager had made the necessary safeguarding referrals to the local authority and notifications to the Care Quality Commission.

We noted that there were people who used the service who presented with behaviour that was challenging. The home manager told us they monitored this closely and told us about the steps taken to minimise the risks for each person. This included making use of the behaviour specialist employed by the company, as well as making referrals to other healthcare professionals, such as psychologists and community nurses for support with

strategies to help manage people's behaviour. Providing training for staff in managing challenging behaviour, mapping what may contribute to or trigger incidents and ensuring staff were aware of this, and of the interventions they should use to minimise any incidents. This was reflected in people's care plans and risk assessments and the staff we spoke with were familiar with the individual risks for people. They were able to confidently explain what they needed to do to make sure people were kept safe and protected from harm.

The managers told us that the frequency and severity of incidents had decreased significantly for people over the time they lived in the home and the records we saw confirmed this. They felt this was due to a planned, consistent approach by the staff, people being settled in the home, and very positive relationships that staff had built with people.

We looked at people's written records and found there were assessments in place in relation to any risks associated with their needs and lifestyles. Each person had up to date risk assessments, which were detailed and set out the steps staff should take to make sure people were safe. We saw the risk assessments had been devised to help minimise the risks, while encouraging people to be as independent as possible.

We also saw risk assessments in place for general areas of risk such as fire, and food hygiene. However, some areas of the home we saw were not clean enough. For example, in the first floor shower the tile grout needed cleaning and there was dirt in the corners of the kitchen floor covering. Some areas were untidy. For example, the garden had sweet wrappers on the floor and the garden shed door was open. The shed was disorganised and there were socks and litter on the floor. We discussed this with the managers and all issues were addressed at the time of the inspection. They added that it was difficult to clean the kitchen floor covering as it needed to be replaced and their request for new kitchen units and flooring had recently been authorised, so this would be addressed very soon.

The support staff we spoke with felt there were always enough staff on duty to allow them to care for people safely. People's relatives confirmed this, describing one to one support by staff, and two to one support provided when people went out.

Is the service safe?

We discussed with the home manager how they assured themselves that staff numbers were sufficient. They told us that they kept people's needs under review. This was discussed with the registered manager. If more staff were required they would involve contacting the health and social care authorities who commissioned people's care. The home manager told us that if people's dependency levels changed they would review the staffing levels. They said they would also do this if the number of people who used the service changed. This showed there were systems in place to make sure there were sufficient staff to meet people's needs.

The service had a staff recruitment system and the managers told us that pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing

unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at staff files for three staff working in in home and found them to reflect the recruitment process.

The provider had appropriate arrangements, policies and procedures in place to manage medicines. People had a care plan in their file regarding any medication they were prescribed. This included how the person liked to take their medicines.

Staff were knowledgeable about the safe handling of medicines. Staff told us that they completed training in this area and then a manager checked they were competent prior to administering medicines on their own. Medication competencies were checked following training and at least once a year.

Is the service effective?

Our findings

All the family members we spoke with told us they thought the staff knew their relative well and staff had the right skills to do their job well. For instance, one person's family member said, "They know [my relative] well." Another said, "There is a core team just for [my relative], only certain people who get to know them."

Two family members told us that staff supported their relative to visit them in their family homes, that these visits happened regularly and that staff worked well when supporting people with their visits.

The manager showed us the training records for the service. This showed that staff had received training in a range of core subjects such as moving and handling training, food hygiene, health and safety and fire prevention. Other, more specialised training had also been provided, such as working with people with autism, healthier foods and special diets, understanding self injury and mental health awareness. We looked at the staff personnel records and found the staff had certificates to support the training they had attended.

The staff we spoke with said the training they received was appropriate and useful. They felt it helped to give them confidence in carrying out their role. One support worker said, "I have had some very good training since starting work with Heathcotes. I've learned a lot."

Staff we spoke with felt fully supported by their managers and enjoyed being part of the team. They told us the company's policies and procedures were readily available to them and had been covered as part of their induction.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff told us they had received training in this area and the records we saw confirmed this.

We found that there were some individual restrictions in place for people, in regard to the use of the internet for one person and access to television at night for another. We reviewed the risk assessments, care plans and records regarding these interventions. There was evidence that the

approaches taken had been decided to be in the person's best interests, and were reviewed. Some staff were not able to tell us how the decision had been made. We discussed this with the managers and they said they would ensure that all staff were familiar with the background to these aspects of people's care.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The managers and the support staff we spoke with had a clear understanding of the MCA 2005 and DoLS. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The managers had made DoLS applications to the local authority where required, and in accordance with recently issued guidance.

There was a written menu for the day in the dining room and a pictorial, weekly menu on the fridge in the kitchen. These included well balanced and nutritious meals. However, the pictures were quite small. There was an alternative meal offered each evening. However, there were no pictures of this alternative on the menu. The manager told us that both meals were cooked and people were shown both meals, to help them to make a choice.

The breakfast choice was cereal or toast. We asked if someone could have a cooked breakfast if they wanted. We were told that staff would cook bacon and eggs. However, this option was not included on the menu. We discussed the menus with the home manager who told us they would ensure they were developed to include all menu options and the use of larger pictures, to further help people recognise the food being offered.

We looked at people's care records about their dietary needs and preferences. Each person's file included up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed. We found that people were weighed regularly and their diet was reviewed to ensure they maintained a healthy weight.

We saw that staff helped people make cold drinks, tea and coffee when they wanted them. We spoke with a support

Is the service effective?

worker who told us they would check to ensure people were getting enough to drink during the day. This showed that sufficient hydration was available for people who used the service. They also told us they discussed with people who used the service what food they liked.

On the second day of the inspection we observed people being individually supported to prepare their lunch. Staff offered people choices throughout and helped make the activity pleasant by laughing and joking with people. We sat with people at lunchtime and shared food they had prepared with the support staff members. One person also did a cookery session that day. They were proud of their baking and shared the results with people at lunchtime.

The home manager told us that where people were not able to express their preferences verbally, staff observed what people preferred and built up a picture of their preferences, over time. People's families also provided information about people's preferences and all of this information was clearly noted in people's care plans to help staff to support people appropriately. We saw that snacks, including fruit were available. We asked two people who

used the service if they liked the food and they told us they did. One person told us they liked helping out in the kitchen another said they liked cooking. The staff we spoke with were all aware of people's particular dietary needs and preferences.

We asked people's relatives about the healthcare support people received. We received positive feedback about this. For instance, one relative told us, "When [my family member] was at hospital they kept me informed during and after." And another relative said they were kept well informed about their family member's health.

The managers told us that staff supported people to attend appointments and to gain access to the healthcare they required. We saw that people received good, on going healthcare support from local healthcare professionals. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from community nurses, speech therapists, dieticians, dentist and doctors. The staff we spoke with told us that people had a health check each year, as a minimum. The records we saw confirmed this.

Is the service caring?

Our findings

People's family members described the staff as caring. Their comments included, "They [the staff] are brilliant", "It's a good home, they [people who use the service] are settled, they [the staff] make you welcome", "They [the staff] are decent, good people" and "You feel comfortable, it's a home from home."

Over the two days of the inspection we saw people who used the service and staff express affection for each other. One person hugged a staff member and said, "I love you" and the staff member responded in kind. We discussed another person's care support with the managers and support staff and saw their risk assessments and individual plan. This showed there was a planned, coordinated staff approach for this person, to discourage inappropriate touching.

We found the support staff to be respectful, caring and knowledgeable about people's support needs. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity. One member of support staff said, "Some people like to have time on their own in their bedrooms and we respect that." Another staff member told us, "We always make sure we close doors when delivering personal care."

Some people who used the service did not express themselves in conventional ways and the support staff were aware of people's different ways of expressing themselves. One staff member said that everyone was able to express choice in their own way and we found that people had some involvement in their individual plans. The plans included information about the person's choices, likes and dislikes and how they expressed themselves. The staff we spoke with were aware of people's preferences.

There were notices about advocacy services on two notice boards and there was evidence in some people's files that they had used advocacy services, and one person's close relative was appointed their DoLS advocate, although nobody was using an independent advocate at the time of the inspection.

The plans showed people's goals and achievements. Each person had keyworkers assigned to them who worked with them closely, and ensured the person received appropriate care and support. The key workers had monthly review meetings with people. However, the notes of these meetings were not recorded in a way that was accessible for people, in terms of their specific communication needs and didn't reflect some people's input very well. The manager told us they would continue to develop accessible information for people and this would include the notes of people's one to one meetings.

It was clear that people were supported to maintain their family relationships and friendships. For instance, people's plans included information about their family and friends and who was important to them. Two family members we spoke with told us that staff supported their relatives to visit them in their family homes, that these visits happened regularly and that staff worked well when supporting people with their visits. All the family members said they were made welcome when they visited the home. During the inspection two people visited their families.

The risk assessments and individual plans we saw showed that people had been individually assessed with regard to keeping their own keys and, people's bedroom doors were not locked. One staff member said, "People always have staff with them and staff would discourage them from going into other people's rooms." However, some people didn't have a lockable cupboard to put things in and we discussed this with the home manager who told us this would be addressed on an individual basis.

Is the service responsive?

Our findings

There was evidence that people engaged in lots of activities, in the home, out and about and went on holidays. We asked two people if they liked the activities they did and they both said they did. On the first day of the inspection most people were out in the community and throughout the inspection people told us about holidays they had enjoyed. We saw that people had their own interests and hobbies and took part in several activities on a weekly basis. One person's family member told us, "[My relative] gets out, swimming and bowling, [my relative] loves that." Another family member said, "[My relative] loves going out in the car all day." One family member told us their relative had recently spent five days on away on holiday.

An assessment of needs was carried out prior to the service commencing to ensure the person's needs could be met. A series of individual support plans and risk management plans were then set up. The plans were person centred in that they were tailored to meet the needs of the person using the service and some included pictures to help the person with understanding their plan. People's plans covered areas such as their communication, health care, personal care, mobility and activities.

We saw that the local authorities undertook reviews of people who were funded by them, so that they could assess if people's needs were still being met. People had care plan meetings with their keyworker, on a regular basis. Staff we spoke with felt this was a good way of making sure the person was involved in their plan and were able to

contribute. The family members we spoke with told us they felt involved in decisions about the care and support provided, and one family member told us they had received a copy of their relative's recent care plan. One person's family members said they didn't have a copy of their family member's care plan. They said, "There is a core meeting. A copy of (the notes) would help."

There was evidence that people's preferences were considered when matching staff to work with people on a one to one and two to one basis. This was most evident on the second day of the inspection when there were several people at home. We conducted a SOFI during and after lunch and saw that people got on well with the support workers who were providing them with one to one support. The managers told us that if people were observed to develop positive relationships with staff, this helped in deciding who would be part of their one to one support team. The support workers we spoke with confirmed this.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an 'easy read' version. We asked two people if they would tell staff if they had a worry and they both said they would.

People we spoke with were confident that issues would be resolved. People's family members told us they felt they could speak to staff if they had a problem. They were confident to raise concerns and gave examples of concerns they had raised previously. They said that complaints were dealt with quickly. For instance, one family member said, "I raise concerns, it usually gets dealt with straight away. We saw complaints received had been appropriately dealt with and a log of evidence maintained."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. Additionally, as part of their personal development a senior staff member was acting as home manager on a day to day basis, with the support of the registered manager, in preparation to apply to take over the role of registered manager. The family members we spoke with knew who the managers were and were confident in the management of the service.

Managers undertook weekly reviews of areas such as people's daily care records and incident reports as well as monthly reviews, including random checks of medication. Health and safety audits were also undertaken. We saw evidence that issues found by auditing were subsequently addressed to help maintain people's health and wellbeing. There was evidence that learning from incidents or investigations that took place and appropriate changes were implemented. We saw that any accidents or incidents were recorded. The managers and the staff we spoke with told us how they looked for 'triggers' or patterns and then took relevant action to try to prevent further incidents from occurring. This helped to protect people's health and wellbeing.

The registered manager told us the company sent out satisfaction surveys to people who used the service and other stakeholders for them to comment on their experience of the service provided. One family member we spoke with confirmed this. We saw that the results were included in an action plan, so that issues could be addressed in a timely way. Internal auditors also monitored the service against the Care Quality Commissions regulations on a three monthly basis and mini audits were also undertaken by visiting managers. This helped to identify any areas that could be improved. Any areas identified for improvement were discussed at team meetings. We looked at the audits undertaken over the past year and it was evident that the actions that had been identified and included in the action plan had been successfully addressed.

There was other evidence that people were consulted about the service provided. We saw that residents' house meetings took place to discuss things such as meals, events, and concerns. The agenda for the meetings were structured into headings such as activities and holidays, care and support issues, and house issues such as meal planning, cleaning and people's likes and dislikes. In a recent meeting some people had made choices about colours to decorate their rooms and one person had asked to go to the Zoo. These choices had been provided.

However, we found that the minutes of these meetings were not presented in a way that was accessible to people. The manager was making progress with presenting information in more accessible ways for people and we saw other evidence of how people had been supported to make choices. For instance, folders were being developed for each person, about their likes and dislikes and methods of communication. We saw two of these and they included the pictures and brochures people had used to help decide where they wanted to go on holiday. The manager told us they would continue to develop accessible information for people and this would include the notes of all of the meetings people were involved in, such as their one to one meetings and the resident's meetings.

Staff members gave very positive feedback about working in the home. Several said they loved their job. All the staff we spoke with told us how the service was run to ensure that people's individual needs were met.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level. Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

We saw the home manager had an 'open door' policy. This helped to make sure that any issues raised were addressed in a timely way. Staff we spoke with spoke very positively about the management team, particularly the home manager. They were confident to discuss ideas and raise issues, both with the managers individually and at staff meetings. This helped to make sure that staff could raise their views about the quality of the service.