Heathcotes Care Limited

Heathcotes (Oadby)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 24 October 2017. The inspection was announced.

The service is registered to provide accommodation and personal care for up to eight people living with learning disabilities. Accommodation is provided in an adapted detached house in a residential area of Oadby in Leicestershire. Facilities at the service include eight ensuite bedrooms, a communal lounge, a sensory room and a garden with recreational facilities. At the time of our inspection seven people were living in the service.

The previous Care Quality Commission (CQC) inspection was in January 2017. This was a focused inspection to check whether improvements we required the provider to make following an inspection in May 2016 had been made. We found then that people's nutritional needs were not met and that CQC were not always notified of incidents that had occurred at the service. We found in January 2017 that improvements had been made; and at this inspection we found that the improvements had been sustained. At this inspection we rated the service as Good.

The service had a registered manager until they left their employment two weeks before our inspection. The provider was in the process of recruiting a manager who would apply to be 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.

People continued to be safe. People were protected against the risk of harm. People felt safe in the service. Staff recognised the signs of abuse or neglect and knew how to raise safeguarding concerns using the provider's procedures.

Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff who were suitably experienced and knowledgeable to keep people safe. The provider had effective recruitment arrangements in place to check the suitability and fitness of new staff to work at the service.

Medicines were managed safely and people received them as prescribed.

Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems in the service supported this practice.

People were supported to have a healthy balanced diet and were supported to access health services when

they needed them.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained.

Each person had an up to date, personalised support plan. These plans were detailed and included information that staff needed in order to know how to support people.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

Staff ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to.

Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support. The provider's quality assurance procedures identified and addressed areas requiring improvement.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.
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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Heathcotes (Oadby)

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.

This was a comprehensive inspection. When we carried out a focused inspection of the service in January 2017 we found that the provider had made the improvements we required following our comprehensive inspection of May 2016. We carried out this inspection on 24 October 2017 to see whether the improvements had been sustained. The inspection was announced. We gave the provider 48 hours' notice because Heathcotes. Oadby is a small service where staff and people are often out. We needed to be sure someone would be in.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services and the local authority that pay for the care of people using the service, to seek feedback about it.

We spoke with three of the seven people who used the service and observed how staff interacted with people. We spoke with two support workers, a team leader, the manager and an area manager who was visiting the service. We also spoke with an advocate who regularly visited a person. We looked at the provider's records. These included three people's care records, which included care plans, health records, risk assessments and daily care records. We looked at two staff files to see how the provider operated their recruitment procedures. We looked at information about staff training and support and records associated with the provider's quality assurance system.

Good

Is the service safe?

Our findings

A person told us they felt safe because, "All of the staff are my friends." We observed that people were comfortable in the presence of staff, including in situations when people presented behaviour that challenged others.

All staff had received training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff we spoke with were familiar with the provider's safeguarding procedures. They knew how they could use the provider's whistleblowing procedures to contact senior staff. They also knew how to contact the local authority safeguarding team and CQC if they felt they needed to. They were confident that any concerns they raised with the registered manager would be taken seriously and investigated.

Staff we spoke with evidently knew people well, and had a good understanding of people's different behaviours. Staff were alert to signs that people were anxious and they anticipated behaviour and supported people to be safe. For example, a person who was anxious and shouting because relatives had not visited was supported to calm and as a result other people were not upset.

People's care plans included risk assessments that were specific to each person and had been regularly reviewed, for example after people had presented with behaviour that challenged others. The risk assessments promoted and protected people's safety in a positive way. Staff implemented the risk assessments to support people without restricting their choices. The number of incidents of challenging behaviour was reducing. This was because staff were increasingly able to identify triggers to people's behaviour and make timely and supportive interventions.

People were taught about risks in the community and about safe road sense. People were supported to be safe when they went out because they always had a care worker with them. Staff supported people to go to places that were of interest to them. We saw incident reports which described how staff had supported people when difficult situations developed in public places. This showed that people were not restricted from following their interests because of the risks associated with their behaviour. Those risks were safely managed.

People had personal evacuation procedures in an easy to read format which explained how they would be supported in the event of an emergency such as a fire. There were weekly regular fire drills to ensure staff knew how to protect people. The provider had reviewed the fire safety arrangements following reports about fires in public buildings and at the request of CQC.

There were enough suitably skilled and knowledgeable staff to support people. Each person had one-to-one support that varied from eight to 14 hours a day. This meant there were always staff available to support people.

The provider's recruitment procedures ensured as far as possible that only staff who were suited to work at

the service were employed. All necessary pre-employment checks were carried out before new staff started working at the service.

Only suitably trained staff continued to support people to have their prescribed medicines. Their competence to support people with their medicines was reassessed every six months. People were supported to have their medicines at the right times. Medicines were securely stored and there were safe arrangements to dispose of medicines that were no longer required.

Good

Is the service effective?

Our findings

People continued to be supported by experienced staff who were knowledgeable about their needs because of the training and support they received. Staff had training and support to learn about people's needs, their behaviours and conditions they lived with. The support staff received began with induction that including 'shadowing' an experienced care worker, learning about people by reading their care plans, supporting people under supervision before supporting people alone. A person's advocate told us, "Staff know people very well, core group of staff are very good, they provide consistent care."

Staff continued to be supported through supervision. A care worker told us, "I have supervision meetings every three to four months. The meetings are helpful because they are a two-way process." Supervision meetings included discussion about the support they felt they needed and how managers would support them.

We saw staff communicated effectively with people. They used communication techniques that were tailored for the person they supported. When care workers supported people they did so using language and gestures people understood and this had a beneficial effect on people. For example, we saw care workers support people who were anxious by communicating effectively with them to calm them. This showed that staff put their training for managing such situations into practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 met.

All of the people received personal care and support under a DoLS authorisation. Best interests decisions about the least restrictive options to protect people from harm, for example when they presented behaviour that challenged others or a risk of harming themselves, were documented. Information in people's care records confirmed they were supported in line with the DoLS authorisations.

Staff had received training in MCA and DoLS and understood their responsibilities under the MCA. Staff we spoke with knew why people were under a DoLS authorisation. They supported people to make choices they respected. We saw and heard staff explain to people how they proposed to support them and waited for people to acknowledge consent before doing anything.

People continued to be supported to have enough to eat and drink and given choice. They were involved in deciding what food items were brought into the service and what meals to have. People had a choice of meals. A person told us, "I like the food. We go shopping at [supermarket]. There were sufficient quantities of food available. People were weighed monthly and their body mass index (BMI) was calculated. Healthy eating was encouraged to support people to lose weight and progress towards a BMI that was recommended in NHS health guidelines.

People continued to be supported to maintain good health and to access health services when they needed them. Staff supported people to attend healthcare appointments.

Good

Is the service caring?

Our findings

People told us that staff were caring. A person named the staff who worked at the service and told us they liked all of them. People approached us to say they liked the staff.

Apart from one person who came to the service a few months before our inspection, people had lived at Heathcotes Oadby for approximately five years. Several staff had been at the service for at least three years. This had contributed to people and staff developing close and caring relationships.

Staff involved people in planning their care. This was evident from people's care plans. The plans included information about what was important to people and how they wanted to be supported with things that what mattered to them. For example, how people wanted to maintain contact with their families and participate in family occasions and celebrations. Staff we spoke with demonstrated that they had insight about what was important to people and how to support them with those things.

We saw and heard that staff gave people their full attention during conversations and spoke with them in a considerate and respectful way. They reduced people's anxieties and ensured their comfort. For example, we saw staff skilfully diffuse a potentially challenging situation with a person who appeared to be troubled. A few minutes later the person was involved in helping staff to arrange their laundry and they were much calmer. Staff respected people's privacy to spend time alone but they always close by to provide the one-to-one support people needed.

Staff did things to help people feel they mattered to them. Staff knew when people's birthdays were and involved people in planning birthday parties. A person was particularly enthusiastic about a Halloween event that was being planned and they showed delight when showing us their costume that staff had supported them to choose.

People told us they liked their rooms. Staff supported people to personalise their rooms with pictures and things that were important to them. A person showed us their collection of framed photographs of a trip they had made to Paris Disneyland which was something they told us they had always wanted to do. They told us the trip had only been possible because of the support of staff.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. A person told us they made their own snacks and were involved in deciding what food items to include in weekly shopping. A person's advocate told us, "Staff support people to expand skills and independence through activities and freedom of choice." People were supported to take tidy their rooms and assist with their laundry in order to increase their sense of responsibility and contribution to 'teamwork' at the service.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People continued to experience care and support that was focused on their needs. A person told us, "I like it here because we do lots of things."

People's care plans included a biography of their lives, what was important to them, what they wanted to achieve and how they wanted to be supported. People, their relatives or representatives and staff were involved in continually developing the plans. The care plans provided staff with useful guidance about how to support people. For example, the plans had sections headed 'what is the best way to ask me to make a decision' and 'what is the best time / when is it a bad time to ask me to make a decision.' The plans had been developed this way to support people to make decisions about their care and support.

People's care plans included detailed guidance for staff about how they wanted to be supported. A care worker told us, "The care plans are good. I feel confident following the plans. The information in them is really helpful because it helps me understand a person's behaviour." We saw care workers put their knowledge into practice and people benefit from the support they received.

People and their relatives were involved in planning their care and activities. This meant people had routines they were familiar and comfortable with. They knew, for example, when they would visit relatives or their relatives would visit them or when they went to a day centre to participate in activities. Every person had their own individual 'time-table' of activities outside the home which emphasised the individually tailored support they received.

People were supported to do things they wanted to achieve in the short and longer term. People were supported to learn skills they could use to increase their independence. An advocate of a person told us, "[Person] has been supported to expand their skills. They are able to do more and they have a wider choice of things they can do. Consequently they are now very enthusiastic and happy. They have made such progress the last three years." Another person used cooking skills they had been taught to make cakes for themselves and other people. Staff supported the person to use their newly taught skills to enhance their experience and that of other people using the service. Staff also supported the person to plan a holiday that included a visit to Disneyland in Paris.

Care plans were reviewed annually with people's, relatives and representative's involvement, or sooner if people's circumstances changed. Reviews were prompted by people. For example, after a person asked if they could have a different bedroom this was discussed and planned with them then reviewed to assess if the person was happier in their new room. They were supported to personalise the room to their taste.

The provider continued to have systems in place to receive and act upon people's feedback about the service.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was accessible to people using the service

because it was in an easy-to-read format. No formal complaints received by the service since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager until two weeks before our inspection. The provider was in the process of recruiting a replacement. 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 interim manager was supported by an area manager to ensure that people continued to be supported to experience care that met their needs. Staff, under the direction of the interim manager, continued to support people to participate in decisions about their care and in the planning of how to achieve their aims and ambitions. The interim manager was accessible to people and we saw people talking with them throughout the day. Staff told us that they were supported by the interim manager. A care worker told us, "[Interim manager] is really good. They know the service users really well and they support us to provide good care." Care workers told us that they felt the service was very well managed. They said that the interim manager had ensured a continuity of good care for people and support for staff after the registered manager had left. An advocate told us that they felt a strong team of core staff had developed at the service which meant that people received consistently good care and support.

Management and staff continued to have a shared understanding of the provider's organisational values which were about supporting people to be as independent as they could be through the provision care that was tailored to an individual's needs. We saw staff putting those values into practice when they supported people to participate in meaningful activities.

The provider had effective arrangements for monitoring and assessing the quality of the service. These operated at two levels. The manager of the service carried out scheduled audits and reported their findings to an area manager. The area manager made monthly visits to verify the manager's reports and carried out their own inspection of the service. This included 'case tracking' a person to check that they had received all the support they required. The quality assurance system was effective because it was thorough and it identified areas for improvement and generated action plans on how to achieve the improvements. We saw that where improvements were identified these were communicated to staff who were then involved in making the improvements; for example improving the content of daily records.

The area manager had identified good and outstanding practice in the services they were responsible for. They shared these with other services in their area of responsibility. At Heathcotes Oadby, the area manager had supported the former registered manager and current interim manager to review and revise the care plans into a new format. Care plans we looked at were an improvement on the previous versions because they involved people more and were more informative. They provided better guidance for staff on how to support people. This demonstrated that the provider was a learning organisation that strove for improvement across all its services.

The provider continued to seek the views of people, relatives, staff and health professionals as part of their

quality assurance arrangements.

The area manager and registered manager were aware of events at the service they were required to notify CQC about. The service was open and transparent because the former registered manager and current interim manager had informed people and relatives of what had been reported to CQC, for example incidents between people were one or more had felt threatened or anxious by another's behaviour.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and the Heathcotes Care Limited website.