

Heathcotes Care Limited

# Heathcotes (Basford)

## Inspection report

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Date of inspection visit:  
10 February 2016

Date of publication:  
09 March 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 10 February 2016.

Heathcotes (Basford) provides accommodation and personal care for up to 5 people living with a learning disability and/or autistic spectrum or mental health needs. Five people were living at the service at the time of the inspection.

Heathcotes (Basford) is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection a registered manager was in place. However, a new acting manager was taking over and had started the process of registering with CQC.

Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Appropriate action had been taken to respond and investigate safeguarding concerns.

Risks to people had been assessed and risk plans were in place to manage and reduce known risks. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. These were monitored and analysed for themes, patterns and trends. People received their medicines as prescribed by the GP and these medicines were managed correctly.

Safe recruitment practices meant as far as possible only people suitable to work for the service were employed. Staff received an induction, training and appropriate support. There were sufficient staff available to meet people's needs, staffing levels were flexible and responsive to people's needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People's healthcare needs had been assessed and were regularly monitored. Some concerns were identified about the recording of information that informed staff of the support people required with their needs and choices.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (Dolls). However, best interest decisions had not always been made in accordance with this legislation.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and an understanding of people's individual needs, preferences and routines. People were involved as fully as possible in decisions and choice about how they lived their life.

There was a complaint policy and procedure available for people, and complaints made had been investigated and appropriate action had been taken to resolve issues if required. People had access to information about an independent advocacy service. There were no restrictions on people visiting the service.

The provider had good systems and processes in place that checked and monitored the quality and safety of the service. These included daily, weekly and monthly audits completed by the manager and staff team, and regular audits completed by the regional manager. Where shortfalls were identified actions plans were developed and improvements were made.

## 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.

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature. Staff had received safeguarding adult training.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly.

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were understood by staff. Mental capacity assessments had been completed but best interest decisions had not always been appropriately made in accordance with the MCA.

Staff received an induction and ongoing supervision and training. Staff had identified additional training they required.

People's healthcare needs had been assessed and planned for. Some concerns were identified about how information from healthcare professionals were included in daily support needs. Records were not always kept up to date.

People were supported to maintain a healthy and nutritious diet.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and compassionate and had a person centred approach. Staff had an understanding of what was important to people.

People were involved as fully as possible in making decisions about how they received their care and support. People had access to information about independent advocacy services and received support to use this.

People's privacy and dignity was respected and promoted.

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

**Good** ●

The service was responsive.

Care records provided guidance for staff to respond to people's needs.

People's care and support was individual to their needs, preferences and routines. Staff supported people to pursue their hobbies and interests.

People were involved as fully as possible in the assessment and review of their care and support needs.

A complaints policy and procedure was available for people to use if required.

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

**Good** ●

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

# Heathcotes (Basford)

## 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 10 February 2016 and was unannounced.

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 also reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the GP, Healthwatch, two community psychiatric nurses, a psychiatrist and two social workers for their feedback.

The inspection team consisted of one inspector.

On the day of the inspection we spoke with three people who used the service and asked them about their experience of the service they received. Due to people's communication and mental health needs their feedback about all aspects of the service was limited in parts. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, acting manager, the provider's regional manager, a team leader and two support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted two relatives for their feedback about the care and support their family member received. We also spoke with the provider's responsible person.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe living at the service. One person told us, "I get support to keep me safe." Another person said, "I feel safe here, it's good to have staff around to help and support you." For one person they said they felt safer living at Heathcotes (Basford) than their previous placement. They said, "There's no bullying." Relatives were positive about how staff supported people to remain safe. One relative told us, "I'm confident [name] is cared for safely." Another relative said, "Yes, it's a safe place for my relative."

Staff demonstrated they were aware of the signs of abuse and what their role and responsibility was in protecting people from abuse and avoidable harm. One staff member told us, "We've had training on safeguarding adults. Any concerns we report straight the way to the team leader or manager."

The provider had a safeguarding policy and procedure available for staff and records confirmed staff had received appropriate safeguarding adults training. Where safeguarding incidents and concerns had been identified, these had been reported to the appropriate external agencies and investigated. Where concerns had been identified about the care practice of staff, appropriate action had been taken, including implementing the provider's staff disciplinary procedures.

People had received an assessment of their needs and risk plans had been developed. This meant staff had the required information about how to manage and reduce risks to people. One person told us how risks associated to their needs had been discussed with them. They said that over time these risks had reduced and they now had no restrictions on their freedom or choice. Another person said they were aware that risk plans were in place to protect them and that they had agreed to these decisions.

Staff told us they found information available about how to manage risks, were detailed and informative. They told us how risks to the environment had been assessed, including people's individual needs. This included supporting people to manage their money safely. Additionally, support with risks associated to people's mental health and mobility needs.

We checked how people's money was managed and kept safe. We found appropriate systems were in place, and people's cash balanced with the corresponding record. Where people had risks identified with their mobility, they had appropriate equipment such as a walking frame and the use of a wheelchair outdoors. We spoke with staff about the night time support needs for one person who lived in a separate building within the same grounds of the main service. Staff said that a risk assessment had not been completed to identify if there were any risks to this person, but night staff checked on this person during the night. We discussed this with the registered manager. They said that they had no concerns about this person's safety, but would review this person's night time needs. Additionally, they told us they would consider if assisted technology was required as an additional measure to ensure safety. From the sample of care records we looked at we found risk plans were reviewed on a regular basis.

Accidents and incidents including whistleblowing were all investigated by the provider. From records viewed

we found appropriate action had been taken in response to these.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform staff of people's support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events.

The internal and external environment was in a good state of repair and we found there was a record of regular checks and audits of equipment and services. Relatives we spoke with said the safety and security of the building was good. Staff told us that fire drills were regularly completed. The physical environment both inside and out met people's physical needs and safety.

The provider employed sufficient staff to meet people's needs. People told us that they felt there were enough staff available to meet their needs. One person told us, "Staff are always available; I have some one to one support with staff." Relatives were confident that there were appropriate staffing levels available to meet people's individual needs.

Staff were positive about the staffing levels provided. The manager told us how staffing levels were flexible depending on the needs of people. An example they gave was if a person had a health appointment an additional member of staff was rostered on. On the day of our inspection an additional member of staff came on duty, this was to enable another member of staff to support a person to attend a health appointment. Some people had needs that required them to have additional staff support. We found sufficient staff were on duty to meet people's individual needs.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal records check and employment history.

People told us that they received their medicines safely. One person told us how staff supported them to administer their own medicines. They said that this was important to them and gave them some independence and control.

We observed a team leader administering people's medicines. They did this in an unhurried manner. They stayed with the person whilst they took their medicines ensuring the person had taken them safely.

The team leader told us staff that administered medicines had completed training on the safe administration and management of medicines. This included yearly observational competency assessments to ensure they managed people's medicines safely. Records viewed confirmed what we were told.

We reviewed people's medicines administration records (MARs). We found these had been completed appropriately. This confirmed people had received their medicines as prescribed by their GP. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. Detailed information was available to staff with respect to medicines that were prescribed as and when required. This information provided guidance of the administration of this medicine to protect people's safety. The provider had regular audits and checks in place that ensured medicines were stored and managed correctly and in line with good practice guidance.



## Is the service effective?

### Our findings

People who used the service told us that they felt staff had the required experience, knowledge and skills to support them. Relatives spoke positively about staff. They described them as competent and knowledgeable.

Staff told us about the induction they had received when they commenced their employment. This included training and shadowing more experienced staff. One staff member told us, "I found the induction was helpful and went some way in preparing me for my role and responsibilities." Another staff member said, "We receive training before we start, it's interesting and I learnt a lot."

Staff said they received training and refresher training to keep their knowledge and skills up to date. Staff told us that their training included, autism awareness, managing behavioural needs and health and safety. Staff had also received some basic awareness training on mental health. They said they had requested additional training on specific conditions to support their understanding of the mental health needs of some of the people they cared for. The manager said that this training had been requested and plans were in place for this to be provided. The staff training plan showed staff had received refresher training that kept their knowledge up to date.

Staff told us they received regular opportunities to meet with their line manager to discuss their work, training and development needs. One staff member said, "We have monthly one to one meetings. It's helpful to discuss things." Records confirmed staff received supervision and appraisals of their work.

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. We checked whether the service was working within the principles of the MCA.

We found where people lacked mental capacity to consent to a specific decision about their care and support an assessment had been completed by the manager. However, the MCA legislation had not been fully adhered to. This was because the manager had not involved other people such as relatives or healthcare professionals involved in people's care, in the best interest decision made on behalf of the person. We discussed this with the manager who agreed to take action to address this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw an example of where an application had been made to a 'supervisory body'. They have the legal authority to restrict a person of their freedom and liberty if assessed as in the person's best interest. The manager told us and records confirmed, that where there were concerns about people's freedom and liberty, applications had been made to the 'supervisory body' for assessment.

Staff had received MCA and DoLS training and had a policy and procedure available that advised them of their role and responsibilities in protecting people's human right. Staff demonstrated they understood the principles of this legislation.

Some people who used the service could experience high levels of anxiety that may have affected their behaviour. Staff told us and records confirmed that staff had received appropriate accredited training in the use of physical restraint. However, staff said that this was only used as a last resort as they used other techniques to reduce people's anxiety. The manager confirmed what we were told.

We observed staff provided appropriate support when people became anxious or distressed. They were responsive to people's needs and able to de-escalate and divert people from situations that may have become a risk.

One person told us that they were happy with the food choices provided. They said, "The food is nice, sometimes I'll chose to eat vegetarian foods, it's up to me." They also said that they could make snacks and drinks when they wanted. During our inspection we observed this person make themselves a snack as described to us. We also observed another person, with staff support, cook their own breakfast and another person supported by staff to cook the evening meal.

Specific dietary and nutritional needs including cultural or religious needs were assessed, and included in people's support plans. One person told us that they had a particular health condition that meant they had to be careful what they ate and that their weight was a concern to them. They said that they felt that staff could be more supportive with their dietary and nutritional needs. We saw from this person's care record that they attended an appointment in December 2015 with a healthcare professional. Discussions were had about their dietary needs and life style choices. The healthcare professional provided some advice and guidance but we were unclear whether staff were following this. In the person's nutritional support plan that had been reviewed in January 2016, this information was not included. We discussed these concerns with the person and the manager, who agreed to review the support plan and speak with staff. After our inspection the manager forwarded the person's updated support plan that confirmed what action had been taken.

In another person's care record it stated that the person required their weight to be taken monthly. If the person refused, this was to be documented. The last recorded date that this person was weighed was March 2015. When we discussed this with the manager they told us that due to this person needs they required different scales and that they had made a referral to the GP. We saw a record that confirmed what we were told. After the inspection we spoke with the provider's responsible person. They said that following our inspection they had discussed with staff the frequency this person had been weighed. They assured us that this person's weight had been monitored but identified staff had not recorded this where they were required to. They sent us evidence that supported what they told us.

People told us that they were supported to attend health appointments to maintain their health. Examples were given about attending appointments with the GP, opticians and dentist. On the day of our inspection we saw that a person was supported to attend an appointment with their GP.

Staff we spoke with told us people's health was monitored and they were referred to health professionals in a timely way should this be required. There was evidence of the involvement of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician, psychiatrist and mental health community nurses.

# Is the service caring?

## Our findings

One person described staff as, "Nice" and another person told us, "The staff are good, they are friendly and helpful. If you feel you need to talk about something they're there for you."

A relative told us that their family member was very well settled. They also said, "The staff know [name] very well. They are attentive to their needs and give them lots of attention." Another relative said, "The staff are polite and friendly when I visit."

We observed staff were attentive to people's individual needs and responded to people's needs to ensure their safety and well-being. For example, staff spent time with people sitting and talking about things that interested them or were important to them.

Staff had good communication skills and support plans advised staff on people's method of communication and the best time to give information. Staff were knowledgeable about people's individual routines and preferences and spoke about people with respect.

We saw that people who lived at the service and the staff got on well together and had warm, friendly and caring relationships. We saw people were involved in conversations and discussions, and people's responses and opinions were respected. There was laughter between people that used the service and staff, and people looked relaxed within the company of staff present.

People were involved in making decisions about their care as fully as possible. People had the opportunity to have regular meetings with their keyworker. This is a member of staff that has additional responsibility for a named individual. We saw records that demonstrated people were asked their opinion about a variety of topics in relation to the care and support they received. People's feedback was recorded including any action that may have been required. We noted that some people had signed these records to confirm they had been consulted and agreed with what was discussed.

People had access to information about independent advocacy services. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. One person told us that they had an advocate that supported them.

In people's care records we saw that information about some health conditions was provided in an accessible language to support people with their communication and understanding. Whilst this was informative and helpful it was not clear if, or how, people had access to this information.

People told us that staff treated them with privacy and respect. One person told us, "Yes, the staff treat me with respect and are polite."

Staff gave examples of how they respected people's privacy and dignity. We observed staff knock on people's bedroom doors before entering, used people's preferred names and spoke to people sensitively.

One staff member told us that staff were aware of the ten dignity pledges and that staff adhered to these. These pledges describe values and actions that staff should follow that respect people's dignity. They said, "It means that we are always looking at what we do and how we support people."

Staff had received training on equality and diversity including dignity. The regional manager showed us a dignity workshop book of dignity tools that staff completed to assess their own attitudes and care practice. This was then used to evaluate if there were any aspects of practice that needed to change.

## Is the service responsive?

### Our findings

Relatives told us that before their family member moved to Heathcotes (Basford) they, and their family member were involved in the assessment of their needs as fully as possible. This is important to ensure the service can meet people's individual needs. Additionally, that staff have the required resources and training to provide a responsive service.

People told us that they felt involved in the planning of their care and support and that they were enabled to live their life as they chose. This included respecting, supporting and promoting people's independence. For example, we observed a person was supported to explore the opening times of a leisure centre that they wanted to use. This involved the person telephoning the service. Staff sat nearby to provide support if required. This person told us that they liked to be independent. Some people accessed the community independently and they told us that they knew the key code for the door and that there were no restrictions about how they spent their time.

Staff told us how they supported people's independence. This included participating in domestic tasks around the house such as cleaning, laundry and food shopping. Additionally, they said that whilst the service had the use of a vehicle they often supported people to use public transport.

We saw in people's care records a document called, "This is all about me." This recorded information important to people, including their likes, dislikes, routines and preferences and their dreams and wishes. We saw an example of an additional document completed that recorded what support the person required to achieve their goals. The manager told us these were reviewed every three months with the person. This told us that the provider had a person centred approach in meeting people's individual needs and aspirations of how they lived their life.

People were supported to follow their interests and to participate in social activities of their choice. For example, one person told us, "I go bowling, the cinema and ice skating. The staff give me money for activities and sometimes I go by myself, I like that or sometimes staff will go with me – it's up to me." Another person told us how staff supported them to attend aqua swim when they chose to go. An additional person said how they enjoyed having, "Pampering days and visits to the beauticians."

Relatives told us that their family member was supported with activities of their choice and what was important to them. One relative said, "I know that the staff are planning a holiday for [name]. They are always doing something."

Staff gave examples of how they supported people with activities, one staff member said, "People don't have set daily activities, they respond better to being asked each day what they would like to do, as this works better for people." Staff told us how they supported people to celebrate events and celebrations and how they involved people to decorate the home for these. For example, they had recently celebrated Chinese new year and had plans for Valentine's day. A member of staff told us that on the whole people did not visit a place of worship but sometimes a person asked to attend which staff supported them with.

We observed staff supporting people with activities of their choice. For example, people were supported individually to visit the local shops and café and with activities of their choice within the service.

People told us how they were supported and encouraged to maintain friendships and relationships with friends and family. Relatives confirmed what we were told.

People told us that they knew who the manager was and that they felt they could raise and concerns or complaints. One person told us of some concerns that they discussed with the manager, and what action was taken in response, which they said they were happy with.

Relatives said that they were aware of the complaints procedure and that they would not hesitate to use it if required.

We saw people had access to the provider's complaints policy and procedure and that this was presented in an appropriate format for people's communication needs.

We saw there was a system to record and respond to complaints received. The complaint log showed that five complaints had been received in 2015 and that these had been responded to and closed.

# Is the service well-led?

## Our findings

People told us that they liked living at Heathcotes (Basford) and that they felt included in how they received their care and support. One relative told us that they were happy with the care and support their family member received. They told us, "[Family name] is very happy and doing well, they're settled and we [family] are happy with the placement." Another relative said, "We've had our ups and downs with the service but [name] is now more settled."

Relatives told us that communication with the service was good. One relative said, "We're informed of what we need to know." They also gave examples of how the service had responded to, and involved them in any safeguarding concerns.

Staff told us that they felt involved in the development of the service and that they could raise any issues or concerns. Additionally, they said that these were responded to and acted upon by the manager and senior managers within the organisation. We were aware that the service had received some whistleblowing concerns. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. The provider told us of the action they had taken to investigate these. We were satisfied that the provider had completed detailed internal investigations and that appropriate action had been taken where required.

The provider had a clear vision and set of values. This included providing a person centred approach to the service people received. Staff demonstrated they had a clear understanding of these values and a positive culture was promoted. One staff member told us, "We provide the best we can for the people we support, this is caring for people's individual needs, to keep people safe and promote independence." Another staff member said, "Staff all know their roles and responsibilities, they're caring and we work together to provide a safe service that meets people's needs."

People were involved in discussions and decisions about how the service was managed. This was by regular 'resident meetings' and feedback surveys. We saw resident meeting records that demonstrated people were consulted on a range of topics such as activities, food choices, the staff that supported them, and if they had any complaints and any questions. Additionally, annual feedback was requested from relatives, staff and stakeholders. The regional manager told us that the last survey was completed in February 2015. As a result of feedback received, the regional manager said that staff had received a pay rise, mobile phones had been provided for staff and a door bell had been installed for the external gate.

Staff told us that staff meetings were arranged regularly between four and six weeks and that they felt they could raise any concerns or make suggestions. One staff member told us, "I feel valued and that I can share my opinions." We looked at meeting records that confirmed staff had regular opportunities to meet as a team and were involved in the development of the service.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records

showed that since our last inspection the provider had notified CQC of changes, events or incidents as required. Whilst there was a registered manager in place there had been some recent changes, this meant they were due to be replaced by the manager who was present during our inspection and whom had day to day responsibility of the service. This person had submitted an application to become the registered manager which was being processed at the time of the inspection.

Staff had a good understanding of their roles and responsibilities and there were clear systems of accountability. The regional manager told us how other managers within the organisation met regularly to evaluate the services provided. They said that this was supportive and an opportunity to share good practice.

The provider had systems in place to monitor the quality and safety of the service. This included daily, weekly and monthly audit checks completed by the manager and additional audits by the provider. For example, checks included the management of medicines, care records, issues relating to staff and the environment. Action plans were developed where any shortfalls were identified to ensure required improvements were made.

Accidents and incidents were recorded and action was taken to reduce further risks. For example, hand rails were in place to support some people with their mobility. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incidents were reported to the clinical team within the organisation for further review to identify any patterns or trends. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.