

Heathcotes Care Limited

# Heathcotes (Blenheim)

## 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

Heathcotes (Blenheim) is registered to provide accommodation and personal care for up to nine people receiving mental health support. There were eight people living in the home and another person in an adjoining flat when we inspected. However, two people were in hospital at the time of our inspection visit.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's safety was protected by staff who understood how to recognise poor care and abuse. People's risks were identified and managed to maintain their wellbeing. Medicines management arrangements ensured that people received their prescribed medicines as required and at the correct time. There were a sufficient number of suitably recruited staff to care for people and spend time with them.

People's physical, mental and psychological health was monitored and staff worked with other professionals to support people. People were supported to have maximum choice and control of their lives. Staff encouraged people to be involved in their care and supported them with their decision making when necessary.

Staff were kind, caring and friendly and treated people with dignity and respect. The atmosphere around the home was warm and welcoming. People were relaxed with staff and spent time chatting with them. People were able to go out when they chose and were involved in the social activities which interested them.

Audits and checks were in place to monitor the quality of the service and make improvements where needed. The registered manager was fulfilling the requirements of their registration with us.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Heathcotes (Blenheim)

## Detailed findings

### Background to this inspection

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

This was an unannounced comprehensive inspection undertaken by one inspector. The inspection took place on 11 February 2019. There were eight people living in the home and one person in an adjoining flat, but only four people were present on the day of the inspection.

Before the inspection we looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We also reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

No one living in the home wanted to speak with us about their care and support on this occasion. We therefore observed the care provided in communal areas and listened to the way people and staff spoke with each other to access their relationships. We looked at two care plans to see if the planned care reflected how people were supported.

We spoke with the registered manager and three members of the care staff. We looked at a staff recruitment file to oversee the employment process and records relating to the management of the home.

## Is the service safe?

### Our findings

People were protected from harm. Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would take action if they raised any concerns. We saw that when safeguarding concerns had been identified, these were reported to the local safeguarding team for investigation and outcomes were discussed with the staff for learning. One member of staff told us, "We look for anything which might trigger alarm bells. If we're concerned, we go straight to the manager but if they're not here we have a step by step guide in the office which shows us what to do".

Staff we spoke with knew how to keep people safe. People's individual risks had been assessed and where necessary, management plans were in place to minimise hazards for them. For example, we read in people's care plans that independent risks such as road safety and anti-social behaviour had been considered. The risk assessments we saw reflected regular review and contained updated information for staff when necessary. Some people demonstrated behaviours which challenged their safety and that of others. We saw that staff had observed people's behaviours to try and identify what may cause them. Although staff were trained to restrain people as a last resort, they maintained a positive supportive approach to help people manage their emotions. This ensured that people were provided with the minimum intervention to allow them to live as 'normal' a life as possible. A member of staff explained, "I can't remember the last time we had to use our trained technique of capture and wrap to restrain someone. We use diversion, one to one support and if other people's safety is at risk, we'll redirect others to protect them from harm". Staff recorded incidents and accidents and people involved in incidents were given an opportunity to include their input on the form. We saw that an investigation was undertaken with changes made to people's support if necessary.

There were an adequate number of staff available to care for people. Staff told us they offered people stability of support by covering any gaps due to sickness themselves. One member of staff said, "We always have enough staff. If we need extra then management will sort it out. We don't use agency, it wouldn't be fair to people here. You need to know them". We looked at the recruitment process and saw that there was a suitable system in place. This demonstrated checks were carried out to ensure the character and skills of staff were appropriate to care for people in the home.

People's medicines were managed to ensure they received the treatments that were prescribed for them. Staff monitored people's medicines and took action when they identified they were not meeting people's needs. For example, staff told us that one person was not happy having an injection and they, along with the person's doctor, were trying to find an alternative preparation for them. We saw that staff were provided with guidance on the use of 'as and when required' medicines to ensure these were administered safely. Staff told us they received training to deliver medicines and were supervised until they were considered safe to work alone. A member of staff told us, "I'm just about to start a more advanced level of medicine training. The team leaders and manager do regular checks on our competency".

The home environment was clean and safe for people. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene at the home.

## Is the service effective?

### Our findings

Staff were trained to care for people effectively. Staff told us they received a broad level of training. One member of staff told us, "The access to training is great. We have the mandatory things but also specific courses to help us understand people's individual needs. For example, we had training on supporting people with diabetes before someone moved in. Another person has a rare condition and hospital staff came here to help us to understand their illness, how we should support them and what to do in an emergency". Staff felt well supported and had regular supervision sessions. A member of staff said, "We can talk about whatever we like. Any concerns, how we're progressing. But we can also speak to the manager or team leader at any time. We don't have to wait".

People were encouraged to be involved in preparing their own food and making healthy meal choices. We looked at people's food intake records and saw that they were eating a wide range of foods which met their individual needs. For example, one person preferred to eat halal meat and shopped for their own food and cooked with staff. We saw that people were weighed regularly. One person had expressed a desire to lose some weight and staff had sat with them and looked at healthy recipes they could try.

Staff understood people's health care needs and supported them to access other health professionals, such as the GP, optician and dentist. People had health plans in place, which gave an overview of their healthcare needs. We saw appointments to see healthcare professionals were recorded and any concerns were acted on. This demonstrated that people had support to maintain their physical, psychological and mental wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so or 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 saw that restrictions were minimised, ensuring people were safe but had the most freedom possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff were able to tell us who had deprivations in place and the reason these had been applied for in people's best interests.

People living at Blenheim were physically able and could move freely and independently around the home and grounds without adaptations.

## Is the service caring?

### Our findings

No one living in the home was keen to speak with us during our inspection. Therefore, we observed how people and staff interacted together. We saw that people and staff had developed positive trusting relationships. One member of staff said, "By building relationships with people they become more confident. When [Name of person] first came here they wouldn't speak to anyone but now they trust us and help us around the home". We heard staff conversing with people in a respectful but friendly manner. There was some light-hearted banter between them. We saw that people chose to sit with staff and chat with them in a relaxed manner. We saw that staff were observant of people and a member of staff told us, "We learn a lot about people when we observe them".

People's dignity was promoted by staff and people were supported to maintain their privacy when they wanted time on their own. People spent time in their rooms, which they able to lock if they wished or in the communal areas. One person lived in a flat adjoining the home, but spent time socialising with staff and people in the main house. When people had visitors, we saw that they were given privacy to speak freely together.

Staff knew people well and understood what was important to them. People were supported to be independent and celebrate their achievements. We saw there was a notice board displaying photographs of people. This was referred to as the 'Achievement Board'. A member of staff told us, "This can be used for anything, for example there's a photograph of someone doing some cooking which they don't normally do. If people are proud of what they've done, we take their picture and put it up. It's a positive thing to do".

People were supported to maintain relationships that were important to them. For example, we saw that people spent time with family members in and outside of the home when this was their wish.

## Is the service responsive?

### Our findings

People had a care plan that was personalised and contained evidence of their likes and dislikes and how they wanted their care and support provided. We saw that people's care was reviewed regularly with changes made whenever necessary. Staff told us they encouraged people to take part in the review, but accepted their decision if they declined. We saw staff recorded if the person had taken part or refused. This meant people were given an opportunity to discuss their needs if they wished.

The provider understood their responsibilities to ensure people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. At the time of our inspection, no one living in the home required any adaptations or communication tools to support them. However, we saw in people's care plans that some people had been provided with pictorial information related to making a complaint to ensure they fully understood the process.

People were provided with opportunities to participate in social activities which reflected their interests. As people were able to go out when they wished, for most people activities were undertaken outside of the home. The registered manager told us, "We used to try and organise activities in the home but people weren't motivated to join in". Staff kept records to show how people spent their time and we saw they were engaged in a variety of pastimes such as social club events, pub lunches, live music venues, visits to family and shopping. One person attended college and another worked most days in a charity shop. We saw that people were supported to maintain their beliefs and attended a place of worship of their choice. No one living in the home was receiving end of life support. We saw that staff had discussed people's wishes and there were plans in place reflecting their requests.

There was a complaints policy and procedure in place which was displayed for people's information. No complaints had been received since our last inspection. We saw that thank you cards and compliments to the staff regarding people's care had been received and shared with staff.



## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities and was informing us of significant changes affecting the home and people living within it. As required a copy of the last inspection report and rating were prominently displayed in the home and on the provider's website. This is to ensure people; their visitors and members of the public can read about the home and our findings.

There was a provider led audit programme in place to monitor the quality of care and identify shortfalls. There was further monitoring in place to ensure that improvements were made. For example, the registered manager had overview of the accidents and incidents which occurred to identify any trends or patterns which needed further investigation or action taken. Regular checks were made on the safety of the environment including general maintenance and fire safety procedures.

Staff spoke positively about the leadership in the home. One member of staff said, "We get all the support we need from the [registered] manager. He is a very straightforward person". Another member of staff told us, "The [registered] manager is very supportive. If there's anything you want to know or don't understand he will help you and explain". People, relatives, staff and stakeholders were given opportunities to voice their opinion of the service via satisfaction surveys. We saw that the feedback the home received was positive with an emphasis on the quality of support provided.

We saw that the staff and registered manager worked closely with other agencies to ensure people received the appropriate support. For example, we read that staff had recently worked with the police, emergency services and psychiatric services to provide a united approach for a person experiencing a difficult time in their life.