Heathcotes Care Limited

Heathcotes (Aylestone)

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

This inspection took place on 19 February 2018 and was announced.

Heathcotes (Aylestone) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Heathcotes (Aylestone) is registered to accommodate up to seven people. The service support people with autism and a learning disability. The accommodation includes shared lounge, dining room and kitchen facilities and bedrooms with an ensuite shower and toilet. At the time of our inspection there were seven people in residence.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

At our last inspection in December 2015 we rated the service overall as 'Good'. At this inspection we rated the service overall as 'Good'.

People continued to feel safe using the service. Risk assessments were completed, managed and reviewed regularly. Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. People received their medicines at the right times. People's nutritional and cultural dietary needs were met and they had access to a range of specialist health care support that ensured their ongoing health needs were met.

Staff were recruited safely. There were sufficient numbers of staff available who worked flexibly to support people. Staff continued to be supported in their role and received regular training and supervision to meet people's needs effectively.

People continued to be involved and made decisions about all aspects of their care and were encouraged to take positive risks. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive good care and their privacy and dignity was respected. Staff had developed positive trusting relationships with people. Staff's skilful interactions promoted people's wellbeing and independence. The design and homely environment promoted people's privacy.

People continued to receive care and support that was responsive to their individual needs. Staff promoted and respected people's cultural diversity and lifestyle choices. People were supported to access the wider community, education and other leisure activities. People maintained relationships with their family and friends. Care plans were personalised and provided staff with clear guidance as to how people wished to be supported. Information was made available in accessible formats to help people understand the care and support agreed.

People knew how to raise a concern or to make a complaint. The provider's complaint procedure was followed and all complaints were fully investigated. Relatives spoke positively about the staff team, management and the quality of care. Staff were confident to make suggestions to improve the service and enhance people's quality of life.

The registered manager was aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to providing quality care. They continued to incorporate best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

The provider promoted a culture of openness; continuous learning and development of quality care and service and works in partnership with other agencies. The service learnt lessons from incidents and made improvements when things went wrong. The provider's governance system to monitor and assess the quality of the service was used effectively to improve the service and looked at ways in which people were supported to achieve greater independence.

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

Heathcotes (Aylestone)

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 second comprehensive inspection took place on 19 February 2018. The inspection was carried out by one inspector and an inspection manager. We announced this inspection and gave the service 24 hours' notice of the inspection visit because it is small service for people with a learning disability and autism who might otherwise be accessing the wider community services. We needed to be sure that they would be in.

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 reviewed the completed PIR and took this into account when we made our judgements.

We checked the information we held about the service including statutory notifications. These relate to important events which the provider is required to send us by law. We also contacted the Healthwatch Leicester and commissioners for social care that fund and monitor the care of people using the service. This information was used to inform our judgements.

During our inspection we spoke with two people who lived in the home. We made direct observations of people being supported by the staff in the communal areas of the service and 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 and determine whether or not they were comfortable with the support they received.

We spoke with five relatives whose family member used the service and six members of staff; they included two care staff, two team leaders and the registered manager. We also spoke with a newly appointed manager on training and the regional manager who were at the service. We reviewed a range of records in relation to people's care, staffing and the management of the service. These included the care records of

three people such as care plans and risk assessments. We looked at records of staff and residents' meetings, recruitment records for two members of staff, training information and records relating to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People continued to feel safe at the service. We saw that people looked relaxed around staff who were vigilant and responsive to protect people from avoidable harm. We saw people were encouraged to take positive risks, for example, a person made their own hot drinks with support of a staff member.

All the relatives spoke positively and felt that their family member was safe and well cared for by the staff. A relative said, "[My relative] is safe and happy because staff know how to keep [them] safe. [They] do so many different activities and know what to do if [they] get upset. Staff will call me if [my relative] wants me to visit."

The provider had a clear safeguarding procedure and this was available in an accessible format to make it easier for all staff and people to understand. Staff were knowledgeable about the action to take if they were concerned. The registered manager took appropriate actions when safeguarding concerns were raised. They notified the local authority and Care Quality Commission. Records showed that all investigations were completed in a timely way and action taken to prevent further risks.

Risks assessments covered all aspects of people's needs and choice of lifestyle. Care plans gave staff clear instructions about how to keep people safe and included the persons communication needs, the number of staff needed to support the person and how best to support people who had behaviours which could be challenging. Risk assessments and care plans were reviewed regularly to ensure staff had sufficient guidance to follow to maintain and promote people's safety.

Staff were able to describe to us how they maintained people's safety without restricting their rights and choices. This was consistent with the information found in one person's care plan. A relative told us that staff knew how best to support their family member and protect them from avoidable harm and said, "[My relative] responds to well to [staff names] and would only go out with them because [my relative] trusts them."

The recruitment process continued to ensure that staff were suitable for their role. Recruitment files contained all relevant information and appropriate checks. The registered manager took account of people's needs to ensure there were enough staff available to support people. Staff rotas we looked at showed that staffing levels had been maintained. The registered manager told us that any unplanned staff absences due to sickness were covered by using staff from another Heathcotes service close by who were familiar with the people who used the service.

All the relatives we spoke with were confident that their family member received their prescribed medicine at the right time. People's medicines records confirmed that they received their prescribed medicines on time.

Medicines were safely stored, managed and checked regularly. This helped to ensure that any discrepancies were identified and rectified quickly. Staff trained to administer medicines were able to describe how they supported people with their medicines. Records showed that people had regular reviews of their medicines

to ensure these remained appropriate to maintain good health. Our findings were consistent with information provided within the PIR.

The provider had systems in place to manage environmental risks. People had an evacuation plan that described the support and any equipment needed in the event of emergency situations. The service had a five star food hygiene rating, which is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good hygiene standards. These measures supported people's safety.

Regular maintenance, safety checks and fire tests were carried out. Records showed the vehicle used by the service was maintained. However, we identified two areas that needed improvements which we shared with the registered manager who assured us action would be taken. Following our inspection visit the regional manager wrote to us to confirm that flooring was due to be replaced and maintenance work carried out to make good the internal and external walls.

Information about incidents, accidents and safeguarding concerns were recorded on internal systems. Accidents and incidents were monitored for any trends and shared with staff team. Lessons learned were shared with the staff team to prevent similar incidents from happening again. For example, the provider continued to recruit new staff to avoid the risk of potential staff vacancies and any staff absences would be covered to maintain people's safety.

Good

Is the service effective?

Our findings

People's needs were assessed that ensured that staff were able to provide the care and support needed. Staff worked with people, their relatives and commissioners to ensure the move to the service was managed at a pace that suited each person. For example, short visits to the service were increased to overnight stays to ensure the person was happy and were supported effectively. People's diverse needs and routines had been documented and made known to staff which enabled them to provide effective care and support. A relative told us that the assessment process was thorough and staff had supported their family member and them during a difficult time.

Staff spoke positively about their induction, ongoing essential training and support they received. A staff member said, "We get a lot of training. In my supervisions we talk about any training that's due and [registered manager] always asks me if there is any training I want to do." Staff received training that promoted positive interventions to support people with behaviours that challenge services and other training related to safety. Training records showed staff received regular training updates and had attained nationally-recognised qualifications in health and social care.

A system of formal supervision and annual appraisal was in place, which included reflection on performance and discussions on development needs. Team meetings were used to share information about changes to the service and encouraged staff to develop of people's care and the service. This showed staff continued to be supported in their role.

People continued to have sufficient to eat and drink. People were involved in deciding what meals they had each day and were encouraged to help to prepare them. Easy read menus were used to help people in choosing meal options. Dietary needs were documented in the care plans and guidance on the type of foods and textures to be encouraged. A relative said, "[My relative] eats very well. [They] make [cultural meals] under the supervision of staff." We saw staff regularly offer drinks and snacks to people throughout the day. One member of staff offered a person a choice of a healthier snack instead of cake to have with their drink to promote healthy living.

People were supported to maintain good health and had access to external healthcare support as necessary. Staff were able to describe the signs that indicated someone was unwell such as low mood, verbal sounds made and behaviours that challenge others. We saw staff were vigilant and recognised when someone was unwell and responded quickly to help maintain people's health.

Relatives were confident that staff knew their family member well and how to support them to attend medical appointments. A relative said, "[My relative] will only see the doctor if its [staff name] supporting [them]. Another relative said, [My relative] trusts [staff name] who knows how to support [them]. There's a particular nurse at the hospital that [my relative] trusts, so staff make sure she's there when [my relative] has a hospital appointment. " This was an example of staff and other healthcare services working together to deliver effective care and support.

Health action plans contained comprehensive information about the person's health needs, their communication needs and health care appointments they needed to attend. This document would enable health care staff to provide the necessary support if a person needed emergency or planned medical treatment. Records showed staff worked in partnership with other agencies to enhance people's quality of life. For example, people had been referred to other health care professionals such as a dietician and community team for learning disability.

People's diverse needs were met by the adaptation, design and decoration of premises. The home and outside areas were fully accessible to people. People used the garden in good weather and when they needed space for privacy and to relax. We looked at one person's bedroom and saw it had been personalised to reflect their interests and taste in décor. People were able to access and use the communal areas that were bright and welcoming. These areas were personalised to the tastes and requirements of the people living there.

The service continued to work within the principles of the Mental Capacity Act 2005 (MCA). 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 and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We found the service followed the MCA principles. People's records showed that capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Appropriate DoLS authorisations were completed and we found conditions associated to the DoLS were being met, for example two staff supported a person when accessing the wider community. We saw throughout our inspection visit staff communicated with people in a way that they could understand by using gestures and pictures, sought consent and enabled people to make daily choices and decisions.

Good

Is the service caring?

Our findings

Relatives all consistently told us that staff treated their family member with dignity, respect and kindness. A relative said, "[My relative] loves the staff because they all understand and respect [them] as an individual." Another said, "Staff genuinely care for everyone that lives there. [My relative] really gets on with their keyworker."

We saw people looked happy and relaxed and positive relationships had been developed with the staff team. Staff were polite, friendly and consistently approached people in a positive and happy mood. When a staff member was supporting a person they talked about things that the person liked, which had a positive response as the person was smiling and laughing. When another person returned home from an outing a staff member took an interest where they had been.

People's individuality was respected and their choices in relation to daily routines were listened to and respected by the staff team. There was a positive culture within the service and a person centred approach to everything the service offered. Staff and relatives told us that people were involved in the development and review of their care and any decisions had been documented.

A relative said, "Staff keep me informed about what's happening and [my relative] is involved in all aspects of [my relative's] care and the decisions made for [them]." People's views about the service were continuously sought individually through reviews, residents meetings and surveys sent out by the provider. Advocacy support was available to people if they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act. An advocate is an independent person who can help people to understand their rights, choices and speak up about the service they receive.

All staff received training in equality and diversity that gave them an understanding of people's various cultures, beliefs and choice of lifestyle. This helped to ensure they were empathetic towards the people they supported. People's individual communication skills, abilities and preferences were documented, such as the preferred gender of staff to support people with their personal care needs. Staff had clear guidance about how best to support people in relation to their personal care needs, daily routines and activities.

People's privacy and dignity was respected at all times. A relative said, "[Staff] treat [my relative] with respect and value her as a person." We saw staff knocked on the door and waited to be invited in and spoke to people in a respectful way. Another staff member encouraged a person discreetly to use the bathroom and assisted them to move in a dignified manner.

People's confidentiality was maintained at all times. Staff understand that information about people was shared on a need to know basis. The language used in care records showed people and their needs were referred to in a dignified and respectful manner. Records were stored securely to ensure that information about people complied with the Data Protection Act.

Good

Is the service responsive?

Our findings

Staff ensured people and their relatives were involved in decisions made about their ongoing care and support needs. This included review of their care and planning social events, activities and holidays. There were a range of assessments and care plans that provided staff with guidance in providing consistently personalised care and support. A staff member told us care plans were reviewed and updated as people's needs changed. They described the communication plans were person centred and gave detailed guidance in how people expressed their wishes. These included verbal and non-verbal communication such as facial expressions and sounds made when a person was happy and the behaviour if a person was not happy.

Staff understood people's needs and behaviours that could be challenging. When there was an episode when a person's behaviour was challenging we saw staff were responsive. A staff member used techniques to de-escalate such behaviour. They spoke in a firm and clear manner and the person responded positively to this. Other staff members ensured the other people who used the service and visitors were safe. Staff recognised people also needed emotional support. They told us that they praised people and if a person was in a low mood they encouraged them to talk about how they were feeling. A relative confirmed this and said, "I've popped in to see [my relative] and it changed to [their] mood to being a lot more happier."

Staff had good knowledge of people's needs. Relatives gave examples of a person centred approach to care that had enhanced their family member's quality of life. For example, the person was supported to develop social skills and access the wider community and socialised with other people who used the service.

People were encouraged to take part in meaningful social and educational activities and promote cultural diversity. Relatives told us and records confirmed people were protected from social isolation. One person enjoyed arts and crafts and we saw them doing some colouring in the afternoon. People were involved in planning their weekly activities. For some people daily structured routines were important, whilst for others the flexibility of support promoted wellbeing.

People's views about the service were sought individually and in small groups. Records showed issues discussed were documented including any actions taken such as changes to menu choices and outings planned.

The service ensured people had access to information they needed in a way they could understand it to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was produced in easy read and pictorial guides so that people could to use and understand it.

People and their relatives knew how to make a complaint. The complaint procedure was available in accessible formats and advocacy support was available if people needed support. A relative said, "Any concerns that have been raised have usually been sorted out by the key worker so there's been no reason to make a formal complaint."

The provider had a system in place to manage and respond to people's complaints appropriately. Records showed the service had received three complaints. All had been handled appropriately, investigated and actions taken. That showed complaints were used to drive improvements.

The provider had systems in place which were supported with a policy about how to support people at the end of their lives. Information about bereavement and counselling was available to support staff and people with decisions about their end of life wishes. Records showed people had the opportunity to express their wishes and decisions made. At the time of our inspection visit no end of life care was being delivered at the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They continued to provide good clear leadership and managed the service well. They understood their responsibilities and had displayed the latest CQC inspection report and rating at the service. The provider's website also displayed this information. This is so that people, visitors and those seeking information about the service can be informed of our judgments. That demonstrated legal requirements were being met by the provider.

We received positive feedback about how the service was managed from staff, relatives of people who used the service and commissioners. The registered manager and the staff team had a clear vision and strategy to promote quality care. Staff member said, "There was a difficult period but things have definitely got better here. Management do listen us and improvements have been made. It's all good now."

We saw information around the service for people, staff and visitors regarding the complaints process, surveys, safeguarding arrangements, activities and fire safety arrangements. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service.

There was a culture of openness within the service and people who used the service, their relatives and staff were encouraged to look at ways to enhance people's quality of life and develop the service. People's views about the quality of care were sought regularly using surveys, individual discussions and at care reviews. Feedback forms were produced in accessible formats, which some people were able to complete with the support of a member of staff or their relative. A sample of surveys we looked at were all positive in relation to the care and support people had received, food and social and leisure opportunities.

Relatives' views about the service were also sought through surveys and meetings. A relative said, "[My relative] does more now that I could have ever imagined. [They] are happy and I know [they] get well looked after. I am so grateful to the staff at [Heathcotes] Aylestone; thank you."

The staff team felt they were well trained, supported and committed to the people they looked after and the development of service. A system was in place that ensured staff accessed regular training and received supervision. Regular staff meetings were held that focused on any management updates and the quality of care and support provided. The staff team felt that when they had issues they could raise them and felt they would be listened to. This showed staff were supported in their role and confirmed the information provided within the PIR.

The provider had effective systems in place that ensured staff provided quality care to people from diverse communities. Staff were aware of these policies and procedures and followed them. Information leaflets and contact details for local support services was available should people and staff want further support.

The registered manager received regular support from the regional manager. We found the registered manager and provider were responsive and acted on feedback. For example, the issues we raised about the premises were acted on and we received an action plan that included how and when these issues would be

addressed by.

The service continued to work in partnership with other agencies in an open honest and transparent way. Commissioners who monitored and evaluated the service told us that people received good quality care and found the provider was responsive. For example, when the issue of continuity of staff was raise the provider had recruited new staff. Ongoing recruitment of new staff showed that staffing was managed effectively. The newly appointed manager told us that they previously worked at the service and were familiar with the needs of the people who used the service. They told us about the provider's trainee manager programme and were supported to learn about the responsibilities in relation to the day to day management of the service and legal responsibilities.

The provider's quality assurance system continued to be used effectively. We looked at a sample of audits that assessed all aspects of the service and found that shortfalls identified had been addressed. Records relating to people's care and the day-to-day management and maintenance of the home were kept up-to-date. The registered manager analysed significant events such as incidents and looked at ways to reduce them. Our findings were consistent with information provided within the PIR.

The regional manager conducted monthly quality monitoring visits. They reported on the quality of care provided, action taken to manage significant incidents and monitored the progress of improvements. This demonstrated the provider's quality assurance system was used effectively to continuously look at ways to improve the service.

The PIR stated that Heathcotes Care had been externally accredited by the British Institute of Learning Disability (BILD) as a Centre of Excellence to support people. The staff team continued to use the best practice guidance into the support provided to promote people's safety and wellbeing. For example, there had been a reduction in the number of behaviours that challenges services as a result of positive interventions techniques used by staff.