Heathcotes Care Limited

Heathcotes (Derby)

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 5 December 2017 and was announced.

Heathcotes Derby 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 Derby accommodates up to eight people. The accommodation includes shared bathrooms, toilets, lounge, dining room and kitchen facilities. At the time of our inspection there were seven people in residence.

Heathcotes Derby 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.

This was our first inspection of the service since they registered with us on 12 October 2016.

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 told us they felt safe using the service. A range of risk assessments were completed, managed and reviewed regularly. People were involved and made decisions about all aspects of their support and were encouraged to take positive risks.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Staff were safely recruited and there were sufficient numbers of staff to provide the care and support people needed.

People received their medicines at the right times. People were involved in planning and the preparation of meals. Cultural dietary needs were met. People had access to a range of specialist health care support. The registered manager and staff worked closely with relevant health care professionals to ensure people's ongoing health needs and goals to live independently were met.

Staff received comprehensive induction and ongoing training which helped them to understand the needs of the people they were supporting. Staff worked closely with health care professionals to support people with complex needs. Staff received support and guidance through supervision and meetings to meet people's needs effectively.

People were involved all aspects of their care and decisions made were documented. 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 received responsive and personalised care and support that promoted their daily living skills, and enabled them to achieve their aspirations and goals to live independently as possible. Care plans and relevant information was made available in accessible formats to help people understand their care and support plans. Care records were reviewed and kept up to date. These provided staff with clear guidance and information to meet people's ongoing needs.

People told us they were treated as individuals and their values; cultural diversity and lifestyle choices were respected. People took part in activities that were important to them both at home and the wider community. Staff worked in a flexible way so that they could meet people's needs in a person centred way.

People were supported by kind, respectful and caring staff that knew them well. Staff had developed positive trusting relationships with people who were skilful in their interactions with people and focussed on promoting their independence. Staff treated people with dignity and respect. The design of the environment helped to ensure people's privacy was promoted.

People knew how to raise a concern or to make a complaint. The provider had a complaint policy and procedure and complaints received were investigated.

Staff spoke positively about the registered manager in relation to the support provided and their leadership. Staff were confident to raise any issues with the registered manager and their views were sought in how to improve the service and the lives of people who used the service.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken. The registered manager and staff team were committed to providing quality care. The registered manager showed an awareness of their legal responsibilities. They kept their knowledge up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

The service had a culture of openness and continues learning and development for the staff team. 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?

Good

The service was safe.

People were protected from abuse and avoidable harm. Staff understood their responsibilities to respond to allegations or incidents. Risks associated to people's needs were assessment and managed safely. People received their medicines in a safe way. Medicines were stored securely.

People's safety was promoted through the robust recruitment process that reduced the risks of unsuitable staff being employed. There was sufficient staff to meet people's needs and keep them safe.

People lived in a clean environment that was maintained. Staff followed infection control procedures.

The service ensured lessons were learnt from events such as accidents and incidents and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and care plans developed to ensure they received effective care and support. People made daily choices and decisions. Staff sought people's consent and ensured their human and legal rights were protected.

People received support from staff team who had the necessary skills, knowledge and training. Systems were in place to provide staff with on-going training, support and supervision to ensure they always delivered a high standard personalised care and support.

People were provided with a choice of meals which met their dietary needs, and preferences. People were supported to maintain good health and attend health appointments. Staff team had good working relationships with other professionals to ensure that people received care that effectively met their needs.

People's individual needs were met by the adaption design and decoration of the premises.

Is the service caring?

Good

The service was caring.

People were supported by kind, respectful and caring staff that gave emotional support when needed. Staff understood people well. Staff encouraged people to express their views and be actively involved in making decisions about all aspects of their life.

People's privacy, dignity and independence needs were understood and respected by staff.

Is the service responsive?

Good

The service was responsive.

People needs were assessed and involved in the development of their care plan and how they want to be supported. Care plans and relevant information was made available in accessible formats so that people could understand this. These were reviewed regularly to enable people to develop and set new goals.

Staff worked flexibly to provide person centred care and support and promote people's independence, develop life and social skills, and access community services, education and employment. Staff respected people's diverse cultural and lifestyle choices.

A complaint procedure was in place. People knew how to complain and were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager understood their role and responsibilities. The registered manager and staff team had clear visions and values which they promoted in how they supported people. Staff felt well supported by the registered manager.

The service promoted a culture of openness and welcomed feedback. People and staff had range of opportunities to influence and develop the service.

The provider's governance system to assess and monitor the quality of service and drive improvements was robust and used effectively. Systems were in place to ensure lessons were learnt from events such as incidents, whistleblowing and investigations.	

Heathcotes (Derby)

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 inspection took place on 5 December 2017 and was announced. This inspection was carried out by two inspectors. We gave the service 48 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. A notification is information about important events which the provider is required to send us by law. We also contacted the Healthwatch Derby and commissioners for social care who help place and monitor the care of people living in the home. This was used to inform our judgements.

During our inspection we spoke with four people who lived in the home. We observed people being supported by the staff in the communal areas of the service throughout the day. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff; this included four care staff and the registered manager. We also spoke with the regional manager who was also at the service at that time. We reviewed a range of records about people's care and how the service was managed. This included the care records of five people, associated

documents such as risk assessments. We looked at records of meetings, recruitment checks carried out for four care staff and training information and the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes safe, I feel very safe here". Another person said, "I don't feel frightened or afraid because the staff look after me." A range of information about safeguarding was displayed for people who used the service and all staff. This included how to report concerns and the contact details for external agencies such as the local authority, Police and advocacy services. This information was available in accessible formats that people would understand, such as easy read and electronic.

All staff were trained in non-abusive psychological and physical intervention (NAPPI), which is a method of managing behaviours that challenge services and safeguarding training. They knew what abuse looked like and how to report it. One staff member told us "I would go to the [registered manager] if I was worried about anyone or saw anything. I know she would take it seriously and report it to the local authority." Another staff member told us people were made aware of the potential risks of social media and how to stay safe when using the internet. One person told us they were able to stay in contact with family and friends safely using social media.

We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team as required and took steps to protect people from avoidable harm. Local authority commissioners confirmed the service had a person centred approach and positive risk taking was promoted to enable people to make informed decisions about their safety.

A range of assessments were carried out to ensure people were as safe as they could be. Care plans and risk assessments were linked with each other and provided clear guidance to staff about how best to support people. These were reviewed regularly and care plans were amended promote people's safety and freedom. Staff gave examples of how they encouraged positive risks taking across aspects of people's life ranging from preparing their own meals to education.

One person's risk assessment had identified two staff were required to accompany them to access the wider community and use public transport. Care records described how staff had supported the person to regularly access the community services and the positive impact it had on the individual. This demonstrated that assessments were positive in their nature and promoted people's independence as much as possible.

We saw that support people received had been reviewed and developed in a way promoted everyone's safety. For example, people's daily routines and for one person a designated area identified where they could smoke cigarettes safely. During our visit we saw they smoked a cigarette in this area where they could walk about safely without posing a risk to others.

People lived in a safe environment and staff followed infection control procedures. Certificates confirmed that the service complied with gas and electrical safety standards. Records showed the vehicle used by the service was maintained. These measures supported people's safety.

Appropriate measures were in place to safeguard people from the risk of fire. For example, an up to date fire risk assessment and regular checks carried out on fire alarm system and equipment. We saw emergency evacuation plans had been written for each person. These documented the support people needed in the event of emergency situations. This information was easy to access along with emergency foil blankets, should it be required. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

Safe recruitment procedures were followed that ensured staff were suitable for their role. A member of staff told us that pre-employment checks were carried out before they started work at the service. We saw staff records contained the required documentation such as a police check, two references and proof of identity. The probation period in place also ensured new staff were suitable. They were supported and their work was monitored closely.

We saw from our observations on the day that there were enough staff employed by the service to ensure people were safe and received the support they needed. One person said, "There's always staff around. If I want to go out then I do, and [staff name] will come with me." The rotas we looked at confirmed that staffing was consistent. The registered manager told us that they monitored the needs of people and, when required increased the staff numbers to maintain people's safety and enable people to attend appointments or outings.

Staff told us there were enough staff on duty to support people and they did not feel under pressure when carrying out their roles. They said, "We work well together as a team" and "It's one of the best things about working here. We have a good staff team and we would work the shift ourselves if someone was off sick or on leave."

People received their medicines in a way they preferred. One person said, "I get my medicines every day. When I get upset I will tell staff and they give me my [medicine], it helps me to calm down." It was evident from our discussions with them that they knew what their medicines were for. This included the medicine to be administered on an 'as needed' basis, which was supported by clear protocols that staff followed. There was a medicines policy which gave guidance to staff on the safe management of medicines.

Another person told us they managed and administered their own medicines. They told us "Staff do check but I take my medicines and they talk to me about it and make sure it's all ok. The doctor checks that my medicines are alright too." This person's care records supported the arrangement in place and showed it had been reviewed regularly.

Staff were trained in safe administration of medicines and their competency had been assessed regularly. A staff member said, "There's always two staff doing the medicines. It's safer that way as it stops any mistakes from happening." We observed two staff members administered medicines in a person centred way. They administered the medicines when the person was ready and signed the medicine record to confirm the person had taken their medicines.

Medicine was safely stored, managed and checked regularly. This helped to ensure that any discrepancies were identified and rectified quickly. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. This meant people's health was supported by the safe administration of medication. Our findings were consistent with information provided within the PIR.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy. People were encouraged and supported to keep their rooms clean and tidy and do their own

laundry. Staff were trained in infection control procedures and used appropriate personal protective equipment to prevent the spread of infection. Staff were trained in food hygiene as they regularly assisted people to prepare their own meals. 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.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learned. The registered manager said, "For some people a trigger [for behaviours that challenge] could be boredom. So we look at strategies and help people to set goals to promote their independence and learn new life skills." We saw information in one person's care records that positive behaviours had been achieved as the person's confidence grew each time they learnt a new skill or achieved new goals, such as having a meal in the dining room with other people.

The registered manager told us, "It's important that we have regular reviews of what's happened and we [includes the person] agree on actions to help make improvements." They explained any future emergency admission would only be accepted upon a sufficiently detailed assessment of needs that includes information about the person's background, risks and any known behaviours that challenge services. This would enable the service to ensure appropriate support could be provided and plans to manage potential risks. This showed that the registered manager looked at what lessons could be learned when things went wrong and when required changed their approach and procedures to ensure the service focused on continuous improvements to improve the service.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure the service would be able to support them. Before people moved to the service, a staff member would visit the person over a period to time to get to know the person and learn how they wish to be supported. This process also helped to reduce any anxieties that the person may have about the potential move. The information gathered was they used to identify and plan the support the person needed and how goals and future aspirations could be achieved.

One person showed us their care records and described in detail the content and how staff supported them. They said, "I told them what things I like to do; I like to go out and use the computer." They told us they had been involved in the review of their care plan and spoke about things they were able to do independently and the new goals which they had set for themselves.

Care records we looked at were comprehensive. People with differing diverse cultural, lifestyle needs, routines and specific communication needs had been documented. Where health care professionals were involved to meet people's needs, their role and contact details had been documented. This helped to assure people that the service would provide the right staff with the skills required to support them effectively.

People told us they felt the staff team were appropriately trained and knew them well and supported them when needed. One person said, "Staff are good, if I want anything they will help. They are very good, they help us all."

The newest staff member told us their induction was comprehensive. They read people's care plans and worked alongside experienced staff, which helped them to gain an insight into people's needs, their personality and the support they needed. Training records showed that staff received training on a range of topics. These related to health, reporting procedures in the event of an accident or emergency, and focused on person centred care and supporting people with behaviours that challenge services. The training programme was used effectively to ensure staff knowledge and training was kept up to date and appropriate to meet people's needs.

There were systems in place to provide staff with on-going support and regular formal supervision Supervisions covered areas such as current best practices, any concerns about the work and personal development needed to work more effectively. A staff member said, "We have regular supervisions and get a lot of support from the registered manager. You can discuss any issue with her and she will help you; she's very approachable to us and everyone who lives here." Another staff member told us, "Any training issues is discussed in my supervision. I get told if my training needs to be updated. In my appraisal I reflected on my work and encouraged to think about what could help me to progress or if there's any training I need to support someone here."

People were supported to eat, drink and to maintain a healthy balanced diet. They told us they planned the menus and reflected their preferences. We saw picture menus were used to help people choose what they wanted to eat. One person told us that enjoyed preparing 'wholesome food for the soul' and gave examples

of the cultural meals they enjoyed and the different meals that they had prepared for everyone at the service. A staff member told us that people developed the menu plan for the week and that most people prepared their own meals and some were supported by staff to do so.

People's nutritional needs had been assessed and support plan reflected their dietary needs and any religious and cultural dietary requirements. Staff told us that most people prepared their own meals and drinks and some were supported by staff to do so. Records showed one person had been referred to the Speech and Language Therapists (SALT), who had assessed their ability to swallow. The care plan provided clear guidance for staff to follow as to type of foods and textures to be encouraged and dietary plan that had been put into place by SALT.

The registered manager gave examples of how they worked in partnership with other agencies. They said, "We work with professionals as people moving to Heathcotes have very complex needs and can take up to several weeks or months before they actually move in. Continuity is important as people's needs change. Our role is to enable people to achieve independence, so whilst they are in our care we will help them and work closely with professionals where we need to." They explained that they work with professionals and people's family members, where appropriate to ensure care plans are put in place for people for help them return to the family home or move to live independently in the community.

People were supported to maintain good health and had access to external healthcare support as necessary. One person explained that staff reminded them of their regular checks with the GP and if they felt unwell they were confident staff would contact the GP or other health care professional for them. Care records showed that referrals had been made to other professionals such as colleges, dieticians and the community team for learning disabilities to ensure people received the care they needed.

Health action plans contained comprehensive information about the person's health needs, along with their communication needs and the healthcare professionals involved and appointments they needed to attend. This document would assist health care staff should the person need to access emergency or planned medical treatment. Comprehensive records were kept which included the outcome or where staff were required to monitor people's health and update health care professionals of any changes in people. This showed the effectiveness of staff in promoting people's health and wellbeing.

People's diverse needs were met by the adaptation, design and decoration of premises. The home and outside areas were fully accessible to people. We saw the communal areas were modern, bright and welcoming. People were supported to learn daily living skills such as cooking and cleaning. One person showed us their bedroom, which was personalised to reflect their choice of lifestyle, interests and things that were important to them.

People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. We observed staff always asked people's permission before any action was taken. One person said, "Staff always ask, they do they always ask me about things and what I want." A staff member said, "We do encourage people to make decisions about all aspects of their life and will give them information about the options and consequences, if there are any."

The registered manager and staff we spoke with understood their responsibility under the Mental Capacity Act 2005 (MCA). Records showed that staff had received training on these subjects. The 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.

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 Liberty Protection Safeguards (LPS).

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 being met. Records showed people's capacity to make decisions about all aspects of their life had been assessed. Two people had an authorised LPS in place. One person had a condition attached to their LPS and records showed the condition was being met and reviewed regularly. We also saw that there was a system was in place monitor the authorisations to ensure they were renewed as necessary.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said, "I like it here because staff are good to me and help me." They went on to explain that their choice of lifestyle was respected by staff and they were made aware of how to stay safe when using social media and speaking with new people.

We saw staff consistently treated people with dignity, respect and kindness. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. For example, when a person's behaviour became challenging a staff member who supported them offered assurance both emotionally and physically in the way they were listened to about how they were feeling. As the person remained upset another member of staff approached the person and provided reassurance, listened and talked to them about how much they were valued and the things they had achieved. This approach had a positive impact on the person whose mood visibly changed.

We saw people were relaxed in the company of staff. Laughter and meaningful conversations were heard which indicated that staff knew people well. People's choices in relation to their daily routines and activities were respected by staff. For example, when one person felt like relaxing at home instead of going out and staff worked flexibly to support this.

There was a person centred approach to everything the service offered and how the service was run. There was a positive culture whereby people were valued and encouraged to take responsibility in the running of the home and decisions made about their lives. For instance, one person came and introduced themselves to us when we arrive at the service. The person spoke with us confidently and enquired about the purpose of our visit and was happy to share their views about the service.

Staff treated people as individuals, listened and respected their wishes. People were supported to make decisions and express their views about their care. This included meeting people's diverse cultural and religious needs. They could have access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices. One person told us, "I can talk to my [staff name] about things" and felt staff respected their choice of lifestyle and sexuality.

Care plans were personalised and reflected the decisions people had made such as their future aspirations. Care plans were also developed in pictorial format and described the non-verbal prompts and what that meant. This guided staff to understand; respond and support the person appropriately.

One person said, "We have meetings every week; we can talk about things and makes sure everyone is happy here." People told us they were able to express their views, both positive and negative. Meeting records showed that a range of questions were asked in a manner people could understand and discuss. Any required actions was recorded and then followed up at the next meeting. This showed people were able to voice any concerns, worries or issues they wanted to discuss and confident that action would be taken, for instance, changes made to the menus and new activities and opportunities identified for people to

access in the wider community.

Staff described people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. Information was made available in formats that people could understand such a pictorial and easy read. This helped people to make comment about their care and the support they received through the weekly meetings, reviews and surveys sent out by the provider.

People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. We saw staff greeted people cheerfully, took an interest in people's plans for the day and spoke in a respectful manner.

Staff team were confident to challenge anti-discriminatory views or actions regarding people's lifestyle choices and behaviours such as sexuality. Staff gave us examples' of how they maintained people's dignity and respected their wishes. A staff member said, "We make sure people's dignity and privacy is respected. I make sure the door is closed with someone is having a shower and will knock on the door and wait to be invited into their room." Another staff member explained that they helped one person to understand the importance of privacy when being encouraged to manage their own personal hygiene. As a result this person would tell staff, "I'm a lady not a baby" to show they managed their own personal hygiene needs.

Staff were provided with training about the importance of confidentiality. They understood their responsibility and that information about people was shared on a need to know basis. There was a policy on confidentiality to provide staff with guidance. Handovers of information took place in private and staff spoke about people in a respectful manner. We saw that people's files were kept secure and information held on computers were password protected, to comply with the Data Protection Act.

Good

Is the service responsive?

Our findings

People were involved in decisions made about all aspects of their care and support. This included the needs assessment before they moved to the service and in the development of their care plans which took account of their goals and future plans, if appropriate.

One person told us that they regularly used service in the wider community independently and talked about their interest and expertise in catering. Another person told us that staff worked flexibly to support them in however they wished to spend their time. We later saw this person went out to the local shops with a member of staff. Staff encouraged people to be involved both at home such as domestic tasks and to access local leisure facilities in the community. This showed the service was responsive and supported people in the decisions they made.

Care records contained information about people's personal histories, interests and preferences to help staff to support people appropriately. For example, a care plan described a person's daily routine, how they like to access the wider community and the support needed to develop daily living skills. There were a range of assessments and care plans reflected people's preferences, daily routines and their interests. This meant staff could provide a service that was person centred and responsive to people's needs and choices made.

Staff had a good understanding of the support people needed and their goals and aspirations. A staff member said, "The care plans are really important and have to keep up to date because it had information about what support people need, things that might upset them and what I need to do to support them." One person described how they were encouraged to be involved in the review of their care plans and set personal goals. Records we looked at confirmed this.

Handover meetings were used to update the staff team about people needs. This included any changes and relevant information to ensure that they received the support they needed. For example, weekly plans made by people were reviewed and updated to reflect people's preferences and decisions made.

People were supported to maintain links with their family, friends and the local community. Care records showed people accessed a range of services in the community including education, training and employment (voluntary or paid). One person told us that they kept in contact with family using social media and visited the family regularly.

People told us that staff would listen and help them if they were unhappy or had to complain. One person said, "I would complain to [registered manager], she would sort it out for me."

The provider had a system in place to manage and respond to people's complaints appropriately. The complaints procedure included information on discrimination and accessible information. Records showed complaints had been handled appropriately, investigated and actions taken. For example, a care staff had to be replaced when concerns were raised about their conduct. The service worked with the local authority commissioners when required to ensure support in place remained appropriate. This showed us that

complaints were taken seriously and that the service was open and transparent in handling complaints and took action as needed to improve the quality of care people received.

The registered manager told us that they ensured that people were given an opportunity to say if there was anything that they were not happy about the service. Records showed issues had been discussed at the weekly meeting and actions points were recorded and followed up. For instance, menus now always included people's favourite meals.

The service ensured people had access to the information they needed in a way they could understand it such as easy read or electronic amongst other formats, 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. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

The service had developed very comprehensive communication plans for everyone using the service which set out clearly how to communicate with each person and what format they preferred information to be shared with them. Communication plans were person centred and gave very detailed guidance for staff supporting each person. For example, preferred language, behaviour, facial expressions and sounds made when a person was happy and the behaviour if a person was not happy. The registered manager told us that one person communicated through an iPad when they moved to the service, but now were confident to express themselves using some words and gestures.

The service ensured people had the opportunity to express their views and decisions made regarding their end of life wishes. Staff had access received training on end of life care. A policy was in place and information was available for staff to refer to along with bereavement and counselling support. Records showed where people had made decisions; the relevant people who needed to be involved was documented in the care records and the health action plans.

Good

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.

At the time of our visit the registered manager had responsibilities for managing two services for Heathcotes Care and these were located close by. The registered manager understood their role and responsibilities with regards to legislations relevant to social care and the reporting of incidents to CQC. They were aware of the legal requirement to display the registration certificate and rating from this inspection.

The registered manager received consistent and regular support from the regional manager who was also present during our visit. They described the systems and processes to oversee the service and their role in supporting the registered manager.

The registered manager told us and we observed they were responsible and approachable, whereby they were readily available to people who used the service at any time. This was supported by the positive comments we received from staff about how the service was managed and the registered manager's openness and passion for providing a person-centred service. They said, "The manager is brilliant", "[Registered manager] is very committed to [people in residence] and she wants the best for everyone" and "[registered manager] is easy to talk to, listens and will look at how to improve people's quality of life."

The provider's governance system was used to assess the quality, safety and effectiveness of service. This process took account of people's views as to how well the service was managed and the provision of care and support to people. This meant respecting and promoting people's diverse culture, backgrounds and lifestyle choices including the lesbian, gay, bisexual and transgender communities (LGBT). The registered manager told us they ensured that actions were taken to challenge discrimination and address any shortfalls found.

Regular audits and checks were carried in all aspects of the service. We looked at a sample of audits and action plans used to monitor improvements to bring about change. We found records relating to the day-to-day management and maintenance of the home were kept up-to-date. Care records accurately reflected the care each person received and showed the people were at the centre of their care.

Significant events such as incidents were analysed regularly to identify trends and ways to minimise similar incidents from happening again. The registered manager said, "I always tell the staff, if in doubt they must report it." Therefore, the records reflected all incidents and showed a culture of openness by means of over-reporting. The improvement made in relation to the pre-admission assessment and moving in process meant that people could be confident that Heathcotes Derby was the right place for them.

The service had policies in place that support staff to provide high quality care to people from diverse and

minority communities and staff are aware of these policies and procedures and followed them. For instance, the contact details for local support services to support people from LGBT community was displayed, should people want further support.

People's views about the service was sought through questionnaires in accessible formats and weekly meetings. We saw action had been documented and actions taken whereby people's quality of life improved as a result. Records showed that people's relatives were kept up to date about developments in the home through regular contact and involvement in review of their family member's support. This demonstrated that the service promoted people's voice and that their opinions mattered, as their views were listened to and acted upon.

The service received a number of compliments and thank you cards from people and relatives whose family member had used the service. These were taken into account in the monthly compliance visits that were carried out by the regional manager. These covered a range of areas of the service and included feedback from people who used the service, observations and review of records. Actions plans were developed from the audits and showed the action being taken by the registered manager to improve the service. For example, improvements made to the environment.

Information was available for people, staff and visitors about the complaints process, safeguarding arrangements and fire safety arrangements. Provider's policies and procedures were reviewed, kept up to date and readily available for all staff and people who used the service.

The registered manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and role. The staff team were committed to working together to achieve the provider's vision and values. One staff member said, "It's making sure people get the support they need. Our aim is to provide high quality care by keeping people safe and helping them to become confident and independent individuals."

Staff felt that any issues raised with the registered manager had been listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

A system was in place to train and supervise staff and records we viewed confirmed this. Regular staff meetings held focused on any management updates and the quality of care and support provided. The registered manager used these meetings to monitor the continuity of care provided and encouraged staff to raise any issues and share ideas as to the developments of 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. From our discussions with the staff and the registered manager, and care records viewed, it was evident that they incorporate the best practice guidance into the support provided to promote people's safety and wellbeing. For example, staff used a variety of techniques to support people with behaviour that challenges, to avoid restricting people's liberty.

The service worked in partnership with other agencies in an open honest and transparent way.
We received positive feedback from the local authority commissioners who monitored and evaluated the service. The latest monitoring visit report showed that the people received good quality personalised care and support. They found the service was well managed and that the registered manager was responsive and addressed issues in a timely and effective manner. Records showed safeguarding alerts had been raised

with the local authority when required. The service had provided information as requested to support investigations.