

Heathcotes Care Limited

Heathcotes (Hucknall and Watnall)

Inspection report

Lancaster Road
Hucknall
Nottingham
Nottinghamshire
NG15 6WG

Tel: 01159630707

Website: www.heathcotes.net

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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

About the service

Heathcotes (Hucknall and Watnall) is a residential care home for people with learning disabilities, and or autism and complex mental health needs. The care was provided across two homes; Hucknall and Watnall. There were 14 people living at the service at the time of our inspection, seven people in each home.

The service was purpose built and in a gated community on a residential street. The service was registered for the support of up to 16 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the service being across two homes. There were deliberately no identifying signs and staff did not wear anything that suggested they were care staff when coming and going with people, in line with the principles of Registering the Right Support.

Peoples experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were kept safe in the service by staff who were appropriately recruited and trained. Peoples risks were assessed and managed well. People were living in a home that was kept clean and free from infection. People were supported to have their medicines in a safe way.

Peoples needs were assessed and they were supported to live the healthiest lives they could. People were supported to eat and drink well. People could choose how to decorate their room and had access to communal areas and outdoor spaces.

People were cared for by kind and respectful staff. People were supported to express their views. Peoples privacy and dignity was upheld. People were encouraged to be as independent as they could.

Peoples care was planned in a personalised way. People were supported to continue to do things that were important to them. Peoples individual beliefs were respected. People were helped to maintain important relationships.

The service was well-led by the management team, they understood their duties and responsibilities. The provider had oversight of the running of the service to ensure quality care continued to be delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 7 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 7 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Heathcotes (Hucknall and Watnall)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heathcotes (Hucknall and Watnall) 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, a manager, two members of senior management, two team leaders and three support workers. We reviewed a range of records. This included records that were kept in relation to accidents and incidents, quality monitoring and management of the service. We looked at five peoples care records and multiple medication records. We also looked at five recruitment records.

After the inspection

The provider sent us additional information that we requested to show how they met the regulations. This included training data and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people always received safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing were assessed, mitigated, managed and reviewed regularly. This meant staff knew how to support people to remain safe whilst maintaining their freedom and giving them choices.
- Staff were provided with clear guidance to support people with specific risks. For example, when a person presented with behaviours that could challenge or harm themselves or others, very clear personalised de-escalation techniques were recorded.
- Restraint, both physical and chemical, was only used once all other de-escalation techniques had been tried. The level of physical intervention had reduced since the last inspection and was only used at the appropriate level people had been assessed for and staff were trained to.
- Appropriate checks to ensure the environment was safe were carried out on a regular basis. For example, checks on water temperature and fire safety.
- Accidents and incidents were appropriately recorded and reviewed by management. Following incidents people's care plans were updated if required. Monthly analysis took place to ensure any triggers or causes were picked up and lessons learnt.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not always ensured people were not always safeguarded from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People felt safe and protected in the service. Relatives were confident their family member was kept safe. One explained, "I've no concerns, [person] is definitely safe, there's nowhere else we'd want them to be."

- There was a system in place to ensure safeguarding was reported and we saw this was being followed.
- Staff understood their duty to safeguard people and had all received safeguarding training. One member of staff explained, "If I see anyone treated unfairly or wrong, I report it straight away. People are here to be looked after."
- The registered manager now understood their duty to report potential safeguarding concerns to the local authority. They explained, "I can see all incidents now across both homes and can clearly recognise any safeguarding concerns, they are reported properly now. From going wrong, you learn."
- People were safeguarded by the systems and processes in place.

Staffing and recruitment

- The service ensured there were enough staff on each shift to enable people to receive the support they required.
- We were told sometimes staff were shared across the homes within this service and to others owned by the provider. However, it would never leave them short staffed.
- The service carried out the appropriate pre-employment checks to ensure, as much as possible, that potential staff were suitable to work at the service.

Using medicines safely

- Staff supported people to take their medicines in a safe way.
- People who had medicines prescribed 'as and when required', such as pain relief, were supported to have these. Staff had clear guidelines to identify when someone may require them if they couldn't ask for themselves.
- Medicine systems were organised, and safe protocols for the receipt, administration, storage and disposal of medicines were followed.

Preventing and controlling infection

- The service was generally clean and tidy. Some people were involved in maintaining the home. For example, we saw that, through their choice, someone had been included in the washing up rota.
- Staff had access to personal protective equipment, such as aprons and gloves. We observed them being used appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that peoples care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant peoples outcomes were consistently good, and peoples feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff had received the appropriate support, training and supervision to enable them to carry out their duties effectively. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

- Since the last inspection staff had received training in peoples specific conditions, for example acquired brain injury (ABI). Staff spoke positively about this training which enabled them to support people living with ABI with more understanding.
- Staff received an in-depth induction when starting at the service, and also when transferring from another service from within the provider, to ensure they could meet peoples specific needs.
- People were supported to be involved in the recruitment of staff. This influenced the outcome as the management could see how people and potential staff members interacted with each other and if they had the appropriate skills.
- A relative we spoke to was confident in the skills of the staff. They explained, "I've no concerns, they are always going off to be updated and trained again, they seem to know what there are doing"
- Staff received regular supervision and felt supported in their role. They received appropriate training to carry out their duties effectively.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection when people lacked capacity to consent the provider did not always meet their needs in line with the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service ensured staff were aware of peoples capacity and whether they had DoLS and if so, any conditions. This information was clearly noted on each person's associated care plans, each assessment was decision specific and the appropriate people were involved.
- Where people had restrictions in place, such as sensors on doors to make staff aware of their movements, appropriate paperwork was in place to ensure this was legal.
- Staff we spoke with understood the principles of MCA and were aware of who was on DoLS and what this meant for them.

Assessing peoples needs and choices; delivering care in line with standards, guidance and the law

- The service ensured peoples care and support was delivered in line with guidance. We saw recognised tools being used to assess peoples needs and risks. For example, the Lalemand Behaviour scale which is used to recognise and diffuse episodes of behaviour that may challenge.
- Peoples needs were assessed comprehensively and holistically, taking the whole person into consideration.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their eating and drinking needs. People were encouraged to be involved in the planning of their meals. A person said, "The food is amazing."
- Where necessary people's weight, food and fluid were monitored to ensure they remained healthy. Where needed appropriate referrals were made to relevant professionals to assist people with their eating and drinking needs.
- People, who were able, were encouraged to cook independently, supporting them to learn life skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service ensured peoples health was looked after. For example, staff noticed a person's memory deteriorating and changes in their personality. Rather than putting this down to their pre-existing condition they pursued a professional referral to check for any other underlying causes.
- Each person had a health action plan. This contained vital information about the person's health and went with them both to scheduled appointments and in emergencies.
- Staff recognised when people were poorly and escalated this to ensure they were seen by an appropriate healthcare professional in a timely manner.
- We saw evidence that people were supported to attend dental, optical and medical appointments. Relatives were confident that their family members health needs were supported appropriately.

Adapting service, design, decoration to meet people's needs

- People were able to decorate their rooms however they wished, this promoted independence. A person said, "I like my room, I have lots of my things in my room."
- People could choose to spend time in their rooms, communal areas or quiet areas. Each home had a 'chill out' lounge that people could choose how they wanted to use it; for example, a cinema room.
- People had access to plenty of outdoor space. The service had provided a shed for a person who sometimes preferred being out of the home but still in a safe environment.
- There were no specific identifying signs to indicate that it was a care home, although it was in a gated complex with another care home. Therefore, it did not entirely meet the principles of Registering the Right Support, however this did not appear to have a negative impact on the people living there.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were supported by caring staff. A person said, "Staff are very nice, caring, very helpful, very kind and lovely." Another said, "I'm very happy, it's better than the last place, the staff here aren't grumpy, they are all nice."
- Relatives echoed what people said. One said, "They are definitely kind, caring and respectful. It is not an easy job to do, they take it in their stride and have ongoing training, they do a sterling job." Another said, "Staff are kind and respectful with good manners."
- Care plans had been developed and were reviewed with families which ensured peoples preferences and diverse needs were met. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Supporting people to express their views and be involved in making decisions about their care

- Staff had time to get to know people and understood how they communicated. This allowed for them to support people in making decisions. For example, staff explained that one person would be able to make a decision if shown a limited number of options.
- Relatives felt people were supported to express their views and families were involved in the planning of their care.
- For people who were unable to express themselves verbally, staff used pictures to check their likes and dislikes. Staff explained, "We don't assume that they will like something this time just because they liked it last time."
- At the time of the inspection the service did not have advocacy information easily available for people. However once this was brought to the attention of the registered manager, they ensured this information was on display should anyone need it.

Respecting and promoting peoples privacy, dignity and independence

- Staff understood the importance of respecting peoples privacy, dignity and independence. One explained, "When assisting people in the shower I knock on the door and wait for them to call ready, I go in and help and then leave. I make sure everything is ready and the curtains are shut. I always ask what they need help with doing."
- We saw respectful interactions between staff and people, with people offered a choice and encouraged to do things for themselves.
- Staff explained they encouraged people to do as much as they could for themselves. They gave an example of a person who had been supported with independent living skills, such as cooking and cleaning.

Their progress meant they were soon due to move out into a more independent environment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met peoples needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant peoples needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care plans were individualised and contained clear guidance for staff on how to meet peoples specific needs and preferences.
- Relatives spoke positively about the personalised care. One explained, "They are very person centred, they have gone a long way to look at what [person] needs and are providing it."
- Care plans included information about peoples histories, likes and dislikes which enabled staff to support them in a personalised way. Since the last inspection an increase in management oversight ensured that planned care was being delivered.
- People and their families were regularly involved in their care and in reviews of care to ensure care plans reflected peoples needs and wishes.
- A person who was bi-lingual was often supported by a member of staff who also spoke both languages. They also supported them with their faith needs, attending the local mosque with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had comprehensive communication plans, that were detailed and informative for both staff and any professionals on how to best communicate with people. For example, informing that the person has a phrase book, or that a person can read and write short sentences.
- Lots of information was available in an easy read format for people who required it, for example the complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- For people who were unable to express verbally, or for those that needed extra prompting to express themselves, there was a daily activities planner. We saw this being used by people; they picked a picture of the activity they liked to do that day and put it on the board.
- People were encouraged to engage with activities that had been identified they were interested in, for example going to watch diggers and other heavy machinery. They were also supported to go on holidays. A person said, "The activities are great here. I go to the gym, swimming and cinema." On the day of the

inspection, people at the Hucknall home enjoyed a pantomime performance.

- The service supported people to keep in contact with their families, helping them make telephone calls or taking them to visit. We were told of a time staff had supported someone to visit a sick relative in hospital. The service made sure people were not socially isolated.
- People had personal development plans which were live documents that were regularly updated and showed what people had been supported to accomplish.

Improving care quality in response to complaints or concerns

- The service had received hardly any complaints. Those that had been received were investigated and responded to effectively.
- There was a complaints policy and procedure in place, that was easily accessible for people to find and read.
- People and relatives we spoke with did not have any concerns and knew how to raise them if they did.

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- People had their end of life wishes recorded in their care plans. Some people had completed an NHS easy read booklet, "What I want to happen", which demonstrated people had been consulted and involved in the development of their plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the systems the provider had in place did not ensure good governance of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was also found that notifications were not always made in line with the providers registration. This was a breach of regulation 18 of the CQC Registration Regulations (2009).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 18.

- The service now had a clear organisational structure that had good oversight of the service. Staff and management understood their duties and responsibilities.
- Since the last inspection the provider had recruited a new manager who was in the process of becoming registered, so there was a manager at each home. Staff spoke positively about the additional leadership. One said "Now we have finally got a manager I can see they have implemented new processes which seems to make the house more smooth running and calm. They are very supportive."
- People and their relatives acknowledged there had been quite a bit of change when it came to the management of the service, but were now positive for the future. A relative explained, "There have been a lot of changes of management...but [new manager] is willing and capable. We are hoping for some stability now. The team leaders are very good."
- There was a clear auditing system to ensure ongoing, weekly and monthly monitoring of risks and support delivered. The service management reported regularly to senior management which meant the provider had oversight on the quality of the service. An area manager regularly conducted on-site visits for support for the management and to ensure good governance.
- The registered manager understood their regulatory duties, which included having the previous inspection rating on display both within the service and on their website. As well as submitting notifications to CQC of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager explained that following the last inspection they spoke with people and their families, to reassure them and explain how they were improving. The service also conducted surveys with relatives this summer and ratings had gone up.
- Staff recognised the vision of the service was to be person-centred. One explained, "We help people live as independently as they can, to do things themselves, to ensure they have a choice."
- Peoples families were being contacted when incidents occurred. A relative explained, "I always get an email or phone call. ...even if it is a minor thing and they understand that minor things can be quite major." Another said, "We are kept well informed, we've got good communication going." This shows the provider was working in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service actively engaged the local community inviting them into summer fetes and other events. The service also interacted with the providers of other services; for example on the day of inspection, people were cooking food to take to a party at a sister service.
- There were regular resident meetings ensuring people had the opportunity to give feedback about the service and suggest ideas.
- Staff felt there was a good morale within the team now and were comfortable approaching the management team with suggestions to improve the care provided.
- The registered manager attended a monthly meeting with other registered managers within the provider where they had the opportunity to share experiences and learn from one another.

Working in partnership with others

- The service worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.