Heathcotes Care Limited

Heathcotes Grove House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Heathcotes Grove House is a residential care home providing personal care to eight people at the time of the inspection. The service was full.

People's experience of using this service and what we found
Right Support
● Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives.
● Staff worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
● Staff did everything they could to avoid restraining people. The staff recorded when they required the use of restraint or use of de-escalation techniques to learn from those incidents and how they might be avoided or reduced.
● The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
● Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
● Staff supported people with their safely.

Right Care
● Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
● The service had enough appropriately skilled staff to meet people's needs and keep them safe.
● People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.
● Staff assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture
● Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

● The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
● People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection
The last rating for this service was requires improvement (published 6 January 2021).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Heathcotes Grove House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was undertaken by one inspector

Service and service type
Heathcotes Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathcotes Grove House does not provide nursing care.

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 inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the provider including statutory notifications received about key events that occurred at the service. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five relatives about their experience of the care provided. People who used the service communicated through a variety of methods including Makaton, pictures, symbols, objects and their body language. We observed people at the service and how they interacted with and communicated with staff.

We spoke with five members of staff including the head of service, the regional manager, the registered manager and two care staff.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff understood how people communicated including the use of non-verbal communication, and how they would communicate if they were in pain or distressed.
- Relatives told us their family members were safe living at Grove House. A relative said, "Currently she is quite well and happy. If something is wrong we would know. She's quite happy. She's made great improvement since she's been there. I have no concerns about her safety." Another relative told us, "She's giggly and making happy noises. And really smiling."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Staff kept people safe, understood their needs and supported them with risk management.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. Whilst one person had the use of restraint agreed in their care plan, the staff had not needed to restrain the person since they had moved to the service. The use of restraint was under constant review.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. The management team were working with staff to further review the quality of daily records to ensure they were meaningful and accurately reflected the support people received.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment
● The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staff told us the amount of one to one support people required had reduced as they had become more independent whilst living at the service.
● Staff recruitment and induction training processes promoted safety, including those for agency staff. There had been big recruitment drive since our last inspection which had been successful. At this inspection there were more permanent staff in post, with less reliance on the use of agency staff. A relative told us, "There are new staff now. I believe they have good staff now. They seem very lovely." Another relative said, "Staffing seems to be getting better. They've hired new staff. The staff seem professional and understand the residents. It's improved in the last six months."

Using medicines safely
● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. A relative said, "[Their family member's] mood has been stable. [They're] on the right dose for [their] medicines. The manager told us they would prefer people to be on lower medicines. We were reducing [their family member's] medicines and now [they] seem to be at the right point."
● Since our last inspection the service had reduced the amount of 'when needed' medicines that were used to control people's behaviour and anxieties.

Preventing and controlling infection
● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
● The service had good arrangements to keep premises clean and hygienic.
● Staff used personal protective equipment (PPE) effectively and safely.
● The service tested for infection in people using the service and staff.
● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
● The service's infection prevention and control policy was up to date.
● The service supported visits for people living in the home in line with current guidance. This included opportunities for people to visit their family homes.

Learning lessons when things go wrong
● The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
● When things went wrong, staff apologised and gave people honest information and suitable support. A relative confirmed this. They told us when their family member had been involved in an incident they were informed straight away, and action was taken to minimise the risk of recurrence.

Good

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 requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A relative told us, "There's been a shake about. There's a new manager, and she seems lovely."
- Managers worked directly with people and led by example.
- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. At the time of our inspection the priority for staff, people and their relatives was to increase opportunities to engage in activities and the community as we came out of the Covid-19 pandemic restrictions.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. In terms of the training and support offered to staff, one staff member said, "I've been really impressed with what I've had."
- Management and staff put people's needs and wishes at the heart of everything they did.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. One staff member when speaking about the registered manager said, "She is proactive. She goes above and is very determined. She has very high standards and is [people] focused."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Continuous learning and improving care

● The provider kept up-to-date with national policy to inform improvements to the service.

● The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

● The registered manager was aware of and had plans to be involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. They had started to liaise with the local authority and access the training opportunities available.