

Heathcotes Care Limited

Heathcotes (Moulton)

Inspection report

Grosvenor House
16 Chater Street
Moulton
Northamptonshire
NN3 7UD

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Website: www.heathcotes.net

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 1 June 2018 and was announced.

At the last inspection, the service was in breach the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, 'Effective' and 'Well-Led' to at least good. At this inspection, we found the necessary improvements had been made, this ensured that people's long-term healthcare conditions were managed and supported and effective systems were in place to oversee and manage the service.

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

Heathcotes (Moulton) accommodates six people in one adapted building. At the time of our inspection, five people received care at the service.

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

The service had 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.

People had individualised health plans in place and were supported to access health appointments when necessary. Health professionals were involved with people's support as and when required.

Quality monitoring systems and processes were in place and comprehensive audits regularly took place to continually drive improvement of the service. Systems were in place to seek feedback from people using the service and their representatives.

Staff understood the importance of safeguarding people and the procedures to follow to report abuse. Risk assessments covered risks that were present within people's lives, and were managed in a way that was the least restrictive and promoted independence.

The staffing levels met people's assessed needs and the level of support they required. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Systems were in place to ensure medicines were managed safely and people were supported to self-administer their medicines building upon independence.

All areas of the service were clean and tidy. Staff were trained in infection control and used appropriate personal protective equipment (PPE) to perform their roles safely. Regular cleaning took place, to ensure the prevention of the spread of infection.

Lessons were learned and improvements had been made when things had gone wrong. Staff understood their responsibilities to raise safeguarding concerns, to record safety incidents, accidents and near misses. Reflective practice was used to learn from incidents to mitigate the risks of reoccurrences.

People's needs and choices were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff were provided with comprehensive induction training and on-going refresher training. Specific training was provided to meet the individual needs of people using the service. Systems were in place to ensure that all staff had regular supervision and appraisals.

People were supported to follow healthy eating plans, to choose their own food and drinks and according to their capabilities, supported to prepare snacks and meals. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us the staff provided their care in a respectful and dignified manner.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to make their own decisions in line with relevant legislation and guidance. Where physical restraint may be necessary to protect individuals from harming themselves or others, the service ensured it was used as a last resort in a safe, proportionate, and monitored way as part of a wider person-centred support plan.

People were involved in planning their care as much as they could be. The care plans were detailed and personalised reflecting people's individuality. People told us they felt in control of their care and staff respected their decisions.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and the service worked to continually drive improvement.

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.

Staff understood their responsibilities to raise safeguarding concerns, to record safety incidents, accidents and near misses. Reflective practice was used to learn from incidents to mitigate the risks of reoccurrences. Lessons were learned and improvements had been made when things had gone wrong.

The staff recruitment procedures ensured only suitable staff worked at the service. There was sufficient numbers of skilled staff to meet people's assessed needs.

Medicines were managed safely and people were supported to self-administer their medicines, building upon independence.

Infection control procedures were followed to prevent the spread of infection. All areas of the service were clean and well maintained.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to managing people's health conditions. People had individualised health plans in place and health care professionals were involved with people's support as and when required.

People's needs were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed by staff.

Staff had the skills, knowledge and experience to deliver effective care and support. Systems were in place to ensure that all staff had regular supervision and appraisals.

People were supported to follow healthy eating plans, to choose their own food and drinks and according to their capabilities, supported to prepare snacks and meals.

Is the service caring?

The service was caring.

Staff treated people with kindness, dignity and respect and spent time getting to know people's specific needs and wishes.

People received their care in a respectful and dignified manner.

Good ●

Is the service responsive?

The service was responsive.

People were involved in planning their care as much as they could be. The care plans were detailed and personalised reflecting people's individuality.

The complaints procedure ensured people and their families were able to provide feedback to help the service make improvements where required.

Good ●

Is the service well-led?

The service was well led.

Improvements to the quality assurance systems had been made. Quality monitoring and comprehensive audits regularly took place to continually drive improvement of the service.

Systems were in place to seek feedback from people using the service and their representatives.

People who used the service and relatives spoke highly of the staff and the management team.

Good ●

Heathcotes (Moulton)

Detailed findings

Background to this inspection

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

This inspection took place on 1 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small service caring for people with complex learning disabilities and people needed to be informed of the inspection to reduce any anxiety the inspection may cause.

The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 previous report, and the provider action plan following the previous inspection. We also reviewed other information we held about the service and notifications we had been sent. Notifications inform us of events or incidents that by law providers must tell us about. We also received feedback from commissioners involved with the service.

We spoke with two people using the service, three support workers, the registered manager, and the area manager. We looked at the care records for three people who used the service. We also looked at other information in relation to the management of the service. This included two staff recruitment records, and staff training records. We also looked at policies and procedures, records relating to safeguarding, compliments, complaints and quality assurance monitoring records.

Is the service safe?

Our findings

People using this service confirmed they received a safe service because staff understood how to support them. One person said, "I feel very safe, the staff have helped me tremendously, I am happy living here." We observed people appeared relaxed and comfortable with each other and with the staff.

The staff knew the importance of keeping people safe and free from the risks of abuse. One member of staff said, "I would report any concerns regarding people's safety immediately to the manager." The procedures to report abuse was available for staff reference and safeguarding information was available for people in easy read picture formats.

Detailed risk assessments and support plans identified known risks to the person and others. The assessments were regularly reviewed with people, staff, relatives (where involved) and other healthcare professionals. When people behaved in a way that may challenge others, the staff supported people to manage their behaviour using positive behaviour techniques, so that people took control, building on self-help skills and independence.

The staff recorded accidents and incidents that occurred, and lessons were learned from any mistakes that were made. The registered manager and staff said that following incidents of challenging behaviour, people were given space and time to calm down and staff had the opportunity to de-brief and reflect on the incident so that lessons were learned to reduce the risks of repeat incidents.

There was enough competent staff available with the right mix of skills to make sure people received the right level of support. The staffing levels were reviewed and adapted to meet people's changing needs. One person said, "I think there is enough staff, it's not just about numbers, but having staff with the right experience, I think the staff are very experienced." We saw that people received 1:1 and 2:1 care from staff, based upon their level of need. The staff confirmed that staffing levels were sufficient to meet people's needs, saying they worked well as a team pulling on each other's strengths and experience. The staff rotas' also confirmed that people received support from a consistent staff team.

The service carried out pre-employment checks to ensure that all staff were suitable to work at the service. Records showed that staff had checks carried out through the government body disclosure and barring service (DBS) and references were obtained before staff starting working at the service.

Procedures were in place to ensure people's medicines were managed safely. People that self-administered their medicines were supported to take their medicines as prescribed. One person that self-administered their medicines said plans were in hand for a secure medicines storage cabinet to be fitted within their bedroom, staff also confirmed this.

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were assessed. They said they knew how to report any concerns to the registered manager about medicines, such as, any errors or missed medicines. We saw that medicines were stored appropriately

and records showed the medicine administration records (MAR) were completed correctly by staff. Audits were regularly carried out to check that staff followed the safe storage and administration of medicines procedures.

People were protected by the prevention and control of infection. A relative gave written feedback, which read, 'The cleanliness and tidiness of the house always strikes me, [Name of person's] room is kept immaculately clean, their bedroom is fantastic.' The staff confirmed they received infection control and food hygiene training and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. We observed the service was clean and well maintained.

Is the service effective?

Our findings

At the last inspection, the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, Safe Care and Treatment. This was because people's long-term healthcare conditions were not managed effectively.

At this inspection, we found improvements had been made to ensure people's health conditions were managed appropriately. One person confirmed they attended regular appointments to review their physical and mental health with other healthcare professionals. We saw that people had their health and medication reviewed and any concerns regarding people's health or well-being was responded to in a timely manner. This meant the service worked together with other health professionals to deliver effective care, support and treatment.

The registered manager and the staff were knowledgeable about people's long term physical and mental health conditions and the level of support people required. The registered manager and staff worked closely with other healthcare professionals to ensure people received the right support to meet their health conditions. The registered manager told us they kept track of people's health appointments to ensure people had staff support available to attend the appointments.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they received induction training and on-going refresher training. One member of staff said, "The training we receive is excellent, we do regular refresher training to keep up to date with any changes." Records showed that staff completed the Care Certificate accredited training course. This qualification covers the basic requirements staff need to work within a care setting. Staff confirmed they worked alongside experienced staff on a number of shifts before they were included in the staffing numbers.

Staff told us they also received specific training to provide care and support for people currently using the service. This included autism and mental health awareness and Non-Abusive Psychological and Physical Intervention (NAPPI) level 3. A program was in place to ensure staff regularly refreshed their training to ensure they were up to date with current best practice guidance. Staff said they felt well supported working at the service and records showed they received one to supervision and appraisals of their performance.

People were supported to eat and drink enough to maintain a healthy balanced diet. One person told us they prepared their own meals and snacks with the support of staff. A relative provided written feedback about the improvements to their family member's diet and overall health since moving to live at the home. It read, '[Name of person's] diet has changed to such a degree that we still find it hard to believe, there are basic and simple things like cups of tea (unheard of in their first 19 years of life), to a point whereby [Name of person] enjoys eating just about everything. During their younger years, they would hardly eat anything and then later, it was always very limited and very faddy. [Name of person] has grown to love food and when I think of the struggles we had that is just so gratifying.'

Staff supported people to eat a varied diet and people had individualised meals based on their food

preferences. Easy read picture guides were used for some people to help them to choose food and drinks. People at risk of weight gain or loss had their food intake and weight closely monitored and referrals were made to the GP or dietician so that support to follow a healthy diet was provided. We saw that people had meals at their preferred times, and their care plans clearly documented the level of support people required to eat and drink.

People were consulted on how they wanted their individual bedrooms and communal areas furnished and decorated. We saw that all people had personalised their own rooms based on their individual preferences. At times, some people displayed behaviour and to keep people safe, whilst maintaining a homely environment, modifications to the environment had been made. For example, large items of furniture were secured to the wall and televisions were enclosed within a frame secured to the wall.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood and demonstrated in their actions a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 and ensured people's human and legal rights were respected. The DoLS procedures were followed to lawfully deprive people of their liberty, using the least restrictive practice as possible. We observed staff ensured they sought people's consent before providing their care and people were supported to make their own decisions and choices wherever possible to ensure people had maximum choice and control over their lives.

Is the service caring?

Our findings

People received care and support from staff that knew and understood their history, likes, preferences, needs, hopes and aspirations. People had developed positive relationships with staff. One person said, "The staff are really very nice, I definitely feel they respect me 100%." We saw records of feedback received at the service from relatives that were very complimentary. For example, 'You could never know how grateful and thankful we are that [Name of person] is at Moulton and in such caring hands, I enjoy coming over to collect or to return [Name of person], the general ambience of the house is fabulous, I am always made to feel welcome.'

During our inspection, we saw that staff clearly knew the people they were supporting very well. They interacted with people listening and giving people time to communicate and express themselves. A relative had written to the registered manager to express their gratitude talking of the friendships their family member had made, they said, "[Name of person] never really interacted with other children much whilst at school, their closeness was always confined to close family members. Yet nowadays the love and care that is afforded to [Name of person] by the staff at Moulton is so generous and tender, it feels like for the first time in [Name of person's] life they have some real mates."

The staff took pride in their work and talked about people with warmth and compassion. One member of staff said, "I love my job, it is very rewarding seeing people achieve independence and reach their goals." Another member of staff said, "It's great seeing people relax and feel at home, [Name of person] family are so pleased with how they have settled in and how they are eating much better."

People's views about the service were regularly sought and acted on. Written compliments received from relatives read, 'I guess the thing we like most about Moulton is that [Name of person] likes it. I know when I collect [Name of person] they are always happy to see me and rushes to pack their bag, but I have to say they are equally happy to return. Another compliment read, 'the staff were so generous when it was [name of person's] 21st birthday, it was overwhelming and made us feel very emotional and very grateful. We are truly thankful that after seeing a number of options we 100% know we picked the right place in Heathcotes, Moulton.'

The staff understood the importance of promoting people's equality and diversity. Each person had regular one to one meetings with their named keyworker, to discuss and plan their individual goals and aspirations. Discussions with people and staff confirmed that people's lifestyle choices, religious and cultural beliefs and their rights to maintain and make new relationships were fully supported.

People were supported to ensure their voice was heard using independent advocates if that was required. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions.

Staff were aware of their responsibilities to maintain confidentiality and of their duty to protect personal

information.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and relatives said they were asked about how they wanted their care to be provided and they felt the provider listened and acted on their views. One person said, "The staff have been very helpful, they have helped me move on, I really don't think I would have made the progress I have without them." A relative provided written feedback, which read, 'We appreciate the sharing of the formalities, the care plans and so on; we are always kept involved and made to feel like we are part of the whole care process. We are still in a state of disbelief; we truly can't believe how well [Name of person's] placement at Moulton has proved to be'.

People and their relatives were involved in the pre admission process. One person confirmed that before they moved into Heathcotes (Moulton) they had visited several times and had overnight stays. They said the phased introduction to the home helped them to meet the other people living at the home and the staff and to see if Heathcotes (Moulton) was suitable for them. The staff told us they worked closely with commissioners before, during and after people moved into the service. Records showed that people and their family members were involved in the assessment process and information shared formed an individualised support plan being put in place. The support plans detailed people's physical and mental health, their personal care needs, individual preferences and lifestyle choices. Records also showed that people and their family members were fully involved in reviews of their support plans.

Written feedback from a relative read, 'Nothing ever seems to be too much trouble and the time and effort that is spent trying to make [Name of persons] life as pleasurable and as happy as possible is both heart-warming and amazing. As well as being active in and around the house, arts & crafts, cooking, general things. [Name of person's] love of the garden is clear; particularly the trampoline, the swings, the blow up pool in the summer, but the level of outside activity is immense; trips to ice skating, trampoline club, swimming, the local café, local pubs, feeding the horses, general 'expeditions' on the bus or the train, trips to see grandma, the zoo, shopping, the hairdressers, there is never a dull moment.' The relative also said how their family member had a weekly massage session, saying, 'I would say [Name of person] is well pampered.'

Staff talked about supporting people to develop their confidence to try new things and to take positive risks, such as taking on work placements. One person commented they enjoyed their work placement, and through going to work, they had made new friends and their self-esteem and confidence had grown.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to make choices using pictures and information about their care and support was provided in picture format alongside a written format.

People were encouraged to raise any concerns or complaints and information was on display in picture formats on how to make a complaint. One person said, "I am fully aware of the complaints procedure, but I

have no need to complain, I am very pleased with everything." Staff understood their responsibility to bring any concerns or complaints to the attention of the registered manager. When complaints had been received, the service had responded following their complaints procedure.

Is the service well-led?

Our findings

At the last inspection, the provider was in breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because, timely action had not been taken in response to internal audit findings, people needed to more involved in decisions about their care and there was a lack of records to demonstrate oversight of the service.

At this inspection, we found improvements to the quality assurance systems had been made and sustained. Records showed that audits took place to check all aspects of the service. Accidents and incidents, risk assessments, care records, staff recruitment, training and supervision records were closely monitored. Areas identified for follow up and improvement had action plans put in place with timescales for completion. A representative from within the organisation carried out monitoring visits to speak with people using the service and staff, to observe practice and check the actions following audit findings were completed within the timescales, used to learn and drive further improvement.

People had regular meetings with their named keyworkers and staff spoke of their pride at supporting people to achieve their goals and aspirations. People and relatives spoke highly of the staff and the management team. Their positive feedback confirmed they experienced good quality care and support from the service.

The registered manager had a clear understanding of the ethos, values and principles of the service; they led by example and encouraged staff involvement in driving up standards. The staff commented they felt valued and worked as a team to provide high quality support for people.

The service had an open culture, which was person centred and legal obligations, including conditions of registration from the Care Quality Commission (CQC) and those placed on them by other external organisations were fully understood.

It is a legal requirement that the latest CQC inspection report rating is displayed at the service, where a rating has been given. This is so that people, visitors and those seeking information about the service are informed of our judgments. We found the provider had their rating displayed both within the home and on their website.