

Heathcotes Care Limited

Heathcotes (Bridlington)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Heathcotes (Bridlington), is a care home providing personal care for up to twelve people with a learning disability and/or autism, with a specialism in prader willi syndrome. Prader willi syndrome is a rare genetic disorder that results in a number of physical, mental and behavioural problems. A key feature is a constant sense of hunger. At the time of our inspection twelve people lived at the service.

People's experience of using this service

Without exception, all feedback received about the support provided to people was extremely positive. People who lived at the service received extremely high-quality, personalised support from a passionate and committed staff team. The staff team were partners in an exceptionally well-led service.

Staff were fully committed to providing a truly person-centred service. Staff were very proud to work for the service and said they received superb support from the registered manager. People said staff were undoubtedly caring and knew their needs very well.

People's health was extremely well managed. People's life had significantly improved from the support they received with their nutrition. Health outcomes had greatly improved for people living at the service including reduced reliance of medicines to support health conditions. People had clear guidance and consistency regarding food and diet and they responded well to this.

The staff team were extremely skilled in effective communication to ensure people felt supported and relaxed. This impacted on people's behaviours and ability to build relationships with family and friends.

The registered manager provided strong leadership and constantly considered how they could enhance the service. They were creative and innovative at looking for ways to meet individuals needs and created packages of support to suit them in line with best practice. There was a solid structure of governance embedded in the service and action plans drove forward any areas for improvement. There was excellent team work within the service.

People were fully integrated into the local community. They had access to a variety of activities which enhanced their wellbeing and sense of purpose. Complaints procedures were in place and followed. People's wishes at the end of life were explored.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risk was extremely well managed, and the service was creative to look at positive risk taking. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and

support to enable them to carry out their role. Relatives felt staff were excellently trained in their role.

People 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 their medicines safely and on time.

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 good (published 23 May 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Heathcotes (Bridlington)

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

One inspector carried out this inspection.

Service and service type

Heathcotes (Bridlington), 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 CQC. 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 available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the area manager, three support workers and

five people. We looked at two people's care records. We also looked at people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of compliments/complaints.

After the inspection

We contacted three relatives of people using the service. Two provided feedback.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager and staff knew to liaise with the local authority if necessary.
- People and their relatives told us they were supported to be safe.
- There were enough staff available to meet people's needs.
- People were involved in the safe recruitment of staff; appropriate checks were carried out to protect people.

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

- Staff understood and recognised potential risks to people. Care plans, positive behaviour support plans and risk assessments contained detailed explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence. For example, walking to shops independently or undertaking volunteer placements.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to demonstrate how they had considered lessons learnt and implemented changes when necessary.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.
- Staff were knowledgeable about best practice in relation to STOMP (stopping the over medicating of people with a learning disability, Autism or both with psychotropic medicines).

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was clean and well maintained to prevent the risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's 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 good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- All people living at the service had experienced weight loss with the majority now being classed as being at a healthy weight due to the exceptional support they received to maintain a healthy diet and lifestyle. The provider commissioned the services of a nutritionist to work alongside people to construct a low-calorie diet which met people's needs. Staff were skilled to provide guidance and consistency around meal times which had a direct impact on people's lives.
- People's health outcomes had greatly improved since moving to the service; several people had experienced significantly improved mobility due to their weight loss. One person told us, "I was so overweight before I moved here, they have done a good job to keep me alive. I have lost over 15 stone." Another person struggled to walk due to their weight. Now they are at their lowest BMI and enjoying activities and walking daily.
- People's positive lifestyle improved their health outcomes and reduced the amount of medicines they took. One person required medication for their diabetes when they moved into the service. Now at a healthy weight, they no longer required this.
- People were complimentary about the food provided and the meal time experience. People told us; "The food is beautiful" and "I really enjoying helping in the kitchen cooking for everyone." People and staff prepared meals together supporting people to take ownership and management of their own food intake.

Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The premises were suitably designed and changed to meet people's current needs and to increase people's independence. For example, we heard how some people required alterations to their room such as a wet room, due to their mobility and weight. This was later changed back into a bathroom once their mobility had increased due to a healthier lifestyle.
- Where people who displayed distressed behaviours required specialist equipment in order to reduce risk to themselves, this had been installed in a way that did not look obvious to others. For one person this had not only meant their environment was safe but had also reduced their levels of distress and resulted in a more meaningful life.
- Assessments of people's needs were completed, and care and support were regularly reviewed. Assessments were highly individualised and reflected all elements of people's needs in significant detail.
- Delivering care and support in line with best practice had significantly impacted on people's health; such

as ensuring regular health checks and following STOMP. This was clearly evidenced in the practice observed within the service.

Staff support: induction, training, skills and experience

- The service ensured staff with the right skills were recruited as people were involved in the recruitment process and were able to influence the outcome. One person told us, "I absolutely love interviewing staff, I have done a lot of it, staff listen to me."
- People received support from staff team with consistent knowledge and skills to meet people's needs. A relative told us, "Staff are very much on the ball and consistent and sing from the same hymn sheet. I believe they are excellently trained." Another relative said, "Staff are consistent, and they know [Name of person] inside and out, they are first class."
- Staff felt very supported by the registered manager and told us they worked as part of the team and they were very approachable. Staff received regular supervisions and appraisals.
- A staff induction and training programme was in place to ensure staff kept up to date with best practice. Staff told us that the training was good, and they were looking forward to future learning.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were undoubtedly treated with kindness; they were actively listened to and their choices respected. A relative told us, "The relationships staff have with people, I believe is outstanding."
- Staff were particularly effective at recognising and pre-empting when people needed compassionate and sensitive support. People had recently been supported in creative and caring ways to help prepare and cope with life changing events. This had an immensely positive impact on people and their relatives. One relative told us, "The package of care they provided to [Name of person] during this time should be shared with other services as best practice."
- Positive communication strategies had directly impacted on people's lives. Due to the exceptionally creative and dynamic support given by staff, significant improvements had been made to people's behaviours, understanding of fears, and relationships with people and their families. One person told us, "When I don't want to speak to staff I can put a sign on my door. When that sign is there staff don't bother me and I sit on my bean bag."
- People and their families told us staff were extremely caring and considerate towards each of them. People told us, "Staff are all very caring and friendly towards people", "The staff are great, they are lovely, I am very happy here" and a relative told us "When I ring up staff ask how I am, it's not just management who are like that, it's all staff. It's consistent and that means a lot."
- Staff demonstrated a wealth of knowledge of people's personalities, diverse needs, and what was important to them. Staff were passionate about providing a good quality service. A staff member told us, "I love this job as you know you are making a difference to someone's life. You are helping people live independently. I have seen so many positive changes in people since moving here."

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to increase their levels of independence. Adaptions were made within the home to support people to do things for themselves, including household tasks such as laundry and cooking.
- Staff were exceptionally creative with positive risks to ensure people could develop skills to lead a more independent life. Since the last inspection staff had supported people with road safety knowledge, building confidence and skills to enable people to independently access the community. This included following a specific route designed by the service to maximise the person's safety and attending local groups independently.
- The extremely creative and skilled support provided by staff had helped people maintain relationships with family members. For example, helping people to understand their feelings in relation to family

members and supporting regular contact had resulted in relationships significantly improving.

- People were treated with dignity. Staff had time to build trusting relationships with people allowing them to show compassion and respect.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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

- Due to the excellent and creative communication methods used by highly skilled staff, people were supported to express their views and felt consulted and empowered to make their own decisions. This included the use of signs, points of reference and writing. People told us how this had positively impacted on their understanding of their behaviours. One person told us, "It has helped me change all of a sudden."
- Open and honest relationships had been created to enable people to truly express their views. Two people had started writing their own care plans. One person told us, "We are doing the care plans for when people come visit, so they can see what I am like, so they get to know me a bit more. I love doing my own care plan."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's 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

- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for.
- Staff knew people exceptionally well and developed a good level of knowledge and understanding of the people they supported.
- People received care and support that was extremely tailored around their individual support needs, wishes and preferences. Care plans were incredibly detailed to the extent that they included examples and suggestions of words, phrases and actions which have proven to be successful in the past.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide truly personalised care.
- People regularly engaged in the local community. People were supported to identify and engage in local groups to suit their interests. Many activities focused on being active and healthy such as swimming and fitness classes. This had overall positive impact on their health and wellbeing.
- People were supported to maintain contact with family and friends and build new relationships.
- Staff supported people to have access to education and work opportunities, including volunteer placements.

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's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- There was systems in place to respond to any complaints. The complaints procedure was available within the service. Suggestion boxes and regular meetings provided further opportunities for concerns or complaints to be shared.

End of life care and support

- End of life care planning was in place. Care plans reflected people's choices at end of life.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a strong commitment to provide person-centred, high quality care which achieved excellent outcomes for people, by engaging with people and stakeholders. The registered manager was extremely knowledgeable in their role and passionate about people. They ensured the person's needs were paramount. For one person this meant reducing their support hours gradually instead of instantly, to allow time for the person to adjust and for the service to ensure this was safe.
- People and their relatives told us the service was very well-led, and they had trust in the registered manager. One relative told us, "I think it all comes from the top. The registered manager is skilled at building a strong team and recognises and builds on staff's strengths." Another relative told us, "[Name of registered manager] is another parent to [Name of person], I can rely on them and I have never been let down."
- Staff were highly motivated and extremely positive about the manager. One staff member told us, "The registered manager is always open and approachable, they are very understanding when talking to them." We observed how staff were encouraged and positively supported by the registered manager to be actively involved in the inspection process. This resulted in staff being confident and proud to discuss achievements people had made and their role within this.
- All people we spoke with knew the management team well and often accessed them for support and interaction.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was innovative to create packages of support where guidance was not available. The registered manager devised a package of support for people experiencing bereavement. This package was shared with other agencies to enable them to support people through similar experiences.
- There was a solid structure of governance embedded in the service. The registered manager was supported by an area manager who monitored quality and compliance with regular audits and action plans. The registered manager and deputy manager had a 'hands on' approach to their involvement in the service and worked closely with people in the service.
- Report's and action plans were in place to identify and drive forward any areas for improvement. This included areas such involvement, activities and behaviour support. The registered manager looked for innovative new ways to support people in ways that met their needs. This included looking at best practice such as positive behaviour support and following Nice Guidelines. The registered manager adapted these principles in ways which would engage people. For example, creating a safe place to discuss thoughts and

feelings around behaviours and being creative to make people feel safe.

- Opportunities to reflect on practice and lessons learned was embedded in practice. This was a constant process considering whether things worked or didn't work for people. People's stories of increased confidence, skills, independence, better health and reduction in behaviours provided the evidence of successful consideration of people's needs and learning from events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider demonstrated a commitment to engaging with everyone using the service and stakeholders. Innovative ways to support people to be included were observed. People created their own 'taking over' group which set their own house rules that were adopted and supported by staff and management.
- Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses and actions taken where necessary. Actions included providing a new medicines room for senior staff and to locate training for staff more locally, to reduce travel time.
- The service had strong links with the local community. People were supported to engage in a variety of local activities and were well known.

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;

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy.
- We saw the registered manager communicated effectively with all stakeholders and kept them up to date.