

Heathcotes Care Limited

# Heathcotes (Hembrigg Park)

## Inspection report

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22 August 2017

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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

We carried out the inspection of Heathcotes Hembrigg Park on 16 and 22 August 2017. At the time of our inspection there were six people using the service. This was an unannounced inspection.

Heathcotes (Hembrigg Park) is a specialist service supporting females with personality disorders to become more independent and learn new skills over a 12 month period.

The home had a registered manager. 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. In the report we refer to the home manager, the registered manager and the regional manager who were separate managers.

We saw that some of the communal internal and external areas in the home looked clean and were repaired when required. We noted the home manager was in the process of implementing improvements needed in the home.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The manager knew the people at the home who lacked capacity. We found however that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

The people living in the home were able to express themselves and were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting relatives where possible.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at Heathcotes Hembrigg Park.

We found that staff were well trained and supported. They were able to demonstrate skill and competency in their knowledge about personality disorder and the support people required. The people who lived at the home were clearly happy with the support that staff gave them and there was a good rapport between them.

We checked the medication cabinet which was stored in a locked room. We saw that medication was given as directed and stored appropriately. We talked with staff who were able to demonstrate their knowledge of safeguarding and were able to tell us how to report abuse.

Each of the people's bedrooms had been personalised by the people who lived in them. People who were

able were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front door freely. However they were encouraged to plan their time and let staff know their whereabouts .

Care records, risk assessments, staff records and other documents relating to the running of the home, were well-kept and up-to-date. Each person living at the home had a personalised care plan and risk assessment.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training and supervision to enable them to work safely and effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient staff who had been recruited in a safe way.

Medication was safely managed in the service.

Safeguarding procedures were in place and staff knew what to do in the event of an allegation. People told us that they felt safe.

### Is the service effective?

Good ●

The service was effective.

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

All staff received appropriate induction, supervision and appraisal and had continued to be trained according to the needs of the people they supported.

People had enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

### Is the service caring?

Good ●

The service was caring.

Staff showed that they have a good relationship with the people they supported.

Confidentiality of people's care files was evident.

There were no limitations on visiting by relatives unless a judgement was in place.

### Is the service responsive?

Good ●

The service was responsive.

The complaints procedure was openly displayed and service

specific.

People who lived in the home had a support plan which appropriately reviewed and reflected their needs.

People had prompt access to other healthcare professionals when required and this was fully documented.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was clearly visible and staff said communication was encouraged.

The service had up to date policies in place.

# Heathcotes (Hembrigg Park)

## 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.

The inspection took place on the 16 and 22 August 2017 and the inspection was unannounced. This was the first inspection since the service opened in 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and three staff files. We spoke with three people and three support workers as well as the registered manager, home manager and regional manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

# Is the service safe?

## Our findings

We found that people felt safe living at Heathcotes Hembrigg Park. People told us that staff responded quickly when they needed help and support. They told us that the home can only be accessed by the use of door codes. One person told us, "Yes its safe. The staff help us with that."

Policies and procedures were in place for safeguarding vulnerable people from abuse. We saw that staff had received training in safeguarding adults and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training for staff included training in safeguarding and staff received regular updates. The service had a whistleblowing policy in place to support people who wanted to raise concerns anonymously.

We looked at three staff personnel files. All of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at the staffing rotas for July 2017 and saw the same staff completed additional shifts when needed. The registered manager explained this was good for continuity of care and staff familiarity with people's needs. Staff who worked in the home also acted as the keyworker for one person. A keyworker is a staff member who takes a special interest in the person they are supporting; They take particular interest in their person's welfare and wellbeing. During the inspection we saw enough staff to support people on a one to one basis. This meant people had their needs met in a timely way because staff were always available.

We looked at the risk assessments in the care files of three people who lived in the home. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to absconding, safe use of car, finance, substance misuse, challenging behaviour and false allegations. We saw that people's risk assessments were kept up to date and that people who used the service had been involved any risk assessment reviews.

We undertook a tour of the service. We saw the building was purpose built and well maintained to support people with their needs. For example we saw everyone had their own bedrooms with en-suite bathrooms. There were two communal lounge areas, a dining room, kitchen and back garden. The service was built with use of reinforced glass, anti-battery door hinges to prevent people barricading themselves in and ligature points removed. This made the building a safer place for people to live.

We looked at health and safety records which showed regular checks of services and equipment were carried out by staff. The service used no gas and the electrical systems certificate was issued July 2016, this meant that they were valid and up to date. We also saw that checks had been carried out for emergency lighting, fire alarm, fire extinguishers and that the water temperature had been regularly checked. The home had a recent Legionella assessment and fire risk assessment.

Medication was administered via a biodose system supplied directly from a pharmacy. We inspected medication storage and administration procedures in the home. We found the medicine cupboard was secure and clean. We saw that staff had received medication training, to ensure there was always a competent staff member on shift if medication needed to be provided on an as and when required basis (PRN medications).

We saw accident records were completed in full and these were used in the support of an individual. Personal emergency plans were also in place to provide staff and the fire brigade with information on how people should be evacuated safely in the event of an emergency situation.



## Is the service effective?

### Our findings

Staff told us they were well trained. We looked at the training matrix and saw evidence of training that had been attended by staff included first aid, moving and handling, fire safety and Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). One staff member we spoke to told us how helpful they had found the mental capacity training and how it had impacted upon their understanding of their work. Staff told us they thought the training was very useful and gave them all the skills they required to complete their roles effectively. We saw from staff's training records that the majority of training had been completed. The regional manager told us the provider's mandatory was completed by the provider. We saw new staff worked through the common induction standards during their induction.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service was working within these principles. The registered manager was aware of the need to have all those people requiring Deprivation of Liberty Safeguards (DoLS) applications to be completed. The service had been able to show how they had identified a least restrictive option with people.

Supervisions and appraisals had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We observed people participated in preparing their meals and were able to access the kitchen area for snacks whenever they wanted. The home had involved the people who lived at the service in the planning of the menus. People advised they told staff what they liked and helped with the shopping. Some people were getting involved in the cooking of their own food.

One person we spoke to told us, "I like to eat out which I do, but I don't always have the money. I go shopping." With people's permission we were able to see people's rooms and noted that everyone who lived at the home had been able to personalise their rooms. Each bedroom had en-suite bathing facilities and there were communal bathrooms available on each floor. The upper floor had bedrooms and a therapy room. We saw the external grounds had rubbish in it including duvets and cigarette buds. The registered manager actioned this and the grounds were cleared of all rubbish following the inspection.

# Is the service caring?

## Our findings

We asked people whether the staff were kind and caring. One person said, "Yes, they are nice. They help me when I'm angry." Another person told us, "I have got to do lots of things because of the staff; I think I'm alive now because of [staffs name]." All the people we spoke with told us that the staff treated them with dignity and respect and we were told by one person that, "Yeah I like it here."

We asked people if they could express their wishes and if they had support to help them make decisions about their care. We observed that people did make choices and decisions about their lives and we saw that staff respected these decisions, for example people were able to choose when they wanted to go out and where.

We observed staff on duty and saw that they knew people who lived in the home well. We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager, manager, regional manager and support staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs. Staff had intimate knowledge of people and their backgrounds and their needs. Staff were able to talk with people as a friend, while maintain necessary boundaries. Staff used communication strategies appropriate for individuals, for example use of language and mannerisms during times when people where challenging in their behaviour.

We saw how people's independence was supported as people were able to go to local shops when they wished and when it was safe. We looked at care plans that documented personal outcomes that had been identified by either the person or families and how they were to be achieved. During our visit we saw that people moved about the house as they wished. The registered manager told us the service offered a 12 month placement to people to enable them to support themselves as much as they could. We saw people were supported with daily living tasks such as cleaning, making food and shopping. This showed us people were supported with their independence.

We asked if people could have visitors at any time, all told us they could. One person told us, "I didn't use to see my family much, but now I see them more, sometimes my dad just surprises me as well." Staff confirmed people were encouraged to maintain safe family and friendship relationships. However some previous relationships were negative for people and staff were aware who they were not to interact with to keep them safe.

Communication between staff was good and they were constantly updating and speaking with each other about the day to day activities. We observed effective communication was shared with people who used the service. As people had one on one time with staff, communication was key to support people in a caring way. Managers had regular meetings with staff and people who used the service.

We observed that confidential information was kept secure in the main office. Staff were aware where the information was and were able to tell us about the importance of confidentiality.

## Is the service responsive?

### Our findings

People we spoke with said they considered the support provided was personalised. People told us they were able to choose what time they went to bed at night and when to go out. One person told us about how they went swimming. People also told us about the holidays and weekends away that had been organised and enjoyed by the people living at the home. Another person told us that since they moved into the home they had been able to do more for themselves.

The care plans we looked at contained information about the support people needed. This included information and guidance relating to the management of issues that affected people's finances, physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care and had been regularly updated when changes in a person's health and well-being occurred. We also saw how the service had identified to increase people's opportunities and freedom when this was possible. This meant the people increased their independence. The service offered Dialectical Behavioural Therapy (DBT) that helped people to identify and change negative thinking patterns and worked for positive behavioural changes. As part of people's 12 month placement at Heathcote's Hembrigg Park, they had to attend these therapy sessions.

We saw, 'Personal history' information and 'Expected outcomes' documentation. This identified those things that were important to the person and strategies to be employed by staff to ensure these were supported. This information was reviewed according to the home's policy and audited by the manager. We saw signatures of the people they were about were recorded to say that they had been involved in the review of the care plan. We observed people during our visit and saw that each care plan was reflective of the person it was written about. We also saw there was a keyworker system in place which involved staff working with individual people in order to promote their well being.

We asked the people who lived in the home if they knew who to complain to and if they were comfortable to do this. All said that they would be happy to approach the staff and the manager. One person told us "I tell the [managers name], [regional managers name] or [Registered managers name]." Another person living at the home told us, "I have no complaints."

We saw that there was a complaints procedure to help people with communication difficulties to make a complaint. We saw this was service specific and had the information needed for people to be able to make a complaint. We saw that the service held regular residents meetings. We asked the people who lived at the home if they felt listened to and we were told, "Yes." We were told by one person, "We get to talk about stuff with staff or in the meetings we have." At the time of our inspection the service had not received any recent complaints, however the manager and registered manager were both clear on the process to follow should they receive a complaint.

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, psychiatry, G.P, dentist, dietician and chiropody appointments. We also saw that family members were kept fully informed, one person told us, "If I'm not

well they call the doctor for me." This showed us that people's health needs were catered for in a timely manner.

## Is the service well-led?

### Our findings

People thought the home was well run. Most of the people we spoke to knew who the manager and registered manager was. One person said, "Yes," when we asked if they thought the manager knew what they were doing.

The service had a registered manager and a home manager in post. We spoke with the registered manager and found they were open and honest. They told us they recognised that they were always looking to improve and were committed to any work required. The home manager was in the process of becoming the registered manager but at the time of our inspection, their registration was not complete.

The registered manager and home manager showed how their knowledge in health and social care was kept up to date by attending meetings and undertaking training that was relevant to their managerial role. We saw that personal development was encouraged through the home. The regional manager informed us how staff were supported to progress in their professional development. This showed us staff were supported in their role.

It was clear the registered manager and home manager were well known to the people living in the service. Staff told us they had a good relationship with the registered manager and manager and this was positive and supportive. One staff member told us that all the management was, "Completely approachable." We saw records of supervision which evidenced the support and relationship that staff received. We were told by all staff that management held regular team meetings and we were able to see meeting minutes that demonstrated staff were able to air views and make comments about the service.

We saw satisfaction questionnaires were sent out annually to stakeholders, service users, staff and relatives. We asked to see examples of these and we saw how the service had acted on any comments received. We saw one external stakeholder rated the service 100% in all areas asked about. In total 11 staff returned their survey responses. All staff surveyed agreed morale, supervisions, action taken by provider and management support was good. People who used the service mostly said staff were friendly and listened and helped them when needed. This showed up people were asked for their opinions.

The home had robust systems in place to assess the quality of the service provided. The regional manager conducted provider visits which spot checked different parts of the service. This included medication, health and safety, care records, incident and accident audits. Areas identified as needing attention had been completed and signed off. For example, we saw past audits identified grab sheets to be typed up, declaration in support plans needed updating and cigarette buds needed cleaning up. We saw all of these areas of improvement had been completed. The service also undertook its own 'home audit report' which previously identified short staffing levels. We looked at the rotas and spoke with staff who confirmed staffing was not an issue anymore.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. We saw that policies and procedures were up-to-date and other documentation,

such as medication records, fire and other health and safety checks had been regularly completed and updated.