

Heathcotes Care Limited

Heathcotes (Oadby)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heathcotes (Oadby) is an adapted residential care home. The service specialises in supporting people who have learning disabilities, autism, Asperger's syndrome and challenging behaviour.

The service was registered to provide support for up to eight people and there were eight people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People were encouraged to access the community and undertake person centred activities.

People's experience of using this service and what we found

People were supported to stay safe. Risks were identified and responded to. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends.

Peoples' staffing requirements were assessed individually and met. People were supported by enough staff who knew them well. The environment was clean and good infection control procedures were followed.

People were supported by staff who understood the importance of utilising positive behavioural support and this was used in line with best practice guidance. Staff also worked with health and social care professionals to ensure the support provided met people's needs.

People had access to the foods they liked, and staff encouraged them to choose healthy options. Staff provided support and monitoring to protect people from the risk of poor nutrition and hydration. Staff were supported to provide good support through effective training and induction to the service, and on-going supervision. The environment had been adapted to meet the needs of the people including a sensory room and sensory garden area.

The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives. Staff demonstrated these values in their interactions with people. People were presented positively, and staff focused on people's strengths and abilities. People were supported in a manner which recognised their right to privacy and space.

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

The 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.

The registered manager provided good support for staff to be able to do their job effectively. The provider's quality assurance processes were effective and resulted in improvements to the service.

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 2 August 2019) and there were four breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Heathcotes (Oadby)

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 carried out by one inspector

Service and service type

Heathcotes (Oadby) 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.

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 reviewed information we had received about the service since the last inspection. This included notifications of incidents that occurred in the service which the provider is legally required to notify us about. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, regional manager and three care staff. We also spoke with two relatives and a social care professional by telephone to gather their views.

We reviewed a range of records. This included two people's care plans and records and a variety of records relating to the management of the service.

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 improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider failed to ensure there were sufficient numbers of care staff deployed to meet people's assessed care and support needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were enough staff to meet people's needs. The provider had recruited to staffing vacancies and taken action to ensure assessed staffing levels were maintained. This included using agency staff to provide cover where necessary. Rotas confirmed staffing levels were consistent.
- People's dependency needs were regularly reviewed and staffing levels adjusted in response to changes in needs and new admissions to the service.
- People told us staff were available to provide the care and support they needed. We observed there were sufficient staff to support people on a 1:1 basis where required, including supporting people to go out into the local community.
- Staff told us there were enough of them to be able to provide the support people needed.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware of how to raise concerns directly with other agencies if they needed to. Information was available on notice boards to support staff, people and visitors to raise concerns.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.

Assessing risk, safety monitoring and management

- People told us they felt safe at Heathcotes (Oadby). A relative told us staff were skilled at identifying and responding to changes in their family member's moods, which helped to keep the person and others safe at times when they became distressed.
- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for

people to manage their mental health, using the local community and domestic tasks.

- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- People had positive behaviour support plans in place where needed. These set out the support people needed to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations.
- There was information about any physical interventions staff may need to use to ensure people remained safe. Staff received regular training in these intervention methods to ensure they knew how to support people safely. The use of chemical and physical restraint was used minimally and seen as a 'very last resort'; only to be used to keep the person from harm. There was robust review and analysis of any restraint to ensure it had been used appropriately.

Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been prescribed.
- Where people had medicines prescribed to be taken as needed there were person-centred protocols for staff to follow.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following the correct procedures.
- The registered manager undertook regular audits of medicines which helped to ensure staff followed correct protocols.

Preventing and controlling infection

- The environment was clean and tidy. We observed staff following procedures for controlling and preventing the risk of infection. These included regular hand washing, temperature checks and wearing gloves and face masks. Personal Protective Equipment (PPE) stations were positioned in the building so staff had easy access to supplies.
- People were encouraged to wear face masks when they went out into the local community.
- Staff were involved in extra cleaning and sanitisation of key risk areas each day.
- The service had contingency plans in place in the event they experienced a COVID-19 outbreak within the service and supported staff to undertake regular testing.

Lessons learnt

- Lessons were learned when things went wrong.
- Accidents and incidents were reviewed to look for themes or patterns. This information was used to make changes to reduce the risk of recurrence.
- Debriefing meetings took place after incidents which provided an opportunity for reflection and learning. For example, an incident during a community activity resulted in changes to provider's policies to provide clearer guidance and information for all staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure the nutritional and hydration needs of people were being met. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's preferences and medical needs were catered for. People's weights were monitored and where people had specific needs external professionals such as Speech and Language Therapists were involved.
- People's care plans included goals to achieve, such as eating a more balanced diet or losing weight. Staff encouraged people to achieve their goals at their own pace, whilst also respecting their right to make their own decisions and choices.
- Staff ensured regular reviews of people's nutritional needs to ensure measures in place to reduce risks, such as choking, were the least restrictive and remained appropriate. We saw arrangements were made to ensure people were able to attend medical reviews of their nutritional needs with external health professionals.
- The registered manager reviewed food and fluid monitoring charts daily to ensure people received sufficient food and fluid. Where people had declined meals, staff were required to record alternatives offered and approaches used to encourage the person. This helped to support effective monitoring and timely intervention where a person was identified as being at risk.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider failed to ensure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- Care plans had been reviewed, updated and personalised to ensure they reflected people's current needs, goals and aspirations. Staff maintained detailed records of people's progress towards their goals. These

were used to identify the support people needed, if goals were meaningful and manageable.

- Information in care plans was in line with best practice, such as NICE (National Institute for Health Care Excellence).
- People who we spoke with were happy to tell us about their goals, such as money management, cooking and independence.

Staff support: induction, training, skills and experience

- At the last inspection improvements were needed to ensure staff had the training they needed to meet people's needs. The provider and registered manager had developed training in autism awareness to improve staff understanding and skills. Staff completed assessments to demonstrate their understanding of training courses.
- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff told us they felt supported in their role and could approach senior staff and the registered manager for advice and guidance.
- Staff were provided with formal and informal supervision which gave them the time they needed to reflect on their working practices, discuss concerns and develop as individuals.

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

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local health services to ensure people received the support they needed. Examples included their GP, psychiatrist and social workers.
- People told us they were able to see their doctor and other health professionals when needed. A social care professional confirmed they received timely, accurate communication and information from the service about people's achievements and any concerns.
- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance.

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

- Whilst the design of the building did not fully comply with Building the Right Support guidance as it accommodated more than six people, this is not prescriptive. The provider was able to demonstrate they followed all of the principles and values in 'Registering the Right Support' guidance, and met the fundamental standards and other relevant regulations.
- People were involved in decisions about the premises and environment. People had decorated their rooms to their individual tastes.
- The registered manager had involved people in decisions about the décor and furniture of the shared areas of the home.
- Rooms were designed and used in response to people's needs. One room had been changed into a quieter lounge and was used by a person who preferred to spend time away from the busier areas of the home.
- We observed people moved freely around their home and chose where they spent their time.
- The registered manager had involved people in the development of the garden, which included a sensory area, providing everyone with an equal opportunity to interact and spend time in the garden.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.
- The provider promoted a culture of reducing restrictions. Physical interventions were used as a last resort when other strategies had been tried and failed.
- Appropriate DoLS applications had been made in a timely manner. Staff had been unable to comply with a condition in one person's DoLS due to risks associated with COVID-19. The registered manager had liaised with appropriate agencies to ensure decisions were taken in the person's best interests and relevant parties were kept informed.

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

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

At our last inspection the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were not fully or consistently effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- The results of the various quality assurance checks were used to plan improvements to the service. For example, feedback from staff surveys had resulted in more robust staff supervisions.
- There was a good level of formal and informal oversight by the registered manager and the provider representatives. There were regular meetings with the provider representatives to review the service.
- Everyone we spoke with told us the service had improved and was of good quality. Relatives spoke about improved staff approaches and communication and the positive impact this had on people's wellbeing.
- Staff told us they felt clear about their roles and responsibilities and received the guidance and information they needed to do their jobs. One staff member said, "There has been a lot of management changes and for a while things were not so good. We have more consistency now and [name of registered manager] is very supportive, gives us clear information and advice when we need it. Communication has really improved which helps."

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.

- The provider had a clear vision and values that put people with a learning disability at the heart of what they did. For example, people were consulted and included in decisions about their home and encouraged to achieve the best possible outcomes from their care.
- We saw people freely discuss plans and requirements with staff in advance, such as planning outings and who they preferred to support them. This demonstrated people were in control of their care.
- Staff told us they felt supported in their roles and able to share their views and contribute to decisions

about people's care and support.

- People, stakeholder and staff views were encouraged through the completion of surveys. Outcomes of surveys were shared and action plans were put in place to make any identified improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us throughout the inspection. They talked about the challenges the service had faced, such as staff turnover and management changes, and their plans for implementing and sustaining improvements. There was good communication in place with people, relatives, and professionals.
- The registered manager had notified appropriate agencies when things had gone wrong. Current inspection ratings were displayed for people, staff and visitors to see.

Working in partnership with others; Continuous learning and improving care

- Staff had good working relationships with the local primary care services.
- A social care professional told us, "They [staff] manage the challenges (for the person well). They take time to keep me informed and when I ask for information, I get what I need. I have no concerns about the care provided."
- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of people to ensure they reviewed and developed the service to meet the needs of people using it. For example, staff had worked with other agencies to support a person through transition (moving from one service to another).