Heathcotes Care Limited

Heathcotes (Basford)

Inspection Report

55a Hadbury Road
Basford
Nottingham
Nottinghamshire
NG5 1JZ
Tel: 0115 970 4850
Website: www.heathcotes.net

Date of inspection visit: 10/04/2014
Date of publication: 07/09/2014

Contents

Summary of findings

Overall summary

Heathcotes (Basford) is a care home providing accommodation for up to five people. There were four people living there when we visited. The service provides care and support to adults who have a learning disability, a mental health illness or physical disability. Heathcotes (Basford) is a new service that had been registered seven months prior to our visit and so people had only been living in the home for a few months. There is a manager registered at the service, who is also the regional manager. There is also a manager who is responsible for the day to day running of the service. The registered manager told us the day to day manager planned to register with the CQC.

We saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people whose behaviour may challenge others.

People were supported to take informed risks to ensure they were not restricted. Where people lacked capacity to make decisions, the Mental Capacity Act (MCA) 2005 was being adhered to, to ensure staff made decisions based on people's best interests. The MCA was introduced to protect people who lacked capacity to make certain decisions because of illness or disability.

We found that there were systems in place to ensure people received their medicines as prescribed. There were enough staff to support people safely and meet their needs.

There were processes in place to gain the views of people in relation to their care and support. People's preferences and needs were recorded in their care plans and staff were following the plans in practice. People were being supported to maintain good health. Records and observations showed that the risks around nutrition and hydration were monitored and managed by staff to ensure that everyone received adequate food and drink.

We observed that staff were kind and respectful to people when they supported them. There was a clear set of values in place to support staff to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to their concerns. The manager told us there had not been any complaints made by people living in the home or their relatives or advocates.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents, and the following up of these ensured continuous improvement. Staff were supported to raise issues when they felt there could be improvements and there was an open and transparent culture in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The deprivation of liberty safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was nobody who needed to be on an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff were trained in how to follow the procedures. Staff had a good knowledge of safeguarding procedures and we saw that a potential safeguarding issue had been responded appropriately to by the service.

Where people displayed behaviour which may challenge others, there was detailed guidance for staff to follow in relation to what may trigger the behaviour and how to respond. Incidents in the home were recorded by staff, assessed by the manager and appropriate action taken in response to incidents. This meant procedures were in place for staff to learn from incidents and know how to minimise the risk of them re-occurring.

Where people lacked capacity to make a decision, we saw that the service was adhering to the Mental Capacity Act 2005 (MCA) and appropriate assessments of capacity and best interests' documentation were in place. We saw that people were supported to take informed risks. Staff understood the principles of the MCA 2005. We saw staff supporting people to make their own decisions where they had the capacity to do so. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People told us that they got medicines when they needed them. We found that medication arrangements were safe. This meant people were protected from the risks associated with unsafe medicines management.

We saw that there were enough staff to support people safely. Staff told us they felt there were enough staff to support people safely.

Are services effective?

People told us they had been involved in their care planning. Care plans gave details of people's preferences in relation to the way they liked to be cared for and supported. Staff we spoke with had a good understanding of people's likes and dislikes and how they would prefer to be supported. This meant people were supported to express their views in relation to their care and support.

We saw that systems were in place to ensure that people's needs were clearly communicated if they moved to another service, such as the hospital. This meant people's needs and preferences would be known to other health professionals if the person moved between services.

Summary of findings

Records showed that people's health was regularly monitored and when people's needs changed, staff made the appropriate referrals and made changes to care plans to reflect the needs of the person. This meant staff recognised when the needs of people changed and sought advice from the appropriate health professionals.

The risks around people's nutrition and hydration were monitored and managed. We saw that food and drink was stored correctly and the kitchen was clean. We saw that appropriate food and drink was available to meet people's needs and preferences.

Are services caring?

People told us that staff treated them with kindness and respect and we observed this. One person said, "They knock on my door [before entering person's bedroom]." Another person said, "Staff are ever so polite, will draw the curtain and hold my hand as I get out of the bath."

Staff had a good understanding and knowledge of people's needs and preferences and we saw that diversity monitoring took place on admission to explore individual needs and preferences such as culture and sexuality. We saw that staff supported people with their diverse needs, such as dietary preference and religious needs.

Both members of staff we spoke with had a clear understanding of the role they played in ensuring people's dignity was respected.

Independence was promoted with people being supported to do things for themselves and participate in daily living tasks to develop their independence. We saw people moving freely around the home during our visit and staff told us people did not have unnecessary restrictions placed on them. This meant people were supported with their independence.

There were regular meetings held between the manager, staff and people using the service. This meant people were supported to make their views known about the service.

Are services responsive to people's needs?

People were supported to give their views on their care and support through monthly meetings held between them and their key worker (a member of staff nominated to each person) and also through monthly meetings held with staff and other people living in the home. Easy read information was used to support people's understanding of their choices. We saw that the service responded to people's comments.

Summary of findings

Staff were able to give examples of where they had responded to people who had expressed something that was important to them. A wide range of activities were available and people were supported to do the activities that they wanted to enhance their quality of life and wellbeing.

Records showed that when people's needs changed, staff made the appropriate referrals to other healthcare professionals for specialist advice.

One person told us that they were not comfortable raising any concerns as they had not felt listened to when they had made a complaint in the past. However, both people we spoke with told us they could talk to the manager if they needed to. People knew how to raise a concern if they had one and easy read information on making a complaint was available. There was a clear procedure on what action would be taken if people made a complaint.

Are services well-led?

We spoke with two members of staff and they both told us they felt the management team treated them fairly and listened to what they had to say. This meant there was an open and transparent culture in the home.

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. We also looked at the processes in place for monitoring incidents, accidents and safeguarding. These were well managed with clear awareness throughout the organisation on how to learn from these.

There were effective procedures in place to monitor and improve the quality of the service provided. This was at all levels from the staff working in the home to the regional managers visiting the home. Where improvements were needed, these were addressed and followed up to ensure that the quality of the service was improved. People who used the service were asked for their views and these were acted upon.

Staff were motivated and organised in their day to day work and they had a clear direction of how they were to meet the needs of people. Staff we spoke with recognised the visions and values of the home and their role in meeting these. They were provided with the right training and support to ensure they had the skills and knowledge they needed.

We saw that there were systems in place to ensure that there were enough qualified, skilled and experienced staff to meet people's needs.

Summary of findings

We saw there were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them.

Summary of findings

What people who use the service and those that matter to them say

We spoke with two people who used the service. The other person in the home at the time of the inspection did not want to speak to us.

One person left the room when asked whether they felt safe. They returned to the room and said, "I stand up for myself and would tell staff if I am not happy." The other person said, "I never feel safe anywhere I go. I retreat to my room all the time, I'm a hermit." We asked if staff encouraged them to come out of their room. They said, "They do ask me to come out but I don't walk well, I might fall over. I'm worried about falling over." One person told us there were always staff to talk to.

People told us that they had seen their care plans. One person told us that they helped review their care plan. The other person told us that they had helped make their care plan and reviewed it too.

One person told us that they had regular check-ups with the doctor, dentist and optician and both people told us that they got medicines when they needed them.

People told us that staff treated them with kindness and respect. One person said, "They knock on my door [before entering person's bedroom]." Another person said, "Staff are ever so polite, will draw the curtain and hold my hand as I get out of the bath." Both people told us that staff listened to them.

Both people told us that meals were made for them and one person said, "Don't know what lunch is, it will already be made when I have it."

One person told us that they were not comfortable raising any concerns as they had not felt listened to when they had made a complaint in the past. However, both people told us they could talk to the manager if they needed to.

Heathcotes (Basford)

Detailed findings

Background to this inspection

We visited the home on 10 April 2014. We spent time observing care and support in a dining room. We looked at all communal areas of the building including the kitchen, bathroom and a person's bedroom, with their permission. We also looked at some records, which included people's care records and records relating to the management of the home.

The inspection team consisted of a lead inspector and an expert by experience of learning disability care services. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

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 was meeting the Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process called 'A Fresh Start'.

Before our inspection we reviewed information we held about the home. We examined notifications received by the Care Quality Commission and we contacted the commissioners of the service to obtain their views about how it was currently being run.

On the day we visited we spoke with two people living at Heathcotes (Basford), two staff, the acting manager and the registered manager, who is also the regional manager.

Are services safe?

Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff told us they had received recent training in safeguarding vulnerable adults and records confirmed this. We spoke with two members of staff and they were able to tell us how they would respond to allegations or incidents of abuse. They also confirmed who they would report any concerns to within the organisation. We saw written evidence that the manager had notified the local authority of a safeguarding incident as was required.

One person said, "They do ask me to come out [of their room] but I don't walk well, I might fall over. I'm worried about falling over." Staff told us that they had involved other health and social care professionals to support the person's mobility and equipment was also available to ensure their safety.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We looked at the care records for three people who displayed behaviour which might challenge others. There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person might display and how staff should respond to this. Staff had been given training in how to support people when they displayed behaviour that might challenge others. This meant staff had the information they needed to minimise the risk of incidents.

During our visit we observed a person living in the home who sometimes displayed behaviours that could challenge others. We saw that staff responded to these behaviours appropriately by diverting the person to another activity.

We saw that where incidents occurred in the home, these were clearly documented by staff and checked by the manager who assessed if any investigation was required and who needed to be notified. This meant incidents were responded to appropriately.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). We saw staff supporting people to make their own decisions where they had the capacity to do so.

MCA assessments took place and we saw an example of an assessment that considered whether a person should keep their own cigarettes. We also saw another assessment for a person regarding their continence needs and for another person regarding their finances.

We saw that one person was at risk of falling. Risk assessments and care plans were in place to address this risk and to encourage the person to remain independent where appropriate.

We found that medication arrangements were safe. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored safely and records showed staff were administering medicines to people as prescribed by their doctor. Medicines were being checked daily, weekly and monthly by the manager to ensure staff were managing people's medicines safely.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support. We spoke with two members of staff and they told us there were enough staff to support people safely. One person who used the service said, "There's always someone to talk to."

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was nobody who lived in the home currently who needed these safeguards. We saw no evidence to suggest that anyone who lived in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

Are services effective?

(for example, treatment is effective)

Our findings

Heathcotes (Basford) is a new service registered with the CQC six months prior to our visit and so people had only been living in the home for a few months. We looked at the care plans for three people and their needs had been assessed prior to them moving into the home. The information from the assessment had been used to develop their individual care plan.

People told us that they had seen their care plans. One person told us that they helped review their care plan. The other person told us that they had helped make their care plan and reviewed it too. Both people told us that staff listened to them.

We saw that people were involved in their care planning. Some people had signed their care plans to indicate their involvement. This meant steps were taken to involve people in making decisions about their care and support.

From the care plans we viewed, we saw that people's preferences and wishes about how they were cared for were documented to ensure staff knew how people would like to be cared for. We spoke with staff about the needs and preferences of these people and what staff told us matched the information we had seen recorded in the three care plans. This meant staff had the information and knowledge to be able to care for people in their preferred way.

We saw in the care plans we viewed that there was a document in place which gave a summary of each person's needs and what they liked and disliked. This document was designed for people to take with them if they moved to another service, such as the hospital. This meant people's needs and preferences would be known to other health professionals if the person moved between services. One person told us that they had regular check-ups with the doctor, dentist and optician to meet their ongoing health needs.

People were protected from the risks of inadequate nutrition and dehydration. We saw that people were supported to eat healthy food and two people who wanted to lose weight had been provided with a suitable diet which had resulted in them losing some weight. The service completed risk assessments for people regarding their nutritional risk and no person was at risk at the time of our inspection. This meant there were processes in place to monitor and manage nutritional risks and that people received adequate food and drink.

People were provided with a choice of suitable and nutritious food and drink. We saw that one person was vegan and suitable food was available for them. This meant people were being supported to maintain their hydration and nutrition and their choices were respected.

We also saw that food and drink was stored appropriately at correct temperatures and expiry dates were kept to. Fridge and freezer temperatures were monitored daily to ensure that the contents were being stored safely and the kitchen area was clean.

Are services caring?

Our findings

We observed that people were comfortable with staff and confident to approach them throughout our visit. We saw staff showed people kindness and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living in the home.

Staff told us of one person who had continence issues which had affected their dignity. Staff had worked with the person so that now their continence issues were improved and their dignity was respected. Staff were proud of this achievement.

We discussed the preferences of three people with the two staff we spoke with. Both members of staff had a very good knowledge of all three people's likes and dislikes. Care records we looked at were very detailed regarding people's preferences.

We saw that diversity monitoring took place on admission to explore individual needs and preferences such as culture and sexuality. We saw that one person was vegan and care plans reflected this information and appropriate foods were available. We saw that they were also religious and staff had taken action to support them in relation to this need. This meant the person's diverse needs were being assessed and respected.

We spoke with two staff about how they ensured people's privacy and dignity were respected. Both members of staff had a clear understanding of the role they played in ensuring this was respected. One staff member said, "We are here to support, not strip people of their independence."

There were regular meetings held between the manager, staff and people living in the home. These were used to discuss activities, raise concerns and any issues people might have. This meant people were supported to make their views known about the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Monthly meetings were held between people living in the home and their key worker (a member of staff nominated to each person). During these meetings people were able to make their views known about their care and support and to make decisions about what they would like the following month. People were also supported to attend monthly meetings with other people living in the home. We also saw that questionnaires had been recently completed by the people living in the home. This meant people were supported to give their views on their care and support.

Records showed that when people's needs changed, staff made the appropriate referrals to healthcare professionals or other specialists for advice. These changes were documented within people's care plans so that they were up to date.

We saw that easy read information was in place for people taking medications. There was also a guide for people including information on advocacy arrangements and the service's complaints procedure. This meant that people had access to information in a format that they could understand about their medication and what they could do should they require support or want to make a complaint.

There was an easy read document displayed in the home that described how to make a complaint and we looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. There had not been any formal complaints raised by people living in the home or by their relatives. Staff we spoke with knew how to respond to complaints if they arose.

People had access to a wide range of activities and staff explained how they supported a person who was at particular risk of social isolation by encouraging them to access the community and find activities that they enjoyed. We saw that people were supported to maintain their relationships with relatives.

Are services well-led?

Our findings

We spoke with two members of staff and they both told us they felt the management team treated them fairly and listened to what they had to say. Staff meetings took place regularly and staff felt confident raising concerns. Both members of staff told us they would feel confident challenging and reporting poor practice and that they felt this would be taken seriously by management. The two people living in the home who we spoke with told us they felt they could approach the manager if they had anything to discuss. This meant there was an open and transparent culture in the home and staff were supported.

Values in relation to dignity and independence were evident through discussions with staff, information displayed, records and our observations throughout the day.

We looked at the processes in place for responding to incidents, accidents and complaints. These had all been assessed by the manager in the first instance and then a weekly report was sent to the Heathcotes' head office for analysis along with the regional manager's report on the progress of the home. The registered manager told us that details of any incidents of behaviour which others might find challenging were also sent to Heathcotes' clinical behaviour team. This team would then visit the home and see if changes were needed to care plans or if staff needed further training. Any increase in incidents or safeguarding would also trigger a visit from the regional manager. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from these.

The manager described an incident where a person had displayed behaviour which challenged others. Following an investigation of the incident, the service had identified that the person might have had communication problems so introduced an information board to aid communication and provide structure for the person. The manager told us that this had led to improvements in the person's behaviour. This meant that the home investigated incidents appropriately and investigations led to changes in practice to improve people's care.

We saw evidence that monthly visits to assess the quality of care had taken place by the provider in the months prior to our inspection. Records were kept of these visits and we saw that the regional manager had assessed nutrition, care planning, incidents and accidents, staffing, training, the environment, complaints and also undertook observations of interactions between staff and people living in the home. The home achieved a score each month and an action plan for continuous improvement was given to the manager and assessed by the provider at their next visit.

There was an annual quality assurance home audit visit completed by the regional manager where the individual service was rated for the quality of the service provided to people. The regional manager told us that each service needed to achieve a base score and if they didn't they would be given an action plan and a follow up visit would be made. We saw records which showed that Heathcotes (Basford) had scored a 90% 'Exceptional standard' at the last visit in March 2014. This was an improvement from the previous visit where the home had scored 76%. An action plan had been put in place following the previous visit to address issues. This meant there were procedures in place which were effective in supporting the home to improve.

The home also completed a number of audits. These included regular medication and care plan audits. These checked that the medication was being given to people correctly and that the care plans were accurate so staff had access to the correct information when they were provided care to the people they were supporting .

People who used the service were asked for their views about their care and treatment and they were acted on by staff. Heathcotes conducted an annual client satisfaction survey to support people living in the home and their relatives or advocates in having a say about the quality of the service provided. We saw surveys had been received back and that they contained positive comments from people.

We spoke with the manager and they told us that a team leader would be in charge if they were not there. A team leader and two members of staff were on duty during the day and two members of staff on at night. They said that there was an 'on call' rota and if extra staff were needed there would be someone available to call in to the home. They told us that should people's needs dictate that more staff were needed, the provider would support a request for higher staffing levels.

Discussions with staff and observations of training records showed that staff were given the right skills and knowledge

Are services well-led?

to care for people safely. One staff member said, "Heathcotes are second to none for training." Staff we spoke with recognised the visions and values of the home and their role in meeting these. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the manager at the home. Staff at all levels recognised the achievements and challenges of the home and were committed to improving people's lives. One staff member said, "We're here to make people's lives as pleasurable as possible."

The service had worked towards and gained accreditations in areas such as the Non-Abusive Psychological and Physical Intervention (NAPPI) Centre of Excellence Award. This is an award which acknowledges an organisation that is working above-and-beyond the requirements of the code of practice for the Use of Physical Interventions.

There were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them.