

Heathcotes Care Limited

# Heathcotes (Mansfield)

## Inspection report

11 Lindhurst Lane  
Mansfield  
Nottinghamshire  
NG18 4JE

Tel: 01623424833

Website: [www.heathcotes.net](http://www.heathcotes.net)

Date of inspection visit:  
16 January 2019

Date of publication:  
11 February 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Heathcotes (Mansfield) is residential care home and provides accommodation and personal care for up to five people living with mental health, a learning disability and or autistic spectrum needs.

People's experience of using this service:

Incidents were acted upon and recorded, but the registered manager could improve the way in which incidents and low-level behaviours, were reviewed and how lessons were learnt. This included a more detailed analysis of behaviours such as themes and patterns to improve understanding and outcomes.

We have made a recommendation about the management of incidents.

Body maps were used to record any injuries a person sustained through accidents or incidents, but the monitoring of injuries was not recorded to confirm what action had taken place. This was discussed with the registered manager and established was a recording issue.

Staff had guidance on managing people's behaviours that was detailed, but information was repetitive in places meaning information was not easy to follow. People told us they felt safe living at Heathcotes (Mansfield) and staff had received safeguarding training and had policies and procedures to support their practice in keeping people safe.

People received the right level of support to meet their individual needs. Medicines were managed in accordance with national best practice guidance and people received reviews of their prescribed medicines. The prevention and control measures of infections were understood by staff and the service was found to be clean.

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 support this practice.

People were involved in menu planning, food shopping and meal preparation as much as possible and healthy eating was encouraged. People's healthcare needs and wellbeing had been assessed and was monitored, referrals had been made to external healthcare professionals when required.

Staff received an induction on commencement of their employment and ongoing training, and opportunities to discuss their work and development needs.

Support plans had been developed with people and were regularly reviewed with the person and or their relative or representative. Information supported staff to understand what was important to people, including diverse and cultural or religious needs.

People had access to the provider's complaint procedure and they were encouraged through one to one meetings, to talk about any concerns or complaints. Discussions and plans had been had with people about end of life wishes.

Staff felt supported by the registered manager and partnerships had been developed with a range of health and social care professionals. Quality assurance processes were in place to help identify good practice and areas for improvement.

More information is in the full report

Rating at last inspection:

Good (report published 29 April 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Heathcotes (Mansfield)

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

Our inspection was completed by two adult social care inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 comprehensive inspection was unannounced.

#### What we did:

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return(PIR). This is information we require providers to send us at least once annually to give

some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we spoke with three people who used the service. After the inspection site visit, we contacted relatives of people who used the service for their views and received feedback from four relatives.

We spoke with the registered manager, the regional manager, a team leader and three support workers. We looked at the care records of three people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records. After the inspection the registered manager sent us further information within the time scale allowed in relation to, the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People and relatives told us they felt staff supported them to remain safe. A person said, "I feel safe living here, there is always staff around." A relative said, "The home is much better now in dealing with problems, they are now trained to calm [relation] down and they can anticipate their next move." Safeguarding information was available to people and discussed in meetings to enhance their understanding.
- Staff were aware of the action required to protect people from abuse, avoidable harm and discrimination. Staff had received safeguarding training and used the provider's policies and procedures to inform their practice.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.

### Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed and planned for. Some people experienced periods of heightened anxiety that affected their behaviour. Staff had detailed guidance of the possible triggers and behavioural strategies required to support people safely and effectively. However, guidance to support staff of how to meet people's behavioural needs was repetitive and not easy for staff to follow. The regional manager agreed and told us improvements were required to how guidance was recorded.
- Shortfalls were identified in the recording and monitoring of people's needs. For example, body maps were used to record any injuries people sustained. However, people's daily records, staff hand over information and health records, did not show how and if, staff monitored these injuries. The registered manager agreed this was not documented but assured us monitoring had occurred.
- Staff had received accredited training in physical intervention and were clear that the use of physical intervention was a last resort. The registered manager told us the use of physical intervention had significantly reduced, because staff had developed greater understanding and skills in the use of diversional techniques. We saw how staff responded to a person's anxiety, this was managed effectively and the person soon calmed and participated in activities.
- Risk assessments and health and safety checks had also been completed for the environment and premises. This included risks associated with fire and legionella, a water infection that can cause serious illness. Staff had access to the provider's business continuity plan that advised of the action required should there be an event that affected the safe running of the service.
- Restrictions were minimised because people and others such as relatives and external professionals, were involved in decisions as fully as possible. For example, a person required staff support to access the kitchen safely. We saw how staff provided this support. However, it was not clear why and how a decision had been made about the frequency a person had a drink. We discussed this with the registered manager, who agreed to review this to ensure the person did not have any undue restrictions placed upon them. After our inspection we followed this up with the registered manager, who confirmed changes had been made to the person's support.

### Staffing levels

- People were supported by sufficient numbers of staff that were deployed appropriately, to meet their individual needs and safety. People and relatives told us they were confident there were always staff available. Some people required additional staff support and we saw staffing levels reflected these needs.
- Safe recruitment processes were in place to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in staff meetings and one to one supervision meetings. Staff disciplinary procedures were used when concerns had been identified about staff practice.

### Using medicines safely

- Medicines were correctly ordered, stored, administered, recorded and disposed of in line with national best practice. We checked people's medicines administration records and these confirmed people had received their prescribed medicines.
- Staff had guidance about how people preferred to take their medicines, however, medicines prescribed to be taken 'as required' lacked specific detail. The registered manager took immediate action during the inspection, to improve this guidance for staff.
- Staff had received training in medicines management, including competency checks and had policies and procedures available that were up to date to support their practice.
- People's medicines were regularly reviewed.

### Preventing and controlling infection

- Staff were aware of the measures required in the prevention and control of infections. Staff had received infection control training and had policies and procedures to inform their practice.
- The service was found to be clean, records were completed to show how cleaning and hygiene standards were maintained.
- The local authority food agency inspected the service in 2018 and awarded a rating of four. We saw actions to address the shortfalls had been made, this included the storage of refrigerated foods.

### Learning lessons when things go wrong

- Staff completed accidents and incident records and these were reviewed to consider if lessons could be learnt to reduce further risks.
- A log was kept on when physical intervention had been required and the registered manager was required to report incidents to the senior leadership for further review and analysis.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.
- Assessments of people's needs were detailed and focused in the interests of the person. People and relatives and or their representative, had been involved in the assessment process. People's expected outcomes were identified and reviewed on a regular basis. This included promoting independence and achieving goals and aspirations.

Staff skills, knowledge and experience

- Staff had received an induction that included the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment.
- Staff also received opportunities to shadow experienced staff at the commencement of their employment.
- The provider ensured staff completed refresher training, essential to meet people's health and safety, and training which was more specific to individual needs.
- Staff received regular opportunities to discuss their work, training and development needs and were positive of the support they received.
- Relatives described staff as being competent and knowledgeable about their relations needs and preferences. A relative said, "I have peace of mind and they (support workers) know them [relation] very well"

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered a choice of meals and healthy eating was encouraged. A person told us they liked the food choices available. A relative told us their relation had been over weight that had caused health concerns. They said, "[Relation] had tested positive for diabetes, but staff have improved their diet and managed to reduce their blood sugars to within normal range and they were able to come off the diabetic tablets."
- Staff were aware of people's preferences and told us how people were involved in menu planning, shopping and meal preparation. We saw people were involved in choosing their drinks and lunch options. A person told us how they were able to make snacks and drinks independently. We saw staff used slimming world recipes to support them in providing healthy meals.
- Food was managed and stored safely following best practice guidance. Food stocks were low on the day of our inspection, but the registered manager told us staff went shopping daily. In addition, an extra freezer

was being purchased to increase storage capacity.

- At the time of our inspection, no person had any dietary needs associated with religious or cultural needs. People's weight was monitored and action was taken if concerns were identified such as contact with the GP or a dietician.

Staff providing consistent, effective, timely care

- People's health needs were assessed and monitored, and staff supported them to access health appointments. Relatives were confident that health needs were understood and managed well by staff. A relative said, "[Relation's] health is monitored and well cared for."
- Staff had detailed guidance of how to support people with any health conditions and worked well with external healthcare professionals in meeting people's needs.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, NHS Hospital Passports', were used to record and share information with ambulance and hospital staff, about a person's health and social care needs in their ongoing care.

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

- The environment met people's needs and safety. People had access to communal areas and a front and back garden. One person told us how they had purchased their own summer house that was situated in the garden and they enjoyed spending time in. Another person had their own patio area that led off their bedroom. They told us how they had bought hanging baskets and spent time in this area.
- People were involved in choosing the décor and furnishings in their bedrooms and communal areas. People told us they were happy with their living environment.

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

- Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Where required, people's mental capacity to make decisions had been assessed. overall, best interest decisions were made with the involvement of appropriate people such as relatives and staff. However, we identified there were some inconsistencies in the recording to show who had been involved in discussions and decisions. We discussed this with the registered manager who assured us they would act to make improvements. Relatives confirmed they were involved in decisions.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager made DoLS applications where necessary. Where conditions had been made, we saw action was being taken as required.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People received care and support from a staff team that knew them well and had developed positive relationships with them. People told us they liked the staff. Relatives were positive about the approach of staff. A relative said, "[Relation] is without doubt part of the family-like community of Heathcotes (Mansfield) for which we are very grateful."
- We saw how staff engaged with people in activities of their choice and responded to requests of support or periods of heightened anxiety. Staff were calm and relaxed in their approach and this created a good atmosphere. From people's smiles and relaxed interaction with staff, it was evident they were comfortable within the company of staff.
- Staff were positive about working at the service and demonstrated a good understanding of people's needs, routines and preferences. There was an established staff team who were seen to work well together and were caring and responsive to people's needs.
- People were encouraged to be independent and some people had developed skills which meant they were looking to move onto supported living settings.

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

- People were encouraged and involved as fully as possible in their care and support. This included making decisions about their day to day care, such as what to wear and how to spend their time. People also received opportunities to meet with staff on a one to one basis to discuss their views and wishes. Relatives told us they were involved in their relations care. A relative said, "We read the care plan every six weeks and we've just done that and signed it."
- Easy read support plans and meeting records were used to support people's communication and engagement.
- People were supported to access independent advocacy services when required.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of respecting people's space and providing care that was dignified and respectful. A person told us they felt staff respected them and were pleased they had opportunities to develop their independence. This person said, "I can do things for myself but the staff are around to help me if I need it." Relatives were positive that staff provided care and support that was dignified and respectful.
- Staff were seen to support people's independence with daily living tasks. A person told us how they liked to clean and tidy their own room. Another person told us how they went to the local shops independently. People's support plans also provided guidance to staff about promoting independence and choice making.
- People's personal space was respected, staff did not enter people's bedrooms without seeking permission from people to do this.
- People were supported to maintain contact with family and friends and there were no restrictions on

visitors to the service.

- People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered provider had a policy and procedure that complied with the Data Protection Act.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs  
People's needs were met through good organisation and delivery.

#### Personalised care

- People received care and support that reflected their individual needs and preferences. Staff had detailed guidance of what was important to people in understanding and meeting their needs and preferences. This included important life history. A relative said, "They (support workers) really know [relation] now, they're smashing with them, they know all their little ways and they can tell when they're building up to a seizure."
- Social inclusion was encouraged and supported. A person told us how they enjoyed attending a community group where they participated in outdoor pursuits and orientating. People accessed local community facilities such as the local library, shops and parks. Another person enjoyed going to the outdoor community gym to help maintain their physical health.
- People told us of the holidays staff had supported them on or were planning. One person told us they preferred day trips instead of being away and how staff had enabled this to happen. We saw photographs of these day trips that showed the person enjoying themselves.
- People were supported with goals and aspirations. Meetings were held with people to discuss the support they received, including activities and opportunities they would like to experience. For example, a person wanted to experience a holiday abroad. We saw in December 2018 this person was supported by staff go on a ferry to a German Christmas market. They are now planning a short haul flight to Dublin and will go further afield if this is successful. Another person wanted to do a music course and a music teacher visited them.
- People were supported with their diverse needs including religious or spiritual needs. The registered manager told us how a person sometimes requested to attend a local place of worship and how they were supported with this.
- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had detailed guidance about people's communication needs and we saw staff used effective communication. This included the use of body language and gestures to understand people's needs. The registered manager gave an example of how they had sourced an interpreter for a person who had used the service in 2018 because English was not their first language.

#### Improving care quality in response to complaints or concerns

- The provider's complaint procedure was available for people and provided in easy read to support people's communication. Complaints were also discussed with people in one to one meetings. Relatives told us they any concerns raised had been dealt with.
- The registered provider told us they had not received any complaints within the last 12 months.

#### End of life care and support

- People had been supported to consider their end of life wishes and this information was recorded to inform staff.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The registered manager signed incident forms to confirm they had reviewed them. We were concerned that a behavioural incident had occurred that could have been avoided and the registered manager had not identified this. The person's anxiety and change in mood resulted in a behavioural incident, that was a direct result of a staff member's comments to the person that was insensitive and unnecessary. We discussed this with the registered manager, who agreed and acknowledged this was the case and that they should have picked up on this concern.
- Additional forms known as Antecedent Behaviour and Observation (ABO) were used to record people's low-level anxiety and behaviours. However, the registered manager confirmed these were not reviewed to monitor behaviour to try and understand why incidents had occurred. We asked the registered manager if there was any analysis of behavioural that considered any themes and patterns such as time of day and staff on duty. The registered manager told us whilst they reported incidents to senior managers who did some analysis, it was not to this level of detail. This was a missed opportunity to effectively review and monitor people's anxiety.

We recommend that the service seek advice and guidance from a reputable source, about the process to analyse all incidents to support understanding and consider lessons learnt.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People and relatives were positive that care and support was individual and responsive.
- Relatives told us there was good communication from staff and that they were kept informed of any issues or concerns.
- Staff told us they felt valued and involved in the development of the service.

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

- Roles and responsibilities were understood by staff and we found staff were organised and worked effectively together.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.
- The provider's previous inspection was displayed on the provider's website and at the service.
- The provider had systems and processes in place that monitored quality and safety. This included daily, weekly and monthly audits and checks. In addition, the provider's quality assurance team and regional

manager carried out further monitoring. Actions identified for improvement were identified with who was responsible and timescales for completion.

Engaging and involving people using the service, the public and staff

- People received regular opportunities to share their views about the service. Relatives told us they felt involved and were invited to share their feedback either direct to the registered manager or via an annual questionnaire. A relative said, "You know, it is astonishing really that we cannot put forward any suggestions for improvement."
- Staff told us the vision of the organisation was to support people to be as independent as possible, and for them to move on to supported living when they could. We saw staff demonstrated the provider's values within their day to day work.
- Staff were all complimentary of the registered manager. They felt they were open and supportive of the team. One of the longer serving staff members said, "He is one of the best we have had since I've been working here." Another told us the manager worked 'on the floor' when needed, and did not just stay shut away in the office.

Working in partnership with others

- The registered manager told us how they worked with external professionals in meeting people's needs. This included seeking further guidance and support when required and how important information was shared.
- The registered manager showed a good understanding of the principles of social inclusion and advised how people led active and fulfilling lives.
- The registered manager attended internal management meetings that supported shared learning. They also used alerts from CQC and other organisations to keep up to date with best practice and researched information when required.