Heathcotes Care Limited

Heathcotes (Dawson House)

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 8 and 11 December 2017 and was unannounced. This was the first inspection since this location registered with us on 31 October 2016. The service was previously registered with us under a different provider.

Heathcotes, Dawson House, provides 24-hour residential care for adults with learning disabilities, autism and associated challenging behaviour. The service had seven en-suite bedrooms on the ground and first floor. The first floor rooms were accessible by stairs. There was a modern kitchen diner, two communal lounges and a well-maintained garden.

A registered manager was in post at the time of our inspection. 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.

People indicated they felt safe living at Dawson House and relatives we spoke with confirmed this. There were enough staff on duty to keep people safe and staff knew the systems and processes in place to protect people from harm. People and staff were encouraged to raise concerns and staff told us they felt they were listened to.

Staff protected people from risk while minimising restrictions on people's choice and control. This gave people the independence and freedom to try and experience new things while still being safe.

People had good continuity of care by a staff team who knew people well. Staff attended training which gave them the knowledge and skills to support people effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Medicines were managed safely and people received their medicines when they needed it. The service was undergoing a plan of essential maintenance and risks to people during this period were assessed and managed to help ensure people were kept safe.

People were supported to take part in interests and activities they enjoyed.

People were encouraged to make health choices about their food and supported to have sufficient amounts to eat and drink. Risks associated to people's diet had been identified and staff knew what to do to manage this risk. Staff supported people to access the healthcare services they needed to maintain their health and referred people to specialist support when necessary.

Care records were focused on each person and gave a complete picture of the individual including their physical, mental, emotional and social needs. Staff understood the best ways to communicate with people

and used a range of techniques including visual systems to help people communicate their needs. Recognised techniques were used to enable staff to support people as individuals when they became upset or anxious so people experienced positive outcomes in terms of managing behaviour which challenged others.

The provider listened to and acted on complaints. Information was available for people and their relatives to make a complaint and relatives were confident the registered manager would respond appropriately if they raised any concerns.

Leadership was visible across the service and the registered manager, regional manager and staff had a good understanding of their roles and responsibilities. The provider had a range of audits in place to assess, monitor and drive improvement. When things had gone wrong lessons were learned and this was shared across the service.

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.
Staff understood how to respond if they suspected people were being abused to keep them safe.
Staff knew how to manage the risk people may face.
There were enough staff on shifts to support people and the provider followed robust recruitment procedures.
Staff managed people's medicines safely.
People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.
People's needs and choices were fully assessed. Staff were supported to meet people's needs with training, supervision and appraisals.
Staff understood people's food choices and gave choice while offering healthy options.
Staff supported people to access the healthcare services they needed to maintain their health.
Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.
Staff were kind, attentive and knew people well including their preferred method of communication.
Staff respected people's right to be treated with dignity and right to privacy particularly when receiving care.

Is the service responsive?

Good

The service was responsive.
People's care records were centred on them as individuals and were responsive to their needs.
People were supported to follow their interests and take part in meaningful activities.
Family members or friends had no restrictions placed on them when visiting the service.
The provider was responsive when dealing with people's

concerns and maintained appropriate arrangements to deal with complaints.

Is the service well-led?

Good

The service was well led.
There was visible leadership at the service and staff knew their role and responsibilities.
Good quality assurance systems and audits helped monitor and improve the service.
Lessons learnt were used to drive improvement. The registered manager was aware of their CQC registration responsibilities.

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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 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.

This comprehensive inspection took place on 8 and 11 December 2017. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. 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.

During our inspection we spoke with two people using the service and observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because some people were unable to express their experiences of the service verbally. We spoke with the registered manager, the area manager, three staff members and one person's advocate who was visiting the service. We looked at records which included three care plans, three staff files, medicine records and other records relating to the management of the service.

After our inspection we spoke with two relatives of people using the service and the registered manger sent us additional information concerning staff meetings and quality checks.

Good

Is the service safe?

Our findings

People we spoke with told us or indicated to us that they felt safe. One person told us, "I'm ok, I'm happy." We observed people and noted they approached staff without hesitation and were comfortable in staff company. Relatives told us they were happy with the care their family members received and were confident people were safe. One relative told us, "We are very happy with Dawson House and so glad [family member] is there."

Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported. Staff told us they would use the provider's whistleblowing reporting line if they felt they needed to report their concerns anonymously or were uncomfortable speaking with their manager. Information was available for people in a clear pictorial and easy read format. This explained what people needed to do if they were unhappy or felt unsafe and who they should speak with. The service had systems to manage and report whistleblowing, safeguarding, and safety incidents. There were arrangements in place for reviewing and investigating events and lessons learnt were shared at staff and manager meetings.

Risk assessments were in place to help keep people safe but also to promote their independence both at the service and in the community. These included guidance to staff on how people could take positive risks to be able to live as normal life as possible. Staff we spoke with understood people's individual risk needs and how to best support them. For example, one staff member explained how they encouraged one person to eat slowly to reduce the risk of choking. When people's needs had changed their risk assessments were updated accordingly.

There were sufficient numbers of staff on duty to keep people safe .People's needs were met in a timely manner. Staff rotas showed that staff support was planned flexibly to accommodate outings, activities and healthcare appointments and records we saw confirmed this. During our inspection staff were always visible and on hand to meet people's needs and requests.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines. This included how people liked to take their medicine. Guidance was in place for staff when people needed medicines 'as required' or only at certain times. This included signs and symptoms for staff to note especially if a person was not able to explain how they were feeling. This helped ensure staff understood the reasons for these medicines and when and how they should be given. Staff had completed training with a local pharmacy on the safe handling of medicines

and their competency to administer medicines was checked regularly to make sure practice was safe. Designated staff carried out regular medicines audits to ensure any issues or errors were picked up and addressed quickly.

People lived in a safe, homely environment that was clean and comfortable. However, we saw some external areas that required maintenance such as gutters and windows as well as internal issues such as broken tiles in one person's bathroom. We noticed that most people had radiators in their rooms and bathrooms that were very hot and there was a risk of burns to people if they fell or had any prolonged contact with the surface. We spoke to the regional manager and the registered manager about our concerns. The registered manager explained they knew radiators needed to be replaced and we were shown recent quotations received from companies to do this essential work, we were told this would be completed as soon as they were able. We discussed the Health and Safety Executives guidance on managing the risks from hot water and surfaces in health and social care and after the inspection the registered manager sent us risk assessments to show that people's risk had been individually assessed with regard to hot surfaces and gave details of how this risk would be managed until the radiators had been replaced. This gave us assurance that the risk to people was being managed appropriately in the interim period.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures available for staff. We saw personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

Good

Is the service effective?

Our findings

People's needs and choices were continually assessed according to their needs and care and support was planned and delivered in-line with current evidence based guidelines. People's care records were updated accordingly and identified choices, preferences, goals and aspirations together with guidance to staff on achieving the best outcomes for people. Staff were trained in PROACT-SCIPr-UK this stands for Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention. This technique enabled staff to support people as individuals using prescribed intervention when they became upset or anxious. Staff also received other service specific training such as autism, mental health and epilepsy awareness. We saw examples of strategies used in people's care records including recognising signs in people's behaviour or situations that may trigger an event and actions staff can take to help de-escalate a potential incident.

People were supported by trained staff who undertook mandatory and refresher training. Staff received an induction when they first started working for the service, this covered training deemed by the provider as being necessary, such as manual handling, fire hazards, basic food handling, person centred working and safeguarding. Staff were also required to complete the Care Certificate (a set of recognised standards) as part of their on-going training and induction. In addition to service specific training staff were encouraged to participate in further qualifications such as the Qualifications and Credit Framework (QCF). Records we saw confirmed that almost half of staff achieved or were enrolled in level 2 or 3 qualifications.

Staff received regular supervision and yearly reviews of their work performance. This helped the provider review staff development and day to day practices Records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs. Staff told us they felt well supported by the registered manager and had good opportunities to further their skills and learning.

People were involved in decisions about their food and supported to have enough to eat and drink. The dining room had enough tables and chairs for everyone to eat together if they wanted to. We observed lunchtime at the service and noted the food was cooked and prepared well and people enjoyed both the food and the social experience. People and staff were chatting, happy and smiling and the atmosphere was relaxed. Staff told us food choices were discussed during regular service user meetings and we were shown the pictures and cookery books used to help people make choices. People's likes and dislikes were recorded in their care records along with any special dietary needs.

People were supported to access the healthcare services they required and staff gave people the information they needed about their care and support options. For example, one person told us about a visit they were making to their dentist that afternoon. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals together with the reason for the visit, the outcome and any follow up action required. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used by people to take to hospital or healthcare appointments to

explain to healthcare professionals how they liked to be looked after.

People's views were sought about the design and decoration of the premises, people's rooms were individualised with different colours and decoration. People had arranged their rooms as they wanted them with their photos, pictures and possessions. The layout of the communal areas downstairs meant people were able to socialise, watch television or listen to music if they wanted to or could choose to relax in a quieter space if they wished. We noted people had their preferences met during the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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 assessed people's capacity around areas including finances, personal care and taking medicines. Where people lacked capacity, best interests meetings were undertaken with health and social care professionals. The registered manager had assessed where a person may be deprived of their liberty and made applications to the local authority. Where people were subject to DoLS, details of the deprivation, the assessments supporting it and the duration it applied for were recorded and monitored.

Good

Is the service caring?

Our findings

Relatives told us they thought staff were caring one relative told us, "Dawson house is really good…staff are very friendly, co-operative and willing to please." Another relative said, "I am sure they care for [my relative] well. I am so relieved they are there." We observed people were relaxed and comfortable with staff, people were excited about Christmas activities and staff were talking and laughing with people throughout our visit.

During lunch most people sat in the dining room and staff spoke with people about their morning and afternoon activities. We observed staff to be kind and caring toward people, giving people the time they needed to respond to questions, listening carefully and acknowledging other forms of communication people used such as sign language and pictures. Care plans gave staff the information they needed to provide emotional support to people. For example, care plans gave guidance for staff when people were worried or upset. This included information on recognising signs or changes in behaviour when people were unable to verbalise. For example, one person liked to sit quietly and watch what was going on, if they felt people were coming into their personal space they may become upset. Details of facial expressions and body language were listed so staff knew what was happening, why and what they could do to stop an escalation of the person's emotions.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Staff seemed to really enjoy their jobs and the spoke about people with enthusiasm and warmth. Comments from staff included, "I enjoy talking to people ...spending time with them" and "I love caring for people. Looking after [people] and being happy, it is a good experience." Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and what was going well for them and what could go better.

The service made information available to people in accessible ways. Menus contained photographs of plated meals so people knew what they were having. Information about reporting concerns or making a complaint was available in an easy read pictorial format. Staff used various ways to communicate with people and worked hard to find what was best for them. For example, one person used a Picture Exchange Communication System (PEC's) while others preferred photographs. Social stories were used to help explain certain events for people and the registered manager gave a good example when the use of this communication technique helped them explain what had happened when a person's relative had passed away.

People were supported to make decisions about their care and this was helped by regular meetings with people's keyworkers. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. Advocates were made available when people did not have family or friends to support them with important or difficult decisions. Staff told us how they made sure people had choices in their day to day life such as the activities they wanted to do, the clothes they liked to wear and the food they wanted to eat.

People were supported around their cultural and spiritual needs. People who wanted to go to church were supported to do so and the service celebrated the cultural and religious events that people wanted to. For example, at the time of our inspection people were putting up Christmas decorations, decorating the tree and looking forward to their Christmas celebrations.

People's privacy, dignity and independence were promoted, staff gave us examples of the ways they respected people's privacy and dignity and we observed this during our inspection. One member of staff was the dignity champion for the service. The registered manager explained how they were able to provide updates and training during staff meetings and observe the day to day care staff provided to ensure people were supported in a dignified way.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. One relative told us, "Any concerns or medical needs they contact us." People received care that was personalised to them. People's records gave staff the information they needed about people's history, preferences, interests, goals and aspirations. People, their relatives and advocates participated in people's care plan reviews to ensure they continued to be person centred. If a person was unable to make certain choices or decisions they would involve family, friends or advocates to ensure each person's views were known and respected. We saw people's records contained information and details of best interest meetings around certain areas of their care.

People were encouraged to participate in the activities they enjoyed. One person enjoyed music, dancing, horse-riding and keep fit. They told us about the keep fit sessions they had recently attended and some of the exercises they had enjoyed. Another person was attending a drama group where they were performing in a Christmas play. Staff told us how well they were doing and the ways they encouraged and praised them. Later a relative told us how their family was invited to the performance and how much they enjoyed this. People, their relatives and advocates participated in people's care plan reviews to ensure they continued to be person centred.

People participated in activities of their choosing both inside the home and within the community. During our inspection we observed people preparing for activities both in the morning and the afternoon. People had their own activity plans which included shopping, bowling, trampolining, eating out, the gym, horse riding and swimming and staff told us of the people who enjoyed more physical activities and those who liked to watch. People had access to transport and a driver of the mini bus came in several times a week to take people out to various activities.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional. Relatives we spoke with told us how the service supported their family members on visits back to the family home and how there were no restrictions on relatives wishing to visit the service. One relative told us, "We can see [name of relative] whenever we like. There are no restrictions on visiting hours." Another relative told us how they regularly spoke to the registered manager to make sure everything was alright.

The registered manager explained people had regular one to one meetings with their key workers, where they spoke about activities, up and coming events and what people wanted to do. These were also used as an opportunity to see if people were happy or unhappy. Not all of the keyworker meetings were recorded and we spoke to the registered manager about ways to record the views of all people at the service during these meetings. The registered manager assured us that in the meantime staff would come to her if there were any concerns following these meetings or to discuss improvements and changes to the care and support that would make things better for people. Information was available in the service on how to make a complaint and what people should do if they were upset or unhappy. People's relatives told us they knew who to make a complaint to, if they were unhappy but the relatives we spoke to told us they had never had

to. One relative told us, "I've never had to complain, I just talk things over with the manager and it gets sorted out." All complaints were reported to and monitored at provider level. No complaints had been received in the last 12 months.

The registered manager had started to work with the local authority to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Good

Is the service well-led?

Our findings

People knew the registered manager well and throughout our inspection we observed people coming into the office for a chat or the registered manager speaking with people about their day to day activities. People were comfortable approaching the registered manager and we were told how the office door was left open for much of the time to encourage people to come in and have a conversation with more senior staff. Relatives were complementary of how the service was run, one relative told us, "Dawson House is excellent in every way." Another relative told us "[The registered manager] is very good she is very nice…I couldn't ask them to do anything better."

We spoke with the registered manager about their strategy to deliver high quality service. They told us how, having a consistent staff team gave people the continuity of care people liked. They told us, "We are good at promoting choice and involving people in day to day activities…staff really know people well." Staff told us they felt well supported and worked well with their managers and as a team. One staff member told us, "We [the team] are friendly to each other, we help each other, we are always teaching each other and making sure we are the best for each service user and for each other." Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included details of people's general well-being, learning from safeguarding, accidents and incidents and guidance to staff for the safe day to day running of the service. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

People were asked about their views and experiences and this information was used to help improve the service for them. Monthly service user meetings asked people if they were happy living at Dawson House and gave people the opportunity to comment on how the service was managed. For example, how they liked their bedrooms, the staff, the food and the activities they did. People were asked if they were happy and encouraged to raise concerns or make complaints if there were issues that were upsetting them. Regular newsletters were sent to relatives to give them information on the events and improvements at Dawson House. For example, the October 2017 newsletter gave updates on the new kitchen, news about a drama show some people were taking part in, staff training and recruitment.

The service worked in partnership with other agency's including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager explained how they were working with the local hospice to give staff the skill they needed in end of life care and had worked with the local authority to improve people's experience during hospital admissions.

There were governance arrangements in place that allowed quality performance, regulatory requirements and risk to be understood and managed to ensure people received good care. Staff undertook monthly and weekly health and safety checks such as reviews of fire drills, infection control audits and checks of people's medicines. The provider also carried out regular quality assurance visits to ensure that people were provided with a good standard of care and support and to drive improvement across the service. They looked at areas such as people's records, health and safety records, information reporting and carried out

observations to see how staff worked, people's involvement in making choice and the opportunities they have. The service was then rated by the provider on how well they were doing together with actions for improvement. We looked at the provider visit reports for October and November 2017 and noted Heathcotes Dawson House had been rated internally as a 'gold' service in November, reaching 90% of its quality checks. It was clear from conversations with the registered manager and staff that they were happy with the rating and how they performed with each staff member understanding their role and responsibility.

At provider level there were various systems in place to analyse complaints, accidents and incidents and identify areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events and looking at different ways to make things better for people. The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.