

Heathcotes Care Limited

Heathcotes (Wigston)

Inspection report

The Vicarage
Bushloe End
Wigston
Leicestershire
LE18 2BA

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12 May 2016

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Ratings

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

Summary of findings

Overall summary

We carried out our inspection on 12 May 2016. The inspection was unannounced.

The service provides accommodation for up to eight people living with a learning disability and/or autistic spectrum disorders. There were eight people using the service at the time of our inspection. The accommodation was over three floors and all the bedrooms had an en-suite washroom facility.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe using the services at Heathcotes Wigston. They felt safe due to staff ability and knowledge to meet the needs of people using the service. They were also confident in staff skills to protect them from avoidable harm and abuse.

There were enough staff to keep people safe and meet their individual needs. The registered manager determined staffing levels based on people's assessed needs. The provider had a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service. They involved a person using the service in the recruitment process.

People received their medicines as prescribed. The provider had effective protocols for their safe management.

Staff received the training they required to provide support that met people's individual needs.

Staff had a good understanding of the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to their work. They supported people in accordance with relevant legislation and guidance.

People were supported to have a healthy balanced diet that they enjoyed. They were supported to access health care services when they needed to.

Staff were caring. They also treated people with dignity and respect. They were knowledgeable about the needs of the people they supported. Staff communicated effectively with people who used the service and supported them to be involved in decisions about their care.

People's care plans reflected their individual needs and preferences. People's relatives were actively involved in the development of their relative's care plans.

People had access to a variety of activities. They were supported to be part of the community.

Staff provided support that was tailored to people's individual needs. They also supported people in ways that met their cultural and religious needs.

Staff felt supported by the registered manager. The registered manager fulfilled the requirements of their role.

The provider had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

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 knew what constituted abuse and neglect, and knew their responsibilities to keep people safe from harm.

There were enough staff with the relevant skills and experience to meet people's needs.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported and enabled to undertake training that allowed them to meet people's individual needs.

People were supported in accordance with relevant legislation and guidance. They were involved in decisions about their care and support. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005.

People had timely access to relevant health care support.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the needs and preferences of people who used the service.

Staff effectively communicated with people and ensured that they were involved in decisions about the care.

Staff supported people in a manner that promoted their dignity. They respected people's right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People's support was centred on their individual needs. Their care plans included comprehensive information about how they would like to receive their support.

People's relatives were involved in planning their care and support.

People and their relatives were encouraged to raise any concerns or complaints. The service provided opportunities to do so.

Is the service well-led?

The service was well led.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The registered manager understood and fulfilled the requirements of their role.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems drove continued improvements in the service.

Good ●

Heathcotes (Wigston)

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.

We carried out our inspection on 12 May 2016. The inspection was unannounced.

The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service, relatives of three people who used the service, three care staff and the registered manager. We also had email and telephone contact with health professionals who support people who used the service. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We also observed care and support being provided by staff in the communal areas of the home. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at Heathcotes Wigston. Their relatives also agreed that people were safe. They told us that this was due to staff ability and knowledge to meet the needs of people using the service. One relative told us, "[Person's name] is settled there." Another relative responded, "Oh yes! [Person] is definitely safe."

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They had good knowledge of what constituted abuse, and how to recognise and report signs of abuse. One member of staff told us, "It (safeguarding) is a big thing. There is more to safeguarding than just service user to service user abuse. It is keeping people safe from harm and abuse." They went on to say what they did when incidents occurred. They said, "The first priority with every incident is to keep the person or people involved safe and do all other documentation - ABC charts, informing social worker, safeguarding team and filling form." Staff knew how to apply the provider's protocols to report any concerns they had about people's safety and welfare. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. Staff comments included, "They are on the ball with safeguarding. The prevention techniques are fantastic," and "We have had training. The protocols are report to team leader, manager and work your way up to the ladder until CEO." Staff were also aware of external agencies they would report concerns to including the Care Quality Commission and the local safeguarding authority.

The provider had positive risk tasking practices. Staff provided relevant safeguards when they encouraged people to do things they enjoyed even where that carried a risk of physical harm. People's care plans included assessments of risks associated with their care and support. These included information for care workers about how to support people safely and protect them from avoidable harm whilst promoting their independence. For example, people using the service were supported to use gymnasiums in the community. These meant that people were able to engage in activities that increased their independence and confidence.

Staff used the provider's guidance when they dealt with accidents and incidents. They ensured that they applied the information in people's care plans to keep them safe and recorded the incident correctly. Senior staff thoroughly investigated incidents and action plans were developed where relevant to minimize the risk of the incident reoccurring. Staff told us that they had access to a debrief following an incident and that supported them to promote safety more effectively. One member of staff told us some of the steps they took to record accidents. They said, "We would always complete a body map even if there was no bruise because a bruise may appear the next day and it is good to know what may have led to it."

There were enough staff to keep people safe and meet their individual needs. The provider determined staffing levels based on people's assessed needs. We reviewed records which showed that staffing was maintained at a safe level, and that the provider was flexible with staffing arrangements to ensure that people's needs were consistently met.

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service. One way the provider sought to achieve this was to involve a person using the service in the recruitment process. This person was involved in recruitment interviews and asked job applicants questions about things that are important to them. Their views about applicants were taken into account. The team leader told us that they had plans to include another person who used non-verbal communication in the recruitment process as this will also help them see how potential applicants would respond to and engage with this person. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. Records we saw confirmed that the checks had been carried out.

People received their medicines as prescribed by their doctors. The provider had safe protocols for managing and administering people's medicines. Medicines were stored securely and safely.. The provider had medication signing out sheets; this meant that staff could still administer medication to people when they accessed the community for social inclusion activities. Only staff that had been trained to administer medication did this. Medication audits were carried out two times daily to ensure that all medication had been given correctly. We reviewed records that showed that a senior member of staff completed a weekly medication audit which ensured that medication had been stored and administered correctly. The provider had protocols which guided staff on when and how to administer medicine which had been prescribed 'as required'. The provider's protocols had been checked by a GP.

Is the service effective?

Our findings

People were supported by staff who received the training and support they required to deliver effective care. Relatives were confident in staff's ability to meet people's individual needs. One relative exclaimed, "Honestly, the carers, I cannot believe how good they are!" Staff told us that the training they received sufficiently equipped them to carry out their roles and responsibilities. Staff comments on their training included, "Training is fantastic. They [provider] are on the ball with training," "I enjoy the training, NAPPI refresher, MAC and DoLS etc." and "Training is good and helpful."

The provider had a training programme which ensured that staff were skilled to support people whose behaviour may challenge others. Staff were up to date on this training. We also observed staff interactions when they supported people whose behaviour may challenge others, staff were confident, measured and reassuring in the support that they offered. Staff told us that when there was an incident where a person behaved in a way that may challenge others, that they received an 'instant supervision' which was an opportunity for them to meet promptly with a senior member of staff to "offload and reflect" on the incident and discuss how to support people in a way that prevented a re-occurrence of the incident. We observed that staff communicated effectively with people. They sought their consent before they provided support. They offered people choices and used various tools such as pictorial aids to support them to make decisions about their care and support.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had made applications to the local authority for DoLS authorisation for people that required this. This meant that people's liberty was only deprived when it is in their best interest, and that it is done in a safe and correct way.

Staff that we spoke with had a good awareness of MCA and DoLS and its relevance their work. They ensured that they consulted relevant people who were involved in people's care when they assessed people's capacity to make their own decisions. People's assessments specified which decisions they required support to make and what level of support that they required. Records also showed that staff considered that people may require additional support in periods of relapse of their mental health and how they would support them during such times to make decisions as independently as possible.

People were supported to have a healthy balanced diet that they enjoyed. Care plans included information about people's nutritional requirements. Relatives were confident that people's nutritional needs were met. One relative told us, "[Person's name] likes his food." Another relative said, "The manager is keen on good food." Staff were aware of the specific needs and individual preferences of people. One member of staff told us, "Meals are cooked to people's specification." People were offered a choice of meals. People told us that they were involved in planning and shopping for their meals. We saw records of staff supporting people to plan a healthy menu. One person was happy to show us some of their menu.

People were supported to have prompt access to health care services when they needed it. We reviewed records which showed that staff were proactive in seeking medical advice and support for people. A relative told us, "One of the carers is really hot in making sure that people get the health care they need." Staff requested home visits where needed to ensure that people received the required health support when they were not able to attend health appointments. Staff supported people to monitor their health through regular weight monitoring and annual health checks. Staff used this information to regularly update people's care plans to reflect their current needs and the support required to maintain their health. We received mixed responses from health professionals on staff's response and consistency to their recommendations for monitoring people's health. We spoke to the registered manager regarding the issues that were raised by professionals. The registered manager had identified some of the issues raised and assured us that they would follow these up to ensure that staff provided support and prompt feedback to professionals as part of their health monitoring.

Is the service caring?

Our findings

People's relatives complimented the caring attitudes of staff. One relative told us, "Carers talk to [person] like she is one of them and not a service user." They went on to tell us how a member of staff would give [person] their phone so that they could listen to the music they liked. They said, "I couldn't believe the difference they've made." Another relative said, "I like the staff. [Person] likes being there. He is pleased." A health professional told us, "We've seen positive interactions from staff." We observed that staff supported people in an attentive manner, ensuring that support was measured to the pace of the individual and was not task orientated. Staff were cheerful, and reassuring in their interactions with people who used the service. We observed that there was a relaxed atmosphere in the service. A relative said, "It is a properly family orientated place."

People and their relatives were involved in decisions about their care and support. All the relatives we spoke with told us that staff involved them and people using the service in planning their care and support. They also told us that they had good experiences of communication with staff. A relative said, "Carers talk to [person], they tell her what they are going to do, and she tells them her choice. They treat her 'normal'." Another relative told us, "They [staff] are very on the ball with communicating any changes or incidents."

People were supported to be as independent as possible. Staff told us, "I am here to give them good care and keep them safe, it's their home they can do what they want." We saw that staff supported people to be involved in doing their own laundry and meal preparation as much as possible.

Staff that we spoke with were knowledgeable about the people who used the service. They knew their needs and preferences, and had the skills to support these needs. We saw that staff applied this knowledge when they supported people. They communicated with people using tools that were relevant to the person's communication style. Staff used Makaton which is a form of sign language and pictorial aids to offer people choice and enable them make their own decisions. A member of staff told us, "I would give them a choice by using 'pec' cards and pictures to communicate with the individual. If they are vocal, I would always ask them what they would like to do." Pec cards are used as an alternative method of communication using pictorial prompts.

The provider offered people access to advocacy services. This enabled people who required additional help to make their decision to do so with professional support. We reviewed records which showed that a person using the service had active support from an advocate. Staff were aware of people who needed support from an advocate and promptly requested an advocate to enable people to have the support they needed to make informed decisions about their care.

Staff respected the privacy and dignity of people who use the service. Staff gave examples of ways they ensured that people's privacy and dignity was promoted during care delivery. One member of staff told us that they did this by knocking before they entered people's room, seeking people's consent before they provided support and being discreet when they supported people with their personal care tasks. We reviewed records that showed that the registered manager flexibly planned staffing in a way that maintained

people's dignity. For example, we saw that male members of staff were not allowed to support a female with her personal care needs in order to maintain her dignity.

People's relatives and friends could told us that they could visit them without undue restrictions.

Is the service responsive?

Our findings

People were supported by staff who responded to their needs and helped them achieve their goals. Staff did this in a way that took into account people's strength and individuality. For example, the registered manager told us how they had purchased a bicycle for a person who was very physically active and they regularly rode with staff to the local park. They told us that this enabled the person to have their preferred level of physical activity and engage in other activities in the local park. During our visit, we saw that a person was being supported to go to the gym. The registered manager told us that they had paired person who wanted to engage in exercises with a member of staff who was skilled in this area. A staff member told us, "[Person's name] requested to join a gym and that was actioned. Anything that will encourage their health, we encourage too. Two people have joined the gym, you can see their bodies change." A relative told us, "What [person] asks for, they [staff] get it. It is different from her former home. I cannot believe what a different woman she is."

People's care was centred on their individual needs. One relative told us that staff respected and responded to person's individuality and that they felt this had caused the person to become more confident. They said, "[Person] has come out of herself. I'm amazed, I love it! We saw that people's bedrooms were personalised to their preferences. We saw that a person had their bedroom decorated in the colours of their favourite football team. People had pictures of their family hanging on their walls. The registered manager told us that that they were in the process of putting up a high ceiling train track in the bedroom for a person who liked trains. We saw that one person had alternative flooring in their room. The registered manager told us that this was because the person was at risk of carpet burns.

We saw that staff provided the support that met people's cultural needs. They had access to products, food and social activities that represented their identity.

People were not socially isolated. They had access to a variety of activities and were supported to be part of the community. A person using the service was very happy and excited to tell us that they were going out to the pub for a 'shandy'. They said they enjoyed "playing football, going out to the local supermarket to do the food shopping, going bowling with staff and my friends here." A relative told us, "They take [person] to the pub, swimming etc." Another relative said, "We requested they take [person] to church. They take her because someone we know tells us, so we know she goes." This also showed that staff supported people to follow their faith. A staff member told us, "Activities are flexible and varied. When it comes to activities, this is the best company so far." Two people were on holiday at the time of our visit. The registered manager showed us pictures of people enjoying activities on their holiday. We saw that the service had a sensory room which people could access easily. Staff also took sensory equipment to a person's room for their use to ensure that their sensory needs were met.

People were supported to maintain relationships with people that mattered to them. The registered manager made provision for staff to support people to visit their family. A relative told us, "They take [person] to visit my daughter." Another relative told us that staff arranged for them to have visits from person using the service.

People's care plans included detailed information about their personal preferences, specific needs and their hopes and dreams. Staff involved people's relatives in the development of their care plans and in the review of their daily support. We saw records that showed that staff regularly met with people's relatives to discuss and plan their care. A relative told us, "We are involved in care planning." They said, "The manager came out and spoke to us, they went through [person]'s support plan."

Staff told us that they supported people to know their rights to make a complaint if they were unhappy with any aspect of their care. They did this every three months at peoples' review meetings.

Relatives told us they were able to make their views known or raise concerns at any time and were confident they would be listened to. A relative told us, "I am not worried about anything. If I was, I know how to raise it." Another relative said, "I can raise concerns with them [staff] and I am happy it will be dealt with."

We reviewed the provider's complaints log and saw that they promptly responded to any complaints in line with their complaints procedure.

Is the service well-led?

Our findings

People's relatives told us that they were satisfied in the quality of the service that people received and the way that the home was managed. They felt assured that people were well looked after in the service. A relative said, "It's been brilliant. [Person] has come on in leaps and bounds. [Person] is settled." Another relative said, "As far as we are aware, it is fine. We always get good reports. Everyone is helpful. We are happy as parents, [person] seems happy."

The service went through a period of having no dedicated manager and had support from other managers within the organisation. Staff told us that they felt that the quality of service they provided to people improved since the registered manager was recruited. A member of staff told us, "It is much better now there is a manager, the house is more positive." Another said, "[Registered manager] is very supportive. It is good having that direction and he will always tell you what you need to do better." A health professional told us, "[Registered manager] has been engaging."

Staff told us that the registered manager and team leaders supported them to meet the standards they expected of them. They did this through training and supervision. Senior staff regularly completed audits to check that people received their care safely from staff. We reviewed records that showed that staff received regular supervision. At supervision meetings, staff and their manager discuss the staff member's on-going performance, development and support needs, and any concerns. A member of staff who had recently joined the service told us, "I've always been reassured. The amount of support I've received from all three team leaders and the manager has been fantastic." They went on to say, "[Registered manager] encourages staff to get training. There's always a way to progress through training or career progression; and that boosts staff morale. I can honestly say that the management systems are on the ball."

The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They notified the Care Quality Commission of relevant events at the service.

The provider had quality assurance systems for assessing and monitoring that they provided a good quality of service. The provider's quality assurance procedures consisted of monthly 'provider visits' where managers of other homes within the organisation carried out checks and observations which included ensuring that staff promoted the values of the service. They used a traffic light system to identify the quality of the service at the time of the visits. We reviewed records of these visits and saw that the service had made sustained improvements and that the home had improved from 'amber' service in December 2015 to 'green' and had maintained this.

The provider also audited their systems at a service level every three months. A senior manager at the organisation was completing an audit on the day of our visit. We reviewed details of these audits and saw that staff used this to improve the service by making the identified improvements recommended in the audits. The results of the audit showed that the quality of service continued to improve.

The registered manager also monitored the service they provided through questionnaires to people who

used the service and their relatives. We saw records of questionnaires that they received shortly before our visit. We saw that they took the feedback they received on board and developed an action plan of how they would address the issues raised by respondents.