

Heathcotes Care Limited

# Heathcotes (Magna)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Heathcotes Magna is a residential care home for people living with Learning Disabilities and Autism. Heathcotes Magna was providing personal care to six people at the time of inspection. The service can support up to six people in one adapted building.

People living at Heathcotes Magna have their own bedrooms with en-suite bathroom, and a shared living room, dining room, kitchen, downstairs bathroom and garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager and provider had worked to improve oversight of the service and had acted to address concerns and issues identified during our last inspection.

People were safeguarded from harm and abuse. Staff supported people to be as independent as possible and took steps to minimise risk.

People were supported by staff who had been trained and had relevant experience and knowledge to meet their needs.

People were supported to make decisions and have control over their lives. Staff worked alongside health and social care professionals to ensure that people received good quality care.

The service was well-led, and staff felt supported by seniors and the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 August 2019) and there were multiple breaches of regulation.

Following our last inspection, we issued requirement notices on the provider. We required the service to be compliant with Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13 (Safeguarding service users from abuse and improper treatment)

of the Health and Social Care Act 2008, Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 (Staffing) of the Health and Social Care Act 2008 by 20 September 2019 .

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced inspection of this service on 8 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, staffing and to safeguard service users from abuse and improper treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service is Requires Improvement and has remained the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Magna on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe from harm and abuse, but were supported to take positive risks which promoted their quality of life.

### Is the service effective?

Good ●

The service was effective.

Staff were supported people to have choice and control over their lives which enabled people to feel empowered and independent.

### Is the service well-led?

Good ●

The service was well-led.

Staff were supported and guided by a registered manager who had oversight of the service. This meant that improvements were made and people using the service received good quality care.

# Heathcotes (Magna)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector. Two Assistant Inspectors carried out telephone calls to relatives and staff after the inspection.

#### Service and service type

Heathcotes Magna is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We also checked whether any people living at the service were symptomatic or had tested positive for COVID-19.

Inspection activity started on 17 August 2020 and ended on 2 September 2020. We visited the service on 18 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who lived at the service about their experience of the care provided. We spoke with four members of staff including the regional manager, registered manager, senior care worker and a care worker.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service and the action plan in response to regulation breaches were reviewed.

After the inspection –

We spoke with two relatives and nine staff members including senior care workers and care workers.

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of documents including policies, audits and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to safely manage and administer medicines to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were administered medicines safely by trained staff. Medicine policies and procedures were in place which staff followed. Two people's Medication Administration Records (MARs) were viewed and showed that medicines were given in accordance with prescribing requirements.
- Medicines were securely stored. Staff maintained records of medicine stocks. Daily room and fridge temperatures were taken, but records showed the fridge temperature was several degrees higher than it should be for several days in August 2020. There was no evidence any action had been taken to resolve this problem. At the time of inspection this was raised with the registered manager and regional manager who were responsive to rectifying the issue.
- Some people needed to take their medicines 'as required'. Protocols for 'as required' medicines were in place and followed by staff. Staff recorded reasons why medicines were administered and under what circumstances. This ensured people were not given medicines inappropriately.
- Where people lacked capacity to make decisions around taking medicine, mental capacity assessments and best interest decisions had taken place in accordance with the Mental Capacity Act 2005.

### Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to safely meet care needs of people living at the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe recruitment practices were used. Staff records were viewed, and relevant checks had been completed before staff commenced work.
- Staff received training required to carry out their roles. Staff told us they received training, an induction and completed shadowing opportunities with more experienced colleagues. A system was in place to record training completed and highlighted when refresher training was required.

- People were supported by staff with a variety of experience and skills. Staffing rotas were arranged to ensure staff with appropriate levels of experience and skill were in place. Some staff told us sometimes they could do with an extra person, but mostly there were enough staff on shift.

#### Assessing risk, safety monitoring and management

- People's needs, and risks were assessed and managed. Staff were aware of people's needs and preferences. One staff member told us, "One person doesn't like personal care, that word is a trigger for them. We know not to say this word and we can support the person safely and in a way that matters to them."
- Staff used de-escalation techniques to safely manage behaviours that challenge. Staff were trained in Non-Abusive Psychological & Physical Intervention (NAPPI) which enables staff to safely de-escalate situations and if necessary, safely restrain people. A staff member told us they use, "Re-direction, introduce different faces and offer new activities." Only using restraint as a "last resort" measure. Incidents where NAPPI was used were recorded and monitored.
- People were supported to minimise risk. Care plans and risk assessments promoted individual safety. Staff enabled people to take positive risks, for example supporting people to cook and prepare meals safely. Staff followed protocols and policies to keep people safe.
- Staff completed daily records and handed over people's progress in a communication book. Staff were supported by team leaders on shift, and an on-call system operated out of hours and over the weekend for staff to seek support and advice as required.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risk of abuse. Staff received safeguarding training and told us about processes followed to keep people safe. A staff member told us, "We protect the people we care for. We report concerns and make people safe."
- Safeguarding concerns were investigated by the registered manager. The registered manager reviewed incidents, identified triggers and shared information and lessons learnt with staff.
- One person told us they "didn't always feel safe." This was brought to the attention of the registered manager at the time of inspection who explored what the concern was and put in place a weekly time to chat with the person.
- Staff felt confident to raise concerns. Staff members knew what whistleblowing was and would do so if concerned about poor practice. A whistleblowing policy was in place and posters were displayed around the service about how to whistle blow.
- People's diversity and dignity was respected. Staff told us how they treated people as they would wish to be treated. For example, a staff member explained how a dignity screen was used to support a person when they have a bath. Another staff member told us how the cultural and dietary needs of a person who followed a particular religion was met.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff wore Protective Personal Equipment (PPE) in accordance with government guidance around COVID-19 when moving around the service, and when providing care.
- The environment was clean and fresh. Staff supported people to be independent with cleaning tasks but maintained the environment and completed tasks when people were not able to.
- Staff received food hygiene and health and safety training. Staff followed guidance and protocols when preparing meals and supporting people to cook.

#### Learning lessons when things go wrong



- Staff understood their responsibility to raise and record safety incidents and concerns. Records viewed corroborated this.
- Regular audits of incidents were completed. The registered manager reviewed incidents and concerns on a weekly basis to identify areas that could be improved, and actions that may need to be taken to prevent incidents from happening again. One staff member told us, "We have debriefs and go through incidents in team meetings."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to prevent improper use of restraint and control which placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff received training in areas such as Autism and NAPPI that were relevant and necessary to their roles. A training matrix was in place which allowed the registered manager to monitor training completed and training that was due.
- Staff completed an induction period and shadowed more experienced staff to support their learning and development needs.
- Team meetings did take place, but due to the COVID-19 pandemic regular meetings had stopped temporarily. Plans were in place to re-commence staff meetings. Daily handover meetings continued to occur within the service and information regarding people's care needs continued to be communicated to staff.
- Staff received supervisions. Staff told us they received regular supervisions and received support outside of supervision as needed.

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

- People were supported to make choices. Staff involved people in decision making and used communication techniques such as Makaton to enable people who were non-verbal to express their wishes. Makaton is a type of sign language that uses symbols and signs.
- People's physical, mental and social needs and areas of risk were assessed and recorded. As people's care needs changed, relevant updates to the care plans were made. A staff member told us, "We read [care plans] and check to see what has changed." One person told us, "Staff know what to do to care for me."
- The registered manager was in the process of installing talking tiles around the service. Talking tiles are stuck to hard surfaces and when touched play a recording of the word the symbol on the tile corresponds to. The registered manager had prepared a talking tile for the symbol of pain and was going to place a tile with a symbol of a drink next to the kitchen. This would allow people to indicate their needs without having to verbalise them.

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

- Staff supported people to eat and drink. People were involved in planning the communal menu and had the option to choose alternatives from what was planned. Staff encouraged people to eat a balanced diet but acknowledged that people had the right to choose less healthy options.
- People with complex health needs were supported to maintain a healthy diet. Staff followed guidance from Speech and Language Therapists (SALT), as well as the GP to minimise risk of harm. Where staff were concerned about a person, they contacted the SALT team, or the GP as required.

Staff working with other agencies to provide consistent, effective, timely care

- People received care and support in a timely manner. Staff were responsive to people's needs and sought advice and help from relevant agencies as required. Staff used health action plans and monitored people's health for signs of change or deterioration. This helped to ensure people received effective and consistent care.

Adapting service, design, decoration to meet people's

- The environment was suitable to meet people's needs. The regional manager and registered manager advised some areas of the service was due to be redecorated but due to the pandemic this had not occurred. People were able to personalise their bedrooms, and some had put photographs and pictures they liked on their bedroom doors.
- The service was small, but people were able to access communal spaces freely. The registered manager had plans to improve the garden and was enabling people to be involved in making some of the changes.

Supporting people to live healthier lives, access healthcare services and support

- People were kept informed of and supported to meet their health needs. A staff member told us, "Some people will read [appointment] letters. If people aren't capable of reading, staff will 9 times out of 10 read the letter to them and let them know their appointments are due."
- Staff worked flexibly to ensure people accessed health care services. Staff told us they arranged home visits from the GP for people who struggled to access the surgery.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff provided care in accordance with MCA and Deprivation Of Liberty Safeguards (DoLS) policies that were in place. Mental capacity assessments and best interest decisions were recorded and followed
- People's rights to make decisions were respected. Staff attempted to encourage and support people to

make decisions and partake in activities but acknowledged people could not be forced to do things.

- Staff were proactive in minimising the need to use restraint. Staff told us they tried to prevent potential incidents by looking for triggers and moving people away from situations that cause them to react. The registered manager was passionate about reducing the need to use physical restraint and was in the process of rolling out Positive Behaviour Support (PBS) implementing PBS plans for all people living at the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

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

At our last inspection the provider had failed to ensure robust systems and processes were in place to assess, monitor and improve the safety and quality of care that people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their legal requirements to be registered with the CQC. The registered manager carried out their regulatory responsibilities and reported notifiable incidents to the CQC.
- Staff understood their roles, responsibilities and the management structure. Staff reported any concerns to the seniors and registered manager to ensure people received consistent and safe care.
- Governance procedures and protocols were in place. The registered manager completed regular audits and created actions in response to any changes and improvements that needed to be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staffing team worked to promote a positive and open culture. Staff told us the registered manager had an "open door policy" and was a "supportive" and "great leader."
- Staff worked together as team. Staff told us about the importance of collaborative working to achieve the best outcomes for people using the service. A staff member told us, "I genuinely love working here." Another staff member told us, "I feel really supported. I love my job."
- The registered manager had oversight of the service and a clear vision of moving the service forwards. The registered manager was passionate about changes they wished to make and felt supported by the team and regional manager to implement them.
- Staff felt listened to. Staff told us the registered manager "listens and acts" upon information and ideas to improve the service.

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

- Quality assurance and audits were carried out regularly. Incidents and complaints were reviewed and

where areas of practice could be improved it was acknowledged. Learning was shared with staff to try and prevent further incidents from happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people were involved in shaping the service. People were encouraged to share their views and helped to arrange events and parties that celebrated their cultural and diverse needs. For example, a calendar of activities and events were planned that celebrated people's heritages and cultural needs.
- People were part of the local community. Staff told us people attended a variety of local amenities and social gatherings (for example discos) which promoted their independence and quality of life. During the national lock down staff and the registered manager were creative and brought outside events to the people living at the service. Coffee mornings and discos were recreated while people were not able to go out. As lockdown restrictions relaxed the registered manager invited a local ice cream van to the service so people could enjoy ice creams together.

Continuous learning and improving care

- There was a focus on learning and improvement. The registered manager and regional manager regularly reviewed incidents to implement change and improve the service. Information was shared with staff through one to one sessions and at team meetings.
- Audits were completed regularly. The registered manager and internal quality assurance team completed reviews and actions plans to improve the quality of care that people received.

Working in partnership with others

- The service worked collaboratively with external agencies. The registered manager told us about the working relationships they had with health and social care professionals. A Social Worker provided positive feedback regarding communication with the service and the progress that a person had made since moving into the service.