Heathcotes Care Limited

# Heathcotes (Kirby Muxloe)

## Inspection report

6 Barry Drive
Kirby Muxloe
Leicester
Leicestershire
LE9 2HG

Tel: 01162245971
Website: www.heathcotes.net

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 visit on 10 June 2016. The inspection was unannounced.

Heathcotes Kirby Muxloe provides accommodation for up to six adults who require personal care and support. People who use the service live with autistic spectrum disorder or mental health and/or learning disability.

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 at Heathcotes Kirby Muxloe. This was because the service has systems in place to assess and manage risks to people's care and support. Staff understood and promptly responded to any concerns that they had about people's welfare. They used the provider's safeguarding protocols to report any concerns.

People received their medicines as prescribed by their doctor. Their medicines were stored and administered in a safe manner.

The registered manager had robust recruitment protocols to ensure that only staff that had the right skills and attitudes was employed. They completed the required pre-employment checks that they were safe to work with people.

Staff had the skills they needed to provide an effective and person centred service. They maintained links and sought information from specialist organisations which support them to understand the specific needs of people that used the service, and provide the support that met those needs.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and its relevance in their role. They applied this when they supported people and provided the relevant support that people required to make decisions about their care.

People nutritional needs were met in a way that suited their individual needs and preference. They chose from a varied menu and were supported to follow a healthy life style. Staff promptly responded to their health needs and supported them to access health professionals and monitor their health and well-being.

Staff were very kind and compassionate to people. They demonstrated an interest in the people who they support. They ensured that they were involved in decisions about their care. They provided support in a way that promoted people's independence and help them develop and maintain skills that allowed them to be as independent as possible. People felt that they mattered. They had a core team of staff who were readily

available to promote their welfare.

The needs of the people were central to every activity within the service. People's care was tailored to their individual needs. Staff provided support in a flexible manner that responded to any changes that people had. They also liaised with other professionals to ensure that people's support from them was delivered in a manner that met the person's specific needs. People's relatives told us that people had achieved many positive outcomes as a result of the responsiveness of the support that they received.

People were a part of their local community. They maintained good relationships with their neighbours.

The registered manager encouraged people and their relatives to provide feedback about the service they received. They dealt with any concerns raised promptly and communicated their response in a manner that was relevant to the recipient.

People, staff, relatives and other professional were highly complimentary of the registered manager. They had good experiences of communication with the manager and felt confident to approach her for support. The registered manager demonstrated a clear passion and understanding of the role, and developed a culture that promoted and enabled people to live an independent life where they were respected and their needs were met in a way that suited them.

## 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 protected from abuse and avoidable harm. Staff knew how they would support a person and report any concerns they had about their welfare. They identified and assessed risk to people.

The service had robust recruitment practices which ensured that they employed the right staff that suited the people that used the service. There were enough staff to meet people's needs in a safe manner.

People received their medicine as prescribed by their doctor.

### Is the service effective?

Good

The service was effective.

Staff received the training and support that they required to provide the support that met people's needs. They had links with organisations that equipped them to understand and meet the needs of people.

People nutritional needs were met in a person centred manner. They had access to a variety of healthy meals. Staff supported them to take ownership of their health monitoring by providing the information and support that they required to achieve this.

People were supported in accordance to the Mental Capacity Act (MCA). Staff sought their consent before they provided support. They ensured that people had support they required to enable them to make decisions about their own care.

### Is the service caring?

Good

The service was caring.

Staff demonstrated an interest in people. They supported them in a very kind and compassionate manner.

Staff were knowledgeable about the individual needs and

preferences of people using the service. They provided support that met their needs and preference.

People were supported with utmost dignity and respect. Staff addressed them respectfully. They respected their right to privacy.

## Is the service responsive?

Good

The service was responsive.

People planned their own care. Staff supported them to develop skills that allowed them to do this creatively. Their records were comprehensive and reflected their current needs, preferences and individuality.

People's relatives shared the positive outcomes and progress that people had achieved as a result of the person centred and responsive support they received at the service.

People had opportunities to report concerns. The service responded promptly to concerns and did this in a manner that was tailored to the person's communication needs.

## Is the service well-led?

Good

The service was well-led.

The registered manager supported staff to deliver the standard of excellent care expected of them.

Staff understood and practiced a culture of enablement and excellence.

The provider had robust systems to monitor the quality of service they provided. The registered manager had systems in place for continuous improvement of people's experience of the service.

# Heathcotes (Kirby Muxloe)

**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 inspection site visit took place on 10 June 2016. The inspection was unannounced. The inspection was carried out by one inspector.

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 contacted the local authority that had funding responsibility for most people who used the service. We also contacted the local Healthwatch who champion and gather people's experience of health and social care services.

We gathered our evidence of how people experienced the service the service by reviewing the care plans of two people who used the service. Due to people's cognition, capacity and anxieties we could not speak to people that used the service themselves.  We also spoke with relatives of three people who used the service, a social work professional who supported a person at the service, the registered manager, the head of service and three care staff. We observed the support people received in communal areas within the home. We also reviewed people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

Good

# Is the service safe?

## Our findings

People who used the service at Heathcotes Kirby were protected from avoidable harm and abuse. People were safe because staff were committed to fulfil their responsibility to keep people safe from harm and discrimination. Throughout the day of our inspection we observed that staff supported people in a non-discriminatory way irrespective of their disability, gender or race. A relative told us, "[Person that used the service] is most certainly very safe at [service], [registered manager] has always been most attentive to detail regarding home security and always seeks the opinions of all of my family when any issues have been raised".

Staff were ingenious in the way they supported people to understand the importance of their own safety and how this could promote their independence. For example, we saw that a person using the service had been supported to take external courses in "Getting about safely". This was to enable them to develop skills to access the community independently. Their records showed that the course had taught them how to identify possible risk to their personal safety whilst in the community and how they would identify safety strategies as part of planning their journey. We saw that they were then independently accessing certain routes using public transport.

People's care records included comprehensive risk assessments for all areas of their daily living. We saw that these were regularly reviewed and re-assessed following any incident. Staff used this information to update people's support plan where relevant. We saw that staff understood and applied the risk assessments in the support that they provided to people to remain safe. For example, we saw records of a person who was vulnerable to harm due to an obsession with a particular building material. We saw that following a comprehensive risk assessment which included increasing their level of staff support that staff then carried out an inspection of their college environment in the evening prior to their day(s) in college to ensure that it was safe from building work or other likely circumstances that could cause them harm. We saw during periods it was deemed unsafe for them to attend that staff took steps to prepare safe alternative activities before the next day.

Staff that we spoke to demonstrated a high level of confidence and awareness on how they would apply the provider's guidelines in reporting and dealing with any concerns they had about people's safety. They were confident in the commitment of the registered manager to follow-up any concerns reported.

The provider had robust systems for recording incidents, accidents and any safeguarding concerns. We saw that such incidents had been thoroughly investigated by the managers. They also had a clear trail of follow up actions taken by staff to prevent a reoccurrence of such incidents in the future. These records also identified which member of staff was responsible for carrying out the action plan. This showed an inclusive approach of both support staff and managers when learning from incidents and making necessary improvements.

Staffing levels were sufficient to meet people's needs in safe and person centred manner. The registered manager determined staffing levels based on people's assessed needs. They also used staffing flexibly to

ensure that staff could respond promptly to any changes in people's needs. We saw that staffing was used flexibly to ensure that people's safety was paramount when they engaged in activities within and outside the home. We observed that the registered manager regularly took a `supporter role' to enable staff respond to changes or offer people an increased level of staffing above their commissioned support to ensure that they continued to safely access activities they were interested in. One member of staff told us, "Staffing is flexible. Staff will also pick up additional shift to provide additional staff cover. For example to allow a person participate in a special occasion."

The service has safe recruitment practices. The registered manager completed relevant pre-employment checks which ensured new staff were safe with the people using the service. Where staff had been involved in incidents of concerns regarding people's safety, the provider thoroughly investigated this and followed their disciplinary procedures where necessary. We saw that where relevant, that they also put in place a 'risk reduction plan' to support and monitor staff to prevent any future re-occurrence. We observed the registered manager telephone applicants to verify information such as gaps in employment before she shortlisted them for an interview. They told us that they took their recruitment seriously because they were responsible for the people they brought into the lives of people using the service. One member of staff told us, "[Registered manager] is very careful who she hires, which is good in a place like this."

People received their medicines as prescribed by their doctor. We found that the provider had safe protocols for managing and administering people's medicines. One person had their medicine stored securely in their room. Keys to medicines cabinets were stored securely in a safe which was accessed only by authorised staff. This meant that medicines were stored securely and people were protected from unsafe access and potential misuse of medicines. We looked at the medication administration records charts, we saw that records were completed correctly and were up to date. Only staff that had been trained to administer medication did this. Senior staff carried out weekly medication audits which ensured that medication had been administered and records completed 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.

Good

# Is the service effective?

## Our findings

Staff received relevant training and support they required to provide effective care that met people's individual needs. Relatives told us that staff had the skills to provide an excellent quality of care to people. A relative said, "I can't fault them."

The provider had a comprehensive training schedule. We reviewed records which showed that staff training was up to date. A member of staff told us, "We get the yearly refreshers when needed. I can request any training irrespective of the time I had it last. If I have had a training and came back and thought I didn't get that, I can go to [registered manager] and she will put me straight back on the training." New staff had access to an induction program which included classroom style training and 'on-the-job' training. Staff received additional support and training that was tailored to each person that used the service. This was arranged in a way that was empathetic to people's need for consistency in their support. For example, a member of staff told us that they spent considerable time 'shadowing' and building up to working with people. They said, "Staff spend time to know service users; we start with half shifts, observing activities until the service user is comfortable with staff, and staff is confident to support. It has taken two years to build up to me working with Mr [person the used the service]."

Staff told us that they received sufficient support from the team leaders and registered manager. They told us that they had access to regular supervision. We reviewed staff supervision records which showed that staff received supervision every six weeks where they discussed the skills and support they required to support the people that used the service. A member of staff who had recently joined the service told us, "Everyone is supportive you just have to ask."

Staff maintained links with organisations that provide specialist support for the disabilities that people lived with. For example, Downs Syndrome Society to understand the needs of a person that used the service who had Downs Syndrome, MIND to understand and support the needs of a person with mental health needs and the Autistic Society. We saw that staff used information from these organisations in developing and applying best practices in the planning and delivery of people's support. This allowed staff to provide the care and support that people needed with respect to their specific disability. For example, we saw that this helped staff understand and effectively support the needs of a person. They recognised that their need was not age related as earlier considered but was related to the person's experiences. We saw that learning was shared as part of staff development to increase staff awareness and understanding of the disabilities that people had and provide the support that met their needs.

Staff had the skills to communicate effectively. We observed that staff communicated to most people using Makaton. Signs were also displayed in accessible format for people using the service. Records were maintained in formats that people could understand. Staff effectively supported people when they behaved in a way that may challenge others. We saw that they used the provider's behaviour scale tools to support people. However, they had personalised for these for each person to help staff engage and promptly manage people's behavioural and emotional changes in a way that met their need. A relative told us, "The support [person] receives is both appropriate and timely regarding intervention if [person] is aggravated or

upset by either the environment or activity which is all documented."

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.

We reviewed records that showed that when staff assessed people's capacity to make decisions that they specified the decisions people could make independently and those that they required support to make. We saw that they also considered that the support people required to make a decision could vary depending on their changing health and emotional needs. For example, we reviewed records that showed that a person required an independent representative when their mental health was low. We saw that they consistently involved other people who knew them well to ensure that the interest of people using the service was at the centre of any decisions made on their behalf. People's care plans included 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. We saw that staff respected, applied and supported any legal agreements in the delivery of people's care. The staff that we spoke with had a good awareness of MCA and DoLS and applied it to their work. We saw from people's records and our observation that understood and applied the MCA when they supported people. For example, they supported people to understand and consent to their care.

The service had good practices to support people to have a healthy balanced diet that met their needs and preferences. A relative told us, "Meals are fantastic. [Person] is eating well, better than they did at home. I can't believe when I go there. They are very good." Another relative said, "I think [person] eats more with them than they do and did with me." Each person that used the service had their individual menu which incorporated meals that met their dietary needs and preferences. The menus were in picture format which was accessible to and understood by each person. These included pictures of the actual meal and the ingredients that were used in the meals. People also had an 'alternative menu' where they could chose an alternative meal from should they change their mind about the food they wanted. Staff told us that the menu was reviewed regularly and changed seasonally. We reviewed records which showed that people's menu were developed in collaboration with their dietician. People were supported to be involved in shopping for and preparing their own meals. We observed staff support a person to do the home's 'big shop'. People were supported to make healthy food choices and this was personalised to each person's needs. For example, we saw picture aids to guide a person on the amount of sugar that they added to their drinks.

People chose where they ate. One person preferred to eat by themselves as this helped them to manage their anxieties. Staff made provisions to enable them do so. This was done in such a way that the person had the privacy that they needed without being isolated from the rest of people when they ate their meal.

Staff provided the support people needed to stay healthy and well. They proactively supported people to have prompt access to health care services when required. We saw that staff took on-board and consistently applied advice from health professionals when they supported people. For example, we saw that once staff identified that a person needed support to lose weight, they referred them to a dietician. They used best

practice information to support the person to devise a temporary menu prior to their appointment with the dietician. We saw that following their appointment with their dietician that their menu was reviewed and updated using dietary advice and other recommendations from the dietician were implemented. When we reviewed the person's weight monitoring chart we saw that the consistently lost weight as they set out to. A relative told us, "[Person] is most certainly given all the medical support he requires and has regular health checks"

Staff supported people to take ownership of their own health monitoring where possible. They ensured that people's support was delivered in a way that engaged them. This ensured that they received care that was planned 'with' them and not 'for' them. Staff did this in a way that was individual to each person. For example, we reviewed records that staff liaised with health professionals prior to people's appointment to get information of medical procedure and translated this to accessible formats suitable to people's communication needs. We saw that a person who needed regular blood monitoring chose where staff collected a blood sample or administered insulin.  Staff also made sure that they showed the person the screen of the blood monitoring device and repeated the result reading to them. For another person, the person took charge of letters confirming their own medical appointments which staff then put in accessible formats for them. Staff told us that this improved their engagement with health services because they felt in control unlike their previous history of being in institutions. During our inspection, we observed the registered manager have a telephone conversation regarding a person's health appointment, we saw that following the call they liaised with a team leader to commence plan to 'desensitize' the person concerned for the appointment. They did this in advance to allow people to process and prepare themselves for health appointments and procedures. This included sharing information in a manner individual to this person about the proposed appointment, procedures intended and expectations from the appointment. Staff told us they did this using communication tools relevant to the person. We saw how these had been used to prepare a person for a dental procedure.

Good

# Is the service caring?

## Our findings

People were treated with great kindness and compassion. Relative described staff as very caring and kind towards people. A relative commented, "Staff are most certainly very caring and attention to detail is excellent, it is a very caring culture at Heathcotes Kirby Muxloe." They also said, "They extremely good, caring and compassionate."

Staff we spoke with were very passionate about their role. There all had a shared ethos and passion of seeing people flourish and feel like they mattered. One member of staff told us, "I feel very lucky to be in a job like this. It beats being in an office." Staff spoke fondly about the people that they support. They demonstrated that they saw their role as that of an enabler to support people to live as independently as possible. Another member of staff told us, "They [people using the service] have a fulfilled life. We work to make that happen. I would say their lives are more fulfilled than mine."

There was a clear person-centred approach in the way staff supported people who used the service. Staff were very knowledgeable about the people they supported. Staff understood and respected people's individuality. They knew how their needs varied with respect to each person's disability, history, religious and cultural needs.

People were treated like they mattered. Staff ensured they did this in a way that was individual to each person. For example, a person with mental health needs had access to daily 'talk time'. They had a signed contract with staff to use this time to talk to staff about anything that they wanted to talk about, particularly any concerns. We saw that staff also used this time to look at person's achievements which also helped them feel like they mattered and developed their self-esteem.

Although all staff provided varying levels of support to all the people that used the service, we saw that each person had a core team comprising of an advisor (team leader), a key worker and a link worker. The core team was responsible for promoting the needs and welfare of a person. Each person had a picture reference of their core team so they were aware of who they could mainly approach for support and follow up of actions.

People were actively involved in decisions about their care and support because they received information in a way that was meaningful to them. We observed that staff communicated with people using Makaton. We saw that information about people were in formats that were accessible to them such as pictorial and easy read formats. Staff used their knowledge of people to develop comprehensive 'communication passports' which had information on how each person communicate, and how they may respond in different situations. Staff reviewed people's communication passports every six weeks or when changes occurred. This ensured that the passports continued to reflect people's current communication needs and styles.

People were involved in the six weekly reviews of their care and support. Although people sometimes chose not to attend the review meetings, staff supported them to plan their meetings. They did this creatively

using film. We saw one person's DVD of their plan. This included pictures of what was important to them, their activities and aspects of their care that required updating. We saw that this was produced with the person's favourite music as the background of the film. The registered manager told us that people connected with this, which enabled them to engage and express their views. Staff supported people to update their films regularly.

People had access to advocacy services. We saw that their care plans included areas where they wanted other people to act on their behalf. This included that people may require additional support to be actively involved if their health needs increased.

People were supported to maintain their independence and skills. We saw that they were an integral part of maintaining their home. For example, we saw that people vacuumed carpets and completed other household chores where possible. People care plan reflected their level of independence with daily living tasks and detailed the varying levels of support they required from staff to complete these tasks. We saw that staff readily provided the support people required. The registered manager told us that they had increased a person's level of staff support due to a change in their need. They told us that additional staff provided support discreetly so that the person still felt independent.

Staff treated people with utmost dignity and respect. Staff told us they did this because that is how they would expect themselves or their family to be treated. A member of staff told us, "It is their house. We just come and help them." Another member of staff said, "A lot of it is common decency and everyone [staff] respects that. We treat people like we do our own family." We observed that staff spoke respectfully to people and about people. For example, when we talked with staff they frequently referred to people as Mr [X] or Mr [Y]. We observed that this was also how staff referred to people during handover. We observed that people's information was stored securely. Staff maintained confidentiality in their role. For example, handover session was held in a closed office with only authorised personnel present. Staff shared information on a 'need to know' basis which ensured that only authorised people received the information that they required to support people. They also considered people's right to privacy when they shared information.

People's relatives could visit them without undue restriction. A relative told us, "They [staff] make you feel welcome."

Good

# Is the service responsive?

## Our findings

The support that people received was tailored to their individual needs. Relatives told us that staff understood people's needs and responded to those needs. A relative told us, "Management and staff are very focused on [person]'s needs and listen attentively regarding family input." Relatives went on to give us examples of the positive outcomes this approach and level of support had achieved for people's lives and wellbeing. One relative told us how person that used the service had now become motivated to go out and engage in activities within the community. They said, "I've seen a lot of improvements this year. [Person] has come up in leaps and bounds. [Person]'s done loads more than when he was at home. [We] are shocked by how far he's come." Another relative told us, "They [staff] try and give [person] what she wants. [Person]'s changed a lot since she went to live there – in a good way!" This relative told us that this person didn't like any change before they went to the service. They described ways that this person had now become responsive to positive change in their life.

The needs of the people were central to every activity within the service. During our conversations with the registered manager, they repeatedly said, "I don't work for Heathcotes; I work for the six people who live here." We observed that all staff applied this in practice. For example, we observed when we spoke with the registered manager and other staff, that they readily stopped our conversation to respond to people as soon as they needed them. We also observed the registered manager in a telephone conversation request that a health professional sent a photograph of themselves and a copy of their professional identify card prior to their visit to the home. The registered manager told us that they used this to prepare people for home visits. They said that this also helped people engage and communicate better with visitors. We observed this to true because as our visit was unannounced, we saw that it had distressed a person using the service as they had not been given prior information of our visit and were therefore unprepared for it. We saw that this person's supporter recognised and responded promptly to their distress and de-escalated the situation effectively.

People planned their own support. Staff supported them to develop skills which enabled them to plan their support as independently as possible. For example, the registered manager told us that they supported a person with interest in photography to access college courses in photography. This person then used the skills they gained in the course to independently complete their own activities plan using their photographs. We saw their plan which used the person's pictures to describe their own plan. Other people planned their own support using music and film. This meant that people engaged better with activities because they had planned it themselves. We saw that staff supported a person to manage their budget.

We saw records that showed that people's relatives were actively involved in planning their support and care. We observed that the registered manager during a telephone conversation with a health professional emphasised that they would invite person's relative to a proposed meeting because "it is their child." Relatives told us that staff proactively involved them in all aspects of care planning. A relative told us, "The staff get me involved with everything. I always get lots and lots of feedback. They always ask how I want things approaching." Other comments from relatives included, "We are involved." and "The whole family has involvement in the support [person] receives."

Staff supported people flexibly and made reasonable adjustments that met people's needs. For example, a person who was distressed by fire drills had access to alternative activities when staff conducted fire drills. Staff then conducted alternative 'controlled fire drills' which involved the person so that the person had the knowledge they required to stay safe in the event of a fire. A member of staff told us, "We see what people like, we [staff] plan to do more of that." We also observed that the registered manager readily provided 'hands on' support to allow for increased staffing ratio in excess of a person's commissioned support in order to ensure that they engaged in their chosen activity safely. Records we reviewed made reference to staff being flexible to adjust support they provided to people with respect to people mood and varying needs. A relative told us, "The staff are most certainly responsive to [person's needs; part of the caring culture I have already mentioned." The registered manager told us how they had worked with education professional to getting access to flexible education opportunities for a person whose mental health needs meant they did not fully engage with traditional college courses. Their records showed that this had supported the person to achieve positive outcomes.

People's care plan had a detailed assessment of their individual needs which allowed one to build the picture of the person as an individual. This included details of their history, preferences, beliefs and the level of control they chose to maintain over their care. Care plans were comprehensive and informed the reader on the needs of people with respect to their disability and how this may affect the person's daily life. These included 'person centred plans' which detailed people's preferences and what they considered important to them. People's care was reviewed regularly and staff ensured that their care records accurately their current needs. One of the ways staff conducted reviews was through their 'six weekly meetings' review of person centred plans every three months and yearly person centred meetings. These are meeting completed for each person by their 'core team'. A member of staff told us, "At six weekly meetings we use this as an opportunity to try new things – ask people's opinions and brainstorm to find creative ways to ensure that they enjoy their activities especially if we know they are not enjoying something.
We saw records that showed that staff also invited people's relatives to these meetings.

People were part of their local community in Kirby Muxloe.  Staff supported to engage in a variety of local activities that were meaning to them. The registered manager told us how they had overcome challenges of supporting people to be accepted into their local community. One of the ways that they achieved this was by supporting people to use the facilities and services local to them such as cafes. This increased community awareness and acceptance of their needs. People had a pleasant relationship with their neighbours. For example, the registered manager told us that neighbours would pick apples and bake a pie for people using the service.

Staff supported people to maintain their cultural and religious identities. They supported people to plan and receive care in a way that maintained these identifies. For example, we saw that staff supported a person from an ethnic minority group to have the ethnic meals they ate for dinner every day before they came to live at Heathcotes Kirby Muxloe. Staff told us that they replicated the exact menu they had at home by liaising with the person's family. We saw evidence of this liaison in the person's records. The person's menu plan replicated the meals that they would eat with their family at home. Staff provided culturally appropriate snacks. We also saw that staff supported this person to attend their religious place of worship and festivals. Person's activity plan included a schedule of cultural activities and special occasions which staff supported them to participate in. During our visit we observed that they listened to their ethnic music in their room and saw that the registered manager joined them to dance to their music.

People were encouraged and supported to maintain contact with people that mattered to them. One relative told us that staff facilitated their visit to person using the service. They told us that staff would pick them up from their home and take them back home in order to support them to visit and maintain contact

with person that used the service. For another person who had a history of challenges in their relationship with their family, we saw that staff provided support to their family to help overcome those challenges so that they could have continued contact with person that used the service. We also saw that staff were creative to support people to maintain contact even when physical contact with their loved ones was not possible. For example we saw records of staff plans to support a person purchase a mobile device to 'face time' their family. When this was not possible due to funds, staff arranged to download an internet application which would also allow them to have video contact with their family. Relatives told us that when their loved one that used the service visited them at home that they usually could not wait to go back to Heathcotes Kirby Muxloe. They said this testified to the quality of care that they received at the service.

People were actively encouraged to raise any concerns they had about their care. Staff did this using people's specific communication styles. They did this as part of their regular support to people and in their review and planning meetings. We reviewed records of a complaint a person who used the service made about equipment they used. We saw that the provider responded promptly to their complaint. The registered manager had translated the response in an 'easy read' format and staff had supported them to understand technical terms within the response. We saw that this included a pictorial count down calendar to help them understand the time it may take to resolve their complaint. Relatives also told us that they were confident to raise any concerns or feedback that they may have and that the registered manager acted on it promptly. A relative told us, "Any comments I make are noted and acted on as required." When we asked another relative if they could raise concerns, they responded, "Absolutely! I have in the past. If I'm not happy with anything I go phone straight to [registered manager] and it's sorted. [Person using service] is very happy."

Good

# Is the service well-led?

## Our findings

People, their relatives, staff and other professionals highly complimented the service and the registered manager. Relatives expressed utmost satisfaction with the service that their loved ones received. One relative described the service as, "All in all a first class service that supports my son in his day to day life, my family are very relaxed knowing [person] is in safe hands."

Records were robust and well maintained at the service. We found that records we required were easily accessible. Throughout our visit, we saw that staff updated people's records as soon as possible. This meant that their records were up to date.

The service had a skilled and experienced registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They promptly sent notifications to the Care Quality Commission when required.

The registered manager was very passionate about their role. We repeatedly observed this in their practice and way they supported people and staff. They readily provided practical support to people as when needed. For example, during our visit they supported a person to access the community; we observed them support a member of staff when the person they supported behaved in a way that may challenge others. We also observed them join people in their activities during one of which the registered manager excitedly said, "I love playing tents. I could retire just working on the floor. I love it!"

The registered manager instilled a culture of excellence and enablement within the service. We observed that staff shared and practiced the culture. They gave us examples of how they have worked to enable people to be part of the local community which has caused them to become accepted in the community and developed close links with their neighbours and the wider community. A member of staff told us, "Like [registered manager] says ok is not good enough. She has instilled that in us. Now if we have our internal audit or council visits and we score anything less than 95%, we are disappointed." The head of service described the service as a "model service."

A relative told us, "Our contact is with [name] the home manager and it is second to none in respect of the information given out regarding [person]'s activities, wellbeing and general day to day life. Always approachable and contactable by phone or email."

Staff understood the standards the registered manager expected of them. They told us that they had the support they required from the registered manager to deliver these standards. They felt able to communicate any request for support, concerns or ideas for improvement with the registered manager. One member of staff told us, "[Registered manager] has an open door policy." Other staff said, "Supervision is six weekly, you can raise any concern. There is an open floor at team meetings. We can take turns. [Registered manager] is very open to suggestions." "[Registered manager] is incredible! She is so nurturing."

The registered manager had a 'great ideas start here' board which people and staff also used to communicate any ideas that they felt to improve the quality of the service. The registered manager told us that they found this useful. They discussed these ideas with people that used the service, their relatives and staff and implemented them where relevant.

The registered manager completed the Provider Information Return as requested by the Care Quality Commission. 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. The registered manager had used this to develop an action plan of where and how they could further improve the service. For example, introducing the role of a dignity champion to further promote the rights of people that used the service to receive a service that was treated them in a dignified way. We saw that staff practiced this.

The provider had systems that monitored the quality of service they provided. This consisted of monthly 'provider visits' where managers of other homes within the organisation carried out checks and observations which ensured that staff promoted the values of the service. They also completed audits of their systems every three months. Their latest audit result was scored at 97%. The registered manager completed weekly audits of medicines, care plans. In addition to this, the registered manager had their own system of auditing staff training, supervisions, staff information which assured them that things ran as expected and highlighted when action was needed such as flagging up when a staff member's training will be due for renewal.

They also monitored the service through surveys of people, their relatives, staff and other professionals' satisfaction with the service. We reviewed result of these surveys and saw that they were very satisfied with the service. Some of their comments included "…extremely well cared for." "The way care is delivered is very person centred to each individual's need which is really great. The service users are always free and one can tell this is their home." The registered manager also developed an action plan from people's response and met with people to discuss their responses to the survey.