

Heathcotes Care Limited







Heathcotes (Hucknall & Watnall)

Inspection report

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Ratings

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

Overall summary

We inspected the service on 26 November 2014. This was an unannounced inspection.

Heathcotes (Hucknall and Watnall) is registered to provide accommodation for up to 12 people with a learning disability, a mental health illness or physical disability. The registration consists of two separate houses. One house is named Hucknall and one named Watnall. There were 10 people using the service when we visited, six people living in one house and four living in the other.

We last inspected this service on 25 April 2014. During the inspection we found that the provider was not meeting 3 of the regulations that we assessed. These were in relation to ensuring that there were sufficient staff on duty, ensuring that people's nutritional needs had been met and that staff were respecting and involving people. The provider sent us an action plan detailing the actions that they would take to meet these regulations. During this inspection we found that the provider had taken the necessary improvements.

Summary of findings

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

Everyone we spoke with told us that they felt safe. Staff told us that they followed plans to ensure people's ongoing safety. However on one occasion we saw that staff had not followed guidance and as a result a person had been placed at risk of harm.

Staffing levels had been increased since the time of our last inspection and this had impacted positively on the people who used the service. People told us that they had opportunities to go out to pursue activities of their choice and staff told us that people did not have to wait for support. Increased staffing levels meant better opportunities for people to receive individualised support.

We saw there were systems and processes in place to protect people and keep them safe. People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people whose behaviour may challenge others. Staff told us that they had received training in order to do this safely and everyone we spoke with said they felt confident that they would know what to do in such a situation.

People were supported to take informed risks to ensure they were not restricted. Where people lacked capacity to make decisions, the Mental Capacity Act (MCA) 2005 was being considered, to ensure staff made decisions based on people's best interests.

People's medicines were managed safely and people received their medication when they should. Staff were recruited through safe recruitment practices.

People who used the service told us that they felt consulted in relation to how they lived their lives. There were processes in place to gain their views. People's preferences and needs were recorded in their care plans and we saw that staff were following the plans in practice.

We saw that the monitoring of food and drink intake had improved and staff could show that people were receiving a varied and balanced diet. At least one person's health had improved as a result.

Throughout the inspection we saw staff treat people with dignity and respect. We saw staff were kind and caring when supporting people.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. This meant that people were enabled to make a complaint or share a concern about the care and support they received.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents, documented continuous improvement. Staff had received training and support in relation to learning disability, autism and mental health awareness, to them a better understanding of people's needs and behaviours.

Staff also told us how they had received support from the manager to raise their awareness of treating people with respect and recognising individuality.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice. We looked at whether the provider was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who are appropriately trained to assess whether the restriction is needed. The registered manager told us there was one person who may be being deprived of their liberty. We saw that they had made an application to check this with the local authority and had notified the CQC. At the time of our inspection no one else living in the home was being deprived of their liberty. We found the provider and the registered manager to be meeting the requirements of the DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe overall.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People's mental capacity was assessed to ensure, where possible, they were supported to make their own decisions and choices.

People were involved in planning their support and were able to choose how their care and support needs were met.

People were supported by staff who had received the appropriate training and support to carry out their roles and ensure people received support and care in an appropriate way.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People were encouraged to make choices and decisions about the way they lived and if people needed someone to speak on their behalf this was arranged appropriately.

People's privacy and dignity was upheld and promoted.

Good



Is the service responsive?

The service was responsive.

People's health was monitored and responded to when their health changed.

People were supported to pursue their interests and hobbies and maintain relationships that are important to them.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

There was a registered manager who encouraged openness throughout the service and all staff had opportunities to discuss their practice regularly.

Good



Summary of findings

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Heathcotes (Hucknall & Watnall)

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 was planned to check 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 inspected the service on 26 November 2014. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received from members of the public and statutory notifications. A notification is information

about important events which the provider is required to send us by law. We also contacted health and social care professionals who have worked with people who use the service.

During the visit we spoke with four people who used the service, five members of care staff, two team leaders, the registered manager and a senior manager. We observed care and support in communal areas. We looked at the care records of two people who used the service. We also looked at staff training records and a range of records relating to the running of the service including, audits carried out by the registered manager and provider.

Following the inspection we spoke with a social care professional who wanted to share their feedback about the service with us. They spoke positively about their joint working to ensure effective support to a person who used the service when their needs changed.

Is the service safe?

Our findings

The last time we inspected the service we found there had been a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to ensuring that there was always sufficient staff on duty to support people safely. The provider told us that they would make improvements and they sent us an action plan outlining changes and giving timescales for action. During this inspection we found improvements had been made.

People told us that they felt safe. One person told us, "It's a nice place." Another person told us, "I feel safe and happy here. Staff treat me well and if they didn't I would know who to speak to."

We found that risks associated with individual life style choices had been assessed and actions agreed to minimise risks with the individual. However we saw that, on one occasion, these guidelines had not been followed by the person they related to or the staff team. This placed the person at risk of harm. Details of the incident had not been shared with the manager and plans had not been reviewed and updated. This could have had an impact on the person's personal safety.

People who used the service told us that there were enough staff on duty at all times to support them. They gave us examples of how staff were available to support activities and social opportunities. One person told us, "They take us out whenever we want." During this inspection staff told us that staffing levels had increased and this was having a positive impact on the service. One staff member told us, "There are more staff now. This is better as it means people have more opportunities. People used to have to wait for support. This has improved." We saw that there was enough staff on duty to meet people's needs promptly and keep them safe.

Staff told us that they had received training and support to enable them to manage people's behaviours safely. Staff said they were confident that if they had to restrain anyone to keep them safe they knew how to do it without hurting them or others. All the staff we spoke with were confident that they could do this. We saw how risks in relation to managing behaviours were assessed and reviewed. Actions were identified to reduce these risks where possible. This meant that staff could keep people safe.

People were protected from abuse as staff had received appropriate training and could recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns. Senior staff knew how to refer incidents to external agencies if needed. The registered manager told us how they had made referrals and worked with social care professionals to keep people safe.

We saw that when risks to a person's health and welfare had been identified these had been assessed and reduced as far as possible. One person told us that they went out on their own to meet their friends. They told us that this was important to them. Support plans enabled them to do this safely. Risk assessments were in place to support activities of daily living and to support people to develop and learn new skills. Support plans were developed from assessments and we saw how they reduced risks when possible to keep people safe.

People told us they received their medicines when they should. One person said, "Although they [staff] keep my medicines downstairs I take my own when I am down there." We saw that details about a named medication for one person had been produced in an easy to read format so that they could understand the reasons for taking the medicine and the possible side effects. People were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored safely and records showed staff were administering medicines to people as prescribed by their doctor. We saw medicines were being checked regularly by the manager to ensure staff were managing people's medicines safely.

Recruitment files for staff contained checks that the provider had carried out to ensure that the staff were safe and were of good character to work with people who used the service. These included a check of their identification to make sure they were who they said they were and also a Disclosure and Barring Service check. The Disclosure and Barring service help employers make safer recruitment decisions and ensure that people who are of good character are employed to work with people who use the service. During this inspection we spoke with two staff who had recently started working at the home. They confirmed

Is the service safe?

that they had provided all required information to support their application and had waited until checks had been carried out before they were started work. This showed that the safe recruitments practices were being followed.

We saw that accidents and incidents were recorded and monitored. This meant that the staff team could learn from them and take steps to ensure that they did not happen again wherever possible. This helped to keep people safe.

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to meeting people's nutritional needs. The provider told us that they would make improvements and they sent us an action plan outlining changes and giving timescales for action. During this inspection we found improvements had been made.

People who used the service told us that staff met their needs effectively and in ways that they preferred. One person told us, "They do a good job. They know what I need and they make sure I get it." We saw staff effectively meeting the care and support needs of the people who used the service. For example, one staff member supported a person to meet their personal care needs and one staff member offered reassurance to one person when they became anxious.

Care plans reflected people's care and support needs. They also detailed people's likes and dislikes as well as agreed ways of supporting people at different times. Staff told us that this information enabled staff to meet people's needs effectively and how people preferred.

People we spoke with told us they were supported to see a doctor when they needed to and that chiropractors, opticians and dental appointments were planned and attended. Visits were documented and plans were updated to reflect people's changing needs. This meant that staff could offer appropriate and consistent support. One person told us that when they were poorly staff helped them and called the doctor. Staff told us that they used their knowledge of a person to recognise when they were unwell and get them appropriate treatment. Staff shared examples of how they had done this and this was reflected in care plans. We also saw how visits to GPs and other health professionals were documented to show that people's health needs were met.

People were supported by staff who had the knowledge and skills to provide appropriate care and support. People who used the service and a social care professional told us that staff knew what they were doing. Staff told us they had regular support and supervision with the registered manager, where they were able to discuss the need for any extra training and their personal development. Staff told us

that they had received training in relation to meeting the specific needs of the people they supported. Staff said that all training was 'good' but three staff also commented on how the 'autism' training in particular had been very insightful and given them a much better understanding of people's behaviours. This meant that they could support people more effectively. We saw staff offering effective support to people throughout the inspection.

The registered manager and the staff team were following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) for people who lacked capacity to make a decision. The Mental Capacity Act is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they receive. Where people had been assessed as lacking capacity in certain areas, the registered manager had made an application under the DoLS for people. Staff had completed training on the MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. We saw how people who used the service had been involved in these decision making processes where possible. These processes enabled staff to provide consistent and effective care.

Staff told us that communication and team work were strengths of the service. These qualities enabled them to meet people's needs consistently and effectively. They told us that this was important to people who used the service because of their complex health and support needs. People's needs and abilities were assessed and reviewed regularly.

People told us that they could choose what they liked to eat and that they liked the menu choices. Systems were in place to recognise people's preferences and health needs. One person told us that the staff did the majority of the cooking but one person told us that had been supported to cook. They told us, "I cooked my own omelette and everything, and pizza." We saw records of foods eaten and also when foods were offered but refused.

People were supported to maintain their nutrition and hydration. We saw one person had some unexplained weight loss which had placed them at risk nutritionally. Staff told us that advice had been sought from the dietician and that they were seen following this advice. The support had proven effective and the person had started to gain weight.

Is the service effective?

We saw that the monitoring and recording of food and drink intake had improved. Staff were able to show us records of what people had eaten and drank. We also saw how healthy options had been suggested. This showed us that people were now being encouraged and supported to enjoy a varied and balanced diet.

People who used the service told us that staff did a good job. One person said, “Staff are alright. They treat me well and know what they are doing.” Records showed that staff had received training to increase their knowledge and skills and enabled them to provide effective support. Staff told us that this meant they could offer effective support that met people’s needs.

Is the service caring?

Our findings

The last time we inspected the service we found there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to ensuring the dignity of people who used the service. The provider told us they would make improvements and we saw that improvements had been made.

People told us that staff respected their privacy and dignity and were always polite. One person told us, “They treat us well.” Another person said, “You can talk about anything and they [staff] will help you.”

One person told us that staff always knocked on their bedroom door before entering. The same person said that, “They [staff] leave you alone unless you want anything.” We spoke with five members of staff about how they would respect people’s privacy and dignity and they all showed a good level of understanding in relation to this. One staff member said, “I treat people as I would want to be treated.” Other staff told us that they had been told how people liked to be supported and what to look out for to identify when people were becoming agitated or upset. One staff member told us, “When people get upset we redirect them

before it becomes an issue. This helps to keep people calm and relaxed.” We saw an example of where one person was supported to maintain their dignity. The member of staff reacted positively and quickly when the person’s dignity was compromised.

People’s religious and cultural values and beliefs were recorded on their care plans and considered as part of the delivery of care and support. People were supported to maintain links with people who were important to them.

We saw people were offered choices about what they did and where they spent their time. We saw people spending time in their own bedrooms when they wished and saw some people chose to have their meals in their room. Staff supported the choices made and demonstrated an understanding of how the person was feeling.

We observed positive interaction between staff and people who used the service on the day of our visit. People were comfortable with staff and confident to approach them throughout the day. We saw many examples of staff showing them kindness and respect. Staff we spoke with told us they enjoyed their role. Comments received from people who used the service and from staff reflected that staff were caring.

Is the service responsive?

Our findings

The people that we spoke with told us that staff were responsive to their needs. They told us that staff knew them well and always listened to them. One person told us that they had a key member of staff who they spoke with regularly. The same person told us that the manager reviewed the support they received to make sure it was still what they needed. One staff member told us, “We listen to what people want and when they want it. That is our role.” This showed that staff were responsive to meeting people’s needs.

The service is provided in two houses on the same site. The registered manager regularly spent time in both houses and knew the people who used the service well. They told us how they had recently supported one person to move to a home where they could be more independent and also how they supported one person to leave the home to get more appropriate support. This showed that the provider had considered and responded to people’s increasing support needs and the needs of the other people who shared a house with them.

People who used the service told us that they had been involved in developing their care and support plans. Information from pre admission assessments were seen to have had been used to develop individual care plans. Staff told us that plans were personalised and developed to reflect individual care and support. The care plans that we looked at contained relevant information about that person. We saw how plans detailed likes and dislikes and things that were important to that person. We saw how one person had signed to say that they were in agreement with their plan. This meant that staff could respond appropriately to meet people’s identified needs.

People who used the service told us that they attended meetings to discuss the running of the home and felt that they had opportunities to make changes. One person told us, “They [the staff and the registered manager] listen to what we have to say and they usually do what we suggest.”

We saw that people’s care plans were regularly reviewed by senior care staff or the registered manager. This enabled staff to respond to people’s changing care needs.

We spoke with care staff about the people they supported and they told us that they generally supported the same people on a regular basis. We found that staff were able to explain people’s individual needs and had detailed knowledge about each person and how they liked their care to be delivered including their routines and meal preferences.

People we spoke with told us they knew how to complain. One person said that they would be confident to make a complaint to the manager but said would usually tell the staff who was supporting them. Staff we spoke with were knowledgeable about the complaints process. We looked at the complaints records and saw that there had been two complaints made. We saw that both had been investigated and the outcome discussed with the person making the complaint to ensure they were happy with the way it had been resolved. We saw from the minutes of meetings held for people who used the service that people were supported to discuss any concerns they may have. We saw that the complaints procedure was displayed in each of the houses. This meant that the provider was promoting the process and responding appropriately.

Is the service well-led?

Our findings

All of the people we spoke with were complimentary about the way the registered manager led the staff team. One staff member described the registered manager as, “Brilliant.” Another staff member told us, “We work well as a team and communication is very good.” Staff told us that effective communication meant that they had up to date information about people and how to meet their changing needs. People were supported by staff who felt valued. Staff we spoke with told us they felt supported by the registered manager and the provider. Staff told us that they could approach the registered manager and they would be listened to. The registered manager regularly worked alongside the staff team offering guidance and support. All staff we spoke with liked working at the home. We saw staff that were new to the job and were being supported to learn their role and how to work safely and effectively. They told us that the induction process was structured and that they felt well supported. They told us that they spent time working alongside experienced staff and this enabled them to develop their skills and knowledge. This showed that the service was well led.

There were systems in place to monitor the quality of the service provided. Audits were completed to assess, monitor and improve the service. We saw that there was a quality framework in place which included audits being completed by the manager and monthly visits from a manager from another service. These were used to determine what improvements needed to be made and what the service was doing well. There were action plans in place following these audits with timescales for when the improvements would be made. For example we saw that regular checks were made to the environment and to equipment. When remedial action was required this was recorded and then followed through. Actions were documented as completed and demonstrated effective management.

Monthly visits took place from a regional manager to assess the quality of the service and these were linked to an annual assessment of the service. The monthly visits resulted in an action plan for improvement and we saw that the manager had completed the required actions and this had been assessed at the next monthly visit and the

home had been scored higher than the previous month. These visit helped the provider to ensure that the people were getting a good service that met their individual support needs.

The provider regularly listened and learnt from people’s experiences and concerns to improve the quality of care. Records of people’s experiences showed that people were satisfied with the service they received. There had been a survey carried out in October 2014 and the questionnaire sheets had been developed in a format that people could understand. The results of the survey were still being collated but we saw that people had made positive comments.

There were regular meetings held between the manager, staff and people who used the service. They discussed activities, raising concerns and any issues people may have. This meant people were supported to make their views known about the service.

We looked at information held about accidents and incidents and saw that plans and corrective actions were always put in place to prevent any potential recurrences. This offered protection to people who used the service. Staff told us that the incidents where they had to use restraint had decreased significantly. One staff member told us, “Since I’ve been here no one has had to be restrained.” One staff member said, “Because we know people we can stay one step ahead. The techniques we use to redirect people are effective and we share them to ensure consistency.”

We saw how the registered manager had taken action to ensure people’s needs and wishes were listened to and acted upon while also considering the impact of people’s behaviours on others. Senior staff recognised when a person’s needs could no longer be met safely within the service. The registered manager told us what action they had taken when this happened. They also told us how they had taken action to protect people when a staff member had not been suitable to work within the service. These actions demonstrated effective leadership focussed on the needs of individuals and the group.

We spoke with a social care professional who had supported a person who lived at the home. They spoke positively about the leadership and support given to the person. They told us that communication was a strength of the service and that this had impacted positively on the

Is the service well-led?

person who used the service. Records showed that staff worked closely with health and social care professionals to ensure people received appropriate and consistent support. This joint working showed that the service was well led.