Heathcotes Care Limited

Heathcotes (Oadby)

Inspection report

103 Foxhunter Drive
Oadby
Leicester
Leicestershire
LE2 5FE

Tel: 01162713955
Website: www.heathcotes.net

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out our inspection on 5 and 6 May 2016. The inspection was unannounced on the first day, we returned announced on the second day.

Heathcotes (Oadby) provides accommodation for up to eight adults who require personal care and support. People who use the service live with autistic spectrum disorder and/or a learning disability.

The manager had applied to the Care Quality Commission to become the 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 (Oadby). Staff had a good understanding of the provider's procedure to keep people safe from harm and abuse.

People had the appropriate level of staff support to meet their assessed needs. The provider completed relevant pre-employment checks which assured them that staff were safe to work with people.

People received their medicines as prescribed by their doctor. However staff had not followed guidelines to assure them that people's medicines remained safe when they administered them.

Staff received the training they required to provide support that met people's individual needs. They had a good awareness of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and how they would apply them in their role.

People did not always receive the support they required to have meals that met their needs. The needs of people who required special diets were not always met. Staff did not creatively support people to be involved in planning their own meal. People were not always offered suitable choices of meals that they preferred.

People had prompt access to healthcare services when they needed them.

Staff treated people with kindness and compassion. They respected their dignity and privacy and promoted their independence where possible.

People had access to a variety of activities. They were supported to maintain regular contact with people that mattered to them.

People and their relatives had various opportunities to raise any concerns they had about the service they

received.

Management was not open and transparent. They did not share information with staff in a timely manner.

The provider had systems in place to monitor the quality of service. However they did not consistently use the system or other feedback they received to effectively improve the service.

We identified that the provider was in breach of Regulations 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and Regulations 18 of the Care Quality Commissions (Registration) Regulations 2009. You can see at the end of this report the action we have asked them to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were administered safely. However staff did not always follow the provider's protocols or guidance to assure them that people's medicines were always stored safely and remained safe when they administered them.

Staff had the knowledge and skills to keep people safe from harm.

The provider consistently deployed enough staff to meet people's assessed needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional needs were not always met in accordance with the guidance in their support plan.

Staff had effective induction and training that equipped them with the skills they required to look after people. They had a good understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People had timely access to relevant health care support.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

They were knowledgeable about the individual needs and preferences of people using the service.

They treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had care plans which reflected their individual needs.

People were not socially isolated. They had access to a variety of activities and were supported to maintain contact with people that mattered to them.

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

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Management was not open and transparent.

Relevant notifications were not always sent to the Care Quality Commission.

The provider had quality assurance systems in place to monitor the quality of the service. They did not take on board results of their audits to improve the quality of the service.

Heathcotes (Oadby)

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 took place on 5 and 6 May 2016. The inspection was unannounced on the first day, we returned announced on the second day. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

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

We gathered our evidence of how people experienced the service the service by reviewing the care plans of three people who used the service. We met five people who used the service. Most people were not able to communicate with us due to their complex needs and need for minimum interruption of their daily routine. However we spoke with relatives of five people who used the service. This included face to face and telephone conversations. We also spoke with the manager, the organisations quality manager, three team leaders and six care staff. We observed the support people received in communal areas within the home. We also reviewed people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation. We contacted health and social care professionals who have dealings with the service to gain their views of how the service was run and the quality of the care and support provided by the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service were protected from avoidable harm and abuse. Their relatives told us that they were confident that staff had the skills required to protect them from harm when supporting them at home or in the community. One relative told us, "I do think [person using service] is safe. I have no concerns." They continued, "I think I know he is safe because I know my son. I often drop in or he comes home. When I drive him back to the home he is happy and content to be left there. He would let me know from his demeanour if he was not feeling safe. That is what I believe." Another relative said, "[Person]'s really happy here. Yes I do think he is safe".

The provider had a comprehensive staff training and induction program which included safeguarding training about how to protect from harm. We also reviewed records that showed that the manager discussed safeguarding at staff meetings. Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They knew what their responsibilities were, the action they would take, and how to report any concerns. One member of staff told us, "Yes I know the procedure. I know who to go to." They told us they would report concerns to senior managers at their head office. Another member of staff said, "Yes I do know what to do if I saw anything I thought was wrong, go to the home manager, or to the area manager and office."

There were enough staff to meet people's needs. The provider determined staffing levels based on people's assessed dependencies and needs. We observed people having one-to-one support from staff. We reviewed records which showed that people who need the support of two members of staff for specific daily living tasks received this level of support. There was sufficient staff on duty to ensure that people could participate in their chosen activity irrespective of their assessed level of need. The provider used a pool of temporary staff to ensure that safe staffing levels were always maintained.

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people using the service. They also implemented relevant safeguards where required to minimize the risk of staff abuse to people using the service. Where staff have been involved in incidents of concerns regarding people's safety, the provider investigated this and followed their disciplinary procedures where necessary.

People received their medicines as prescribed by their doctors. We reviewed people's medication administration records charts which showed that staff administered people's medicines as prescribed. Staff told us that only team leaders and 'acting team leaders' were authorised to administer medicines. Where medicines were prescribed on an 'as required' basis there was a clear protocol to guide staff on when to administer it.

People's medicines were stored safely following current guidance on the storage of medicines, including controlled drugs. However, we found that staff did not always record the date they opened medicines such as creams and dental medicines. Although nobody had come to harm as a result of this, it posed an increased risk of people receiving medicines which may have become unsafe for them. We brought this to

the attention of the manager. They later told us that staff had rectified this by recording dates on the medicines. However this was not done according to the provider's guidelines. We also saw that staff followed current guidelines on recording storage temperatures of medicines. However there was no guidance to support staff on actions to take if temperatures were outside the recommended range.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had received the training they required to provide the support that met people's individual needs. We reviewed records which showed that staff completed relevant training and that staff had access to required refresher training when needed. The provider's training records showed that staff received the relevant training they required to carry out their roles and responsibilities. This included mandatory training such as safeguarding and specialist training that enabled staff to meet people's individual needs such as managing which may challenge others. One member of staff told us, "I have attended courses – Mental Capacity, on line courses, team leader, medication and health and safety. You know what to expect on the job and can always ask for a refresher course." Staff told us that they received good induction on commencing their role.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had made applications to the local authority for DoLS authorisation for people that required this. This meant that people's liberty was only deprived when it is in their best interest, and that it is done in a safe and correct way. The staff that we spoke with had a good awareness of MCA and DoLS and its relevance their work. The provider was in the process of updating people's care plans. They showed us evidence that the updated versions of the care plan would comply with the requirement of MCA.

People did not always receive the support they required to have meals that met their needs. People's care plans included information about their nutritional requirements. However we saw that their requirements were not always met. For example, we reviewed a care plan which showed that the person required a gluten and dairy free diet. We saw that staff made dairy free food provisions but did not have any gluten free products provided for this person. We asked the manager about this, they told us that the person required a gluten free diet to help with managing their behaviour. Although this person had a history of behavioural needs, we could not establish if eating food containing gluten had caused an increase in their behavioural issues. This was because there were other possible factors that may cause this as stated in their records. When we asked staff about this, one member of staff told us, "There is no special pasta for [person]." They told us that staff sometimes offered gluten containing meals to this person, and that it depended on what was on offer, and "who was cooking." They told us that they had queried this with the manager but there had been no changes.

The manager told us that they had developed a new healthy menu. However we saw that this did not offer people choice or always meet their nutritional needs. The manager told us that people could ask for an alternative if needed. Although we could not speak to people about their meals, one relative told us, "Food seems okay here; residents seem to enjoy it so I can't complain." Staff told us that improvements were required to menu planning. A member of staff told us, "Meals are not great; it is not person-centred." They told us the people using the service were not consulted on the menu. They said that a person using the service did not like some of the meals on the menu and that staff did not have a supply of suitable ingredients to offer alternative meals. This meant that they could not always give the person a nutritious meal. They told us, "Each service user has their favourite meals and we could cater for their needs across seven days of the week, but there's none of that." We also saw a record of staff feedback which included dissatisfaction on the meals offered to people. Their comment included, "Telling someone … to eat same food when they don't want to - only stick to the Heathcotes budget and ideas not service users."

These issues constitute a breach of Regulation 9 (3) (i) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to health care services when required. We reviewed records that showed that staff provided the support that people required to access health care services. We also saw that they made flexible arrangements when required. For example, requesting a home visit for people who would not consent to attending appointments. A member of staff told us, "Service user's GP's are all in 5 miles and we can usually get an appointment for the same day. We have an LDA nurse who comes in." Relatives told us that staff did not always provide relevant health information people required. One relative told us, "I have just been to a health appointment with [person] and [staff] and it was a good job I was there as the home had not provided any medical background info for [staff] to take. It could have meant a cancelled appointment. My biggest complaints would be communication. Another relative told us, "Appointments are sometimes missed because I do not get enough notice." Records also showed that staff did not involve professionals to meet the nutritional needs of people who required special diets

Good

Is the service caring?

Our findings

People were treated compassionately. Relatives we spoke with were complimentary about the caring attitudes of the staff that support people. A relative told us, "Staff are usually very good with [person using the service] and patient as he does kick off. We saw from records of meetings that people gave positive responses when asked about the care they received from staff. A member of staff who had recently joined the service told us that they observed that the staff genuinely cared for people using the service. They said, "Staff are caring. They treat them [people using the service] as their own family."

We observed that staff supported people in a reassuring manner; support was centred on the person not on the task that was being completed. During our visit, we listened to friendly conversations between people who used the service and their support staff. We saw that people's care plans contained information about their specific needs and preferences. Staff that we spoke with were knowledgeable about people's specific needs and preferences, and they had the skills to support these needs. However, this was not applied to meeting people's nutritional needs as applied to the effectiveness of the service.

We reviewed records which showed that people were consulted on the décor of the own bedroom. We saw a person's bedroom had been personalised to meet their needs. We saw pictures and items showing people and things that were important to them.

People were supported to be involved in making decisions about their care and support. The provider offered people access to advocacy services. We observed that there was little evidence and use of visual aids to support people with limited verbal communication to make decisions. The manager told us that they were in the process of developing pictorial aid 'key rings' to ensure people were enabled as much as possible to make decisions and choices. A member of staff told us, "We know them and what they want."

Staff respected the privacy and dignity of people who use the service. For example, we saw that when staff supported people with their personal care needs, they did this discreetly. People could choose to join in activities with other people or spend time being alone. Staff treated people's information confidentially. For example, during our visit we saw that when staff shared information with a health professional that they did this in a way that maintained confidentiality.

People were supported and encouraged to be independent where possible. We observed a person using the service make a hot drink with support from staff. Staff told us, "[Person] will do things if you let him and encourage him. Otherwise he will let you do it for him".

Relatives told us they visited Heathcotes Oadby without any restriction. A relative told us, "You can pop in to the home for a coffee and a chat at any time." Another relative told us that they visited at various times of the day. They said, "I am always made welcome."

The provider sent end of life questionnaires to people's relatives to ensure that in the event of a person's death or their loved one that they [service] will provide support that is sensitive and reflective of people

individual preferences.

Good

Is the service responsive?

Our findings

People's care plans reflected their individual needs. The manager told us that they implemented a new care plan system in March 2016. They included detailed information about their personal preferences and specific needs.

Staff involved people and their relatives in the development of their care plans. We saw that the manager had requested relatives' views and feedback on people care plan. We saw evidence that their views on people's quality of life and general wellbeing were taken into consideration. A relative told us, "We do exchange tips on managing [person]. They [staff] work with you like a team so usually I can't complain." Another relative said, "We are included in everything, [we] speak often. We get paper copies of meetings for approval and comments. [Person] turned up here a few weeks ago with a member of staff just to drop some paperwork off. That was a lovely surprise for us. We feel involved." The manager also wrote monthly reports to update relatives on the care and support people have received with regards to their health and social inclusion needs. We saw that relatives could also feedback to the manager if required.

People were supported to be part of the wider community. They had access to activities. Relatives confirmed that people were not socially isolated. A relative told us, "They [staff] take [person] to loads of places and on the train." Another relative said, "They have adequate day activities but I did have to push initially, especially with all the staff changes." They went on to tell us that staff were flexible to provide choice of activities. They said, "If I find something in the paper for people with special needs or if I know something is in the theatre that [person] will like, I ring them [staff] us and they'll take [person]." At the time of our inspection, the manager was in the process of developing new activities plans for people using the service. We observed they consulted a person using the service and their support work to ensure that they chose meaningful activities of their choice. We observed staff take people out to their planned activities for the day. Staff told us, "Service users like to go swimming. They nearly all go swimming but choose different pools. They go to disco's sometimes. [Person] and [person] go to college."

People were supported to maintain relationships with people that mattered to them. We saw records that showed that staff supported people to maintain regular contact with their family and friends. A relative told us, "Staff are accommodating with [person]'s activities, dropping off to my home or staying at family parties so everyone can relax and [person] can go home as soon as he wants to. When [person] comes home with me I tell him all the family news – but I can't talk about his time as much because he can't talk to me. It would be good to have a communication book or similar to give me some clues and information."

The provider also had arrangements for seeking the views of people using the service and their relatives. People using the service could provide feedback through their 'residents meetings'. We saw that staff asked their views about aspects of their support. Relatives could provide their feedback through verbal or written communication with the manager. They also knew how to make a complaint if needed. A relative told us, "Anytime I've raised anything, they've sorted it." We reviewed the provider's complaints log, and saw that complaints were thoroughly investigated and were responded to as stated in the provider's compliant policy. This included acknowledging the receipt of the complaint, providing a response following an

investigation and making changes where relevant. This was done within the agreed timescales.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager between January and April 2016. During this period, the service received support from other managers within the organisation. A former area manager within the organisation had commenced the role of the home's manager.

The manager had applied to the Care Quality Commission to become the registered manager. Their application was being processed at the time of our inspection. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager did not always understand their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). Although we had received some notifications from the service, we saw that they failed to notify the CQC of two incidents of injuries to people using the service one of which was associated with the use of restraint. These notifications are an important safeguard for people using services and failure to notify the Commission denies people an important level of oversight and protection.

This was a breach of the Care Quality Commission (Registration) Regulations 2009: Regulation 18: Notification of other incidents.

Staff told us that they liked working at Heathcotes Oadby. One person told us that they were motivated in their role by the support they offered to people using the service. Another person said, "I like working here. We all support one another. [Manager] teaches everyone how to do jobs. I do some of [manager]'s work – help to do some documents.

Staff also told us that they were unclear about the management arrangements at the service. They told us that they did not receive relevant information about the changes to the management of the service. They told us that this meant they were not always clear who to go to for support. One member of staff commented, "There's been lots of change recently. Not sure what is happening with manager position. It has affected morale." Another member of staff told us, "[Manager] was the area manager last August, now in the last month she is manager here – seems strange without explanation. [Staff name] was acting manager or training then, [staff name] was team leader but now support worker." Relatives also highlighted the issues staff raised. One relative said, "You are not told when staff leave, and you are not told who starts. I bring this up very year." Another relative told us, "It's a bit of a transition period really with the past huge amount of staff turnover and management. It did disrupt [person using service].

Staff were supported to fulfil their role through training and supervision. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. We saw that although staff supervision was held regularly, this had not fostered open communication with staff. We saw records of recent staff survey, however we did not see any evidence that the responses were analysed and that feedback given were being considered.

We reviewed records of staff meetings. Records showed that staff had shared concerns that outcomes of

issues identified during monitoring visits conducted by the local authority had not been shared with them. This showed that the provider did not consistently share information or involve staff in making decisions on how to improve the service.

The provider had procedures in place for monitoring and assessing the quality of the service. These included quality assurance audits of people's care and support and monthly monitoring visits from other managers within the organisation. The system repeatedly identified areas where improvements were required in the service. For example, storage of medicines. We saw that the manager had not taken the findings of their own audits on board to make required improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not always notify the Care Quality Commission of relevant incidents at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's nutritional needs were not always met in a way that promoted their general well-being.