

Heathcotes Care Limited

Heathcotes (Derby)

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Heathcotes Derby is a residential care home. The service was a large home, bigger than most domestic style properties. It is registered to support up to eight young people from the age of 13 years and over. There were seven people in residence.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

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

The service needed to strengthen the quality monitoring systems to ensure checks and audits were completed in a timely way. The registered manager assured us these issues would be addressed with staff training and increased monitoring.

People continued to be cared for safely. Risks to people's health, safety and welfare were assessed, managed and monitored on an ongoing basis. Staff encouraged positive risk taking and promoted people's independence.

Staff continued to support people to maintain good health. People were involved in meal preparation and healthy eating was promoted. People were supported with their medicines and had prompt access to healthcare support when needed. Health action plans were in place, so people's wishes as to unplanned medical treatment were identified. Procedures were in place for people to express their wishes in relation to end of life care.

Effective systems and policies were in place to ensure staff were appropriately recruited. Staff continued to be trained to the appropriate level to provide effective care and support. There were enough staff to meet people's needs. Staff worked flexibly and had a consistent approach to promote people's wellbeing and independence.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Staff were caring and treated people with kindness, dignity and respect. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff encouraged people to follow their interests and people were supported to access many varied activities and interests. People's care plans and information was available in formats people could understand.

People felt staff and management were approachable, acted on concerns and their views were sought to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made for us to inspect and examine those risks.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Heathcotes (Derby)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector, a specialist nurse advisor and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account to plan our inspection and made the judgements in this report.

We reviewed information we received about the service since the last inspection. We sought feedback from

the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of support staff and the registered manager. We spoke with a paid person's representative (PPR), an independent advocate who supports a person to make decisions about their care. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager provider to validate evidence found. We looked at training information and the analysed quality assurance records. We spoke with two relatives and commissioner who works with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe. A person told us they trusted the staff which made them feel safe.
- The provider had policies and systems in place to safeguard people from abuse and they followed local safeguarding protocols when required. This included all staff trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse.

Assessing risk, safety monitoring and management

- Potential risks to people had been assessed on an ongoing basis. Comprehensive care plans provided staff with the information they needed to support people to minimise risk without restricting their freedom.
- Staff had a good understanding of people's risks and the action to manage behaviours that posed a risk to the person and others. A staff member gave examples of the distraction techniques they used when supporting a person, which was consistent with their care plan.
- All incidents of behaviours that posed risks to people and the support given was documented. This enabled staff to review the effectiveness of people's risk assessments.
- Systems were in place to ensure people lived in a safe environment. Regular safety checks carried out on the premises. Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely.

Staffing and recruitment

- Staff recruitment procedures were consistently followed to ensure people were protected from unsuitable staff. New staff only started the induction training upon receipt of satisfactory pre-employment checks.
- There were enough staff to meet people's care and support needs. Staffing levels took account of people's activities and the gender of staff required to support people.
- Positive feedback was received from professionals about the staffing. For example, staffing numbers had been increased when needed to promote people's safety.

Using medicines safely

- People were supported with their medicines in a safe way. People's care plans detailed the prescribed medicine and the reason for them for example to manage anxiety and how the person preferred to take their medicine. There was clear guidance for staff to follow on medicines to be given as required (PRN).
- Staff received medicines training and their competency was checked. Staff knew what to do in the event of a medication error. Observations showed a staff member administered medicines in a safe way and completed the records to confirm the medicines were taken.
- Medicine systems were organised, and staff followed the safe protocols for the receipt, storage and

disposal of medicines.

- The controlled medicines were stored securely in accordance with the specific regulation. Although the stock levels and balance were correct, we found missing signatures. This was brought to the attention of the registered manager who assured us they would investigate and if required staff would be re-trained and supervised.

Preventing and controlling infection

- Staff were trained and followed infection control procedures.
- Staff wore disposable gloves and aprons when people were supported with personal care needs to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were monitored so the registered manager and the provider was able to analyse; identify trends and take action when needed.
- The registered manager had shared lessons learnt from incidents with the staff. For example, staff were required to use the larger vehicle to transport a person for safety.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People continued to receive effective care from trained staff. Staff induction and ongoing training was comprehensive and in line with current legislation and nationally recognised best practice. For example, people's specific needs were met by staff using positive behaviour support when their behaviours posed a risk to themselves and others.
- Staff were seen supporting people effectively and in a calm way. A staff member found the corporate induction had given them the skills required and time to learn about people's needs.
- Staff training was kept up to date and their competency was checked. Staff had regular supervisions where they discussed their work, and any training needs.

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

- People's needs were assessed in line with best practice guidance. People, their relatives and professionals including advocates were involved in the assessment process.
- Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, which included their age, sexuality and disability. How people's learning disability, autism and mental health impacted on their daily life and the support required was clearly documented. This meant staff were able to meet people's needs effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service continued to work within the principles of the MCA and conditions on such authorisations were met.
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. The person's relative or an independent advocate and relevant professionals were involved.
- Staff supported people in the least restrictive way, consistent with their care plan. This meant, the use of physical restraint when used was proportionate and used to keep people safe.

- Staff sought people's consent A staff member said, "Everyone can make decisions to some degree. People need information given in a certain way, so they can choose from the options."

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

- People were supported as required to eat the food they wanted to, this included preparing their own breakfast and lunch. A person said, "Most of the food is good; I like all different things. Had bacon sandwich for breakfast. Will make myself a drink in a minute."
- People's dietary needs was recorded in their care plan. This included information about their food preferences, cultural diets and the level of support people required to eat and to prepare and cook meals.
- People's nutritional needs were assessed and managed. For example, a person was encouraged to eat slowly to prevent the risk of choking, which was consistent with their risk assessment.
- Staff were trained in food safety and were aware of people's dietary needs and preferences. Staff followed guidance from the dietitian and supported people to make healthy choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay fit and healthy. People attended annual health checks and were seen by health professionals such as the GP, psychiatrist and the dietitian, as required.
- Staff encouraged people to live healthier lives, encouraged healthy eating, exercise and supported to attend all medical appointments.
- Effective systems were in place which were understood by all. People's health action plans were kept up to date about individual needs, support with communication and medicines. This ensured people's care was both co-ordinated within the staff team and person centred to achieve the best outcomes for people.

Adapting service, design, decoration to meet people's needs

- The home environment was suitably adapted and designed to promote the needs of people with a learning disability and/or autism. Several rooms for eating and relaxing meant people were able to spend time together or alone. The layout of the building ensured people had free movement around the home and the secure outdoor space.
- People's rooms were personalised and decorated to their taste and choice of colour.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for and treated with respect and kindness. People described living at the care home as 'brilliant place' and said, "I love it here."
- Relatives told us staff were caring and said, "Some staff are brilliant."
- People had developed positive relationships with staff and the registered manager. For instance, a person felt a sense of security by holding the hand of their support worker.
- Staff were caring and friendly towards people. Staff understood how people communicated and interpreted their body language. Staff were observed to respond quickly to people if they became agitated and distressed. This was done in a respectful and in the least restrictive manner whilst respecting the person's personal space.

Supporting people to express their views and be involved in making decisions about their care

- People were comfortable around the staff and the registered manager. For example, a person reminded the registered manager they had planned to review their care plan that day.
- People were involved in writing their personalised care plans. For example, individual routines and information about the people who were important to them such as relatives and professionals.
- The registered manager and staff understood the importance of involving people in decision making and where people did not have the capacity then best interest decisions were made, which involved family members or an advocate and professionals.
- Staff encouraged people to express their views about their care and made day to day decisions. People influenced changes to the service, such as designing the front garden.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained by staff at all times. Observations showed staff were sensitive in their approach and were responsive to maintain people's dignity. For example, being supported by gender specific staff for personal care delivery.
- People's independence was promoted, for example staff supported a person to clean their room. A person said, "I used to go to Derby regularly, now I like to sit in the garden." This showed people's decisions about how they spent their time was respected.
- People's diverse needs, which included their disability and age were considered on a day to day basis. This ensured staff were able to support and meet people's individual needs.
- People's records were accurate, complete and legible. These were securely stored and were accessible to

staff to enable them to keep them updated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to be at the heart of the service. People's individual choices and preferences including those related to the protected characteristics to protect people against discrimination were documented. People received planned care and support from a dedicated team of staff who enabled them to live their life as they chose.
- People's care plans were comprehensive for staff to provide consistent level of support which could vary depending on the activity or how the person was feeling. The registered manager was taking action to ensure everyone's care plans were personalised and positive outcome focused to promote people's wellbeing. Care plans were reviewed regularly and updated as people's needs changed.
- Staff with the appropriate level of training supported people where they posed a risk to themselves and/or others. Staff showed a good insight into the lives of people with a learning disability or autism and the impact of how surroundings may affect. Positive behaviour support (PBS) was used to improve people's quality of life. This meant minimising the use of restrictive practices and reducing the use of restrictive physical interventions.
- A commissioner provided positive feedback about the responsiveness of the staff. They told us staff kept them informed of changes to a person's needs and the adaptations being made to bedroom so make it suitable for this person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information was made available to people in the format that met their needs, such as easy read styles and pictures.
- People's care plans contained information about their communication needs and their understanding of time. A staff member told us they observed people's body language and used simple words and gestures to interpret what people needed.
- Some people required information presented in a specific way to achieve a positive outcome. A staff member told us they would say to a person, "We can eat now and then we can go out."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to enabling people to socialise and develop and maintain relationships. A relative

said "Staff have worked really hard encouraging [name] to do new things. [Name] goes to the library, shops, swimming and café. [Name] seems more occupied and calmer."

- People took part in social events and their cultural and religious needs were met.
- People maintained close relationships with family members. Relatives said, "A staff member brings [name] home for a for a visit every two weeks. This is really good, keeps [name] in touch with home and the family." And, "[Name] uses the office phone to ring me when [they] want three or four times a day."
- Staff spent meaningful time with people; engaging in conversations, playing games or going out for a walk. Some people had planned activities for the week such as going to dance classes. Staff worked flexibly enabling people who preferred to decide on the day what they want to do. For example, a staff member to take someone swimming because that's what they wanted to do.
- A commissioner and an advocate involved in people's care told us staff supported people to follow their interests. Staff were responsive and encouraged age appropriate activities so people could live the life they chose.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint. When we asked a person what they would do if they were unhappy about their care, they said, "Tell [registered manager]."
- The provider's complaint procedure was easy to understand and included advocacy information if people needed help to complain.
- The registered manager took complaints seriously. They kept records of issues and the action they had taken to reduce the likelihood of reoccurrence.

End of life care and support

- The provider had an end of life policy in place.
- There was no end of life care being delivered at the time of the inspection.
- People's end of life care had not be explored due to their specific needs and the potential negative impact on a person's well-being if the question was to be asked.
- People's records included information about their next of kin and any specific cultural or religious aspects of a person's care, which may be needed in the event of their sudden death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management did not always support the delivery of high-quality care.

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

- The provider's quality assurance systems was not used effectively to assess and monitor the quality of care. For example, senior staff had responsibility for the weekly audits in relation to medicines, first aid equipment and fire safety tests. These had not been completed since 20 May 2019. The audit on the controlled drugs had not identified there were missing signatures in March and April 2019, which we found. We discussed our concerns with the registered manager. They recognised these issues would have been identified sooner if random checks were done. The registered manager assured us they would address this through staff supervision and training and increased random checks.
- The registered manager understood the regulatory requirements, submitted notifications to the Care Quality Commission (CQC) as required.
- The registered manager and staff continued to provide person-centred care in line with the provider's expectations. These were supported with up-to-date policies and procedures and a business continuity plan, so the service delivery was not interrupted by unforeseen events.
- Staff understood their responsibilities towards the people they supported.

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

- The registered manager provided good leadership. People, staff and professionals spoke positively about the registered manager and the staff team. They said, "I think [registered manager] has grown into her job as times goes on." And "Management is responsive to feedback and focuses on improving [name] quality of life."
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as CQC, in line with the duty of candour.
- The management system for complaints provided a corporate level oversight of all complaints.
- The previous inspection report and rating was displayed within the service and on the provider's website.

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

- People continued to be at the heart of the service. The registered manager and staff were committed to providing person-centred care.
- People's care was planned, monitored and reviewed regularly. Care plans had detailed information about the support people required and respecting their wishes whilst promoting their safety and independence,

where possible.

- The culture within the service was one of tolerance, respect and support of people's differences. Staff encouraged people to express themselves in the way they wanted and celebrated their diversity.
- People and their relatives said the registered manager and staff were approachable.
- Staff continued to be well supported. Training was focused on developing staff to achieve better outcomes for people.
- A staff member provided positive feedback about their experiences working at the service. They said, "I love working here and making a difference to people's lives and doing things that young people do."

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

- People's feedback about the service was captured through regular contact with people and their relatives and surveys. The results of the satisfaction surveys were positive in all areas.
- People had developed strong links with the local community. For example, some people attended social groups and activities to forge new friendships.
- Regular staff meetings provided staff with updates and information and any lessons learnt were shared. A staff member said, "Every month we get management updates from [registered manager]; updates on each resident and we about anything we could do differently to help people."

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a willingness to learn and was committed to improving the service. For example, in response to feedback during the inspection the registered manager had reviewed a person's risk assessment and ordered equipment to improve hygiene and waste management.
- The registered manager attended forums and shared information and learning with staff to reduce risks and improve the lives of people who used the service.
- The registered manager and staff worked in partnership with healthcare professionals, commissioners and the advocates meet the complex needs of people.