Heathcotes Care Limited

Heathcotes (Blackburn)

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

The service is registered to provide personal care for 13 people who have a learning disability. On the day of the inspection 12 people resided within the home.

We last inspected this service in April 2014 when the service met all the standards we inspected.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager had taken maternity leave. There was an experienced person in charge.

People who used the service told us they felt safe at this care home. Staff were trained in the protection of vulnerable adults and had policies and procedures to refer to.

We looked at staff files and the training matrix. We found staff were robustly recruited, trained in topics relevant to the service and were in sufficient numbers to meet people's needs.

Summary of findings

There were systems in place to prevent the spread of infection.

People told us the food served at the home was good and they were involved in planning menus, cooking and shopping.

We found the administration of medication was safe.

Some staff had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application needs to be made and how to submit one.

Electrical and gas equipment was serviced and maintained. However, five bedrooms did not have a hot water supply to the sinks on the day of the inspection. The manager telephoned a plumber but they had not been by the end of the inspection.

There were individual risk assessments to keep people safe but they did not restrict people who used the service to access the community.

We toured the building and found the home to be warm, clean and fresh smelling. Several rooms had been redecorated in a homely style and people who used the service had personalised their rooms to their tastes.

Plans of care were individual to each person and had been regularly reviewed to keep staff up to date with any changes to people's needs.

People who used the service were able to join in meaningful activities and regularly went out into the community.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

People who used the service were able to voice their opinions and tell staff what they wanted in meetings, with their key workers and by completing surveys. People who used the service were also able to raise any concerns if they wished.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risks.

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?

Good

The service was safe. There were systems in place for staff to protect people. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. People who used the service told us they felt safe. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were involved in choosing the foods they ate and were provided with advice upon a healthy eating lifestyle.

Is the service caring?

Good

The service was caring. People who used the service thought staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account. People were encouraged to be as independent as possible with staff support.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to access the community to follow their interests and hobbies.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, key worker support sessions and by filling in surveys.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Summary of findings

Policies, procedures and other documentation such as the current codes of conduct were reviewed regularly to help ensure staff had up to date information.

Staff felt supported, supervised and listened to.

Heathcotes (Blackburn)

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.

The inspection team consisted of one inspector and was conducted on the 12 and 13 May 2015.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. At this inspection we were not able to request a Provider Information Return (PIR) in time for the service to respond. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with four people who used the service, two care staff members, the regional manager and the manager. The registered manager was taking maternity leave. We observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medication records for twelve people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Good

Is the service safe?

Our findings

Three people we spoke with said they felt safe. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The service also had a copy of the local authority safeguarding procedures to follow local protocols. The policy told staff details such as what constituted abuse and the contact details staff needed to inform them. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. Both of the staff we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. There had been one safeguarding procedure which had been investigated by the local authority and not substantiated. The local authority safeguarding team and Blackburn with Darwen Healthwatch did not have any concerns over the safety of the people accommodated at the home.

We looked at the risk assessments in the plans of care we inspected. There were risk assessments, dependent upon people's ability to take part in activities such as going out in the community, road safety awareness, assisting in the kitchen and for attending work. We saw the risk assessments were to keep people safe and not restrict the activities they attended.

None of the people who used the service required mobility aids or two staff to look after them.

We looked at two staff tiles. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Medicines were stored safely in a locked room. We looked at the policy and procedure for medicines administration. There was a suitable system for the ordering, accounting for, administration and disposal of medicines. The pharmacist who supplied medicines to the home audited the system and was available to support staff to follow safe practice.

Staff had been trained to administer medicines and the manager checked staff competencies. Staff checked the medicines sheets twice daily to check for any errors. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was given and how often they could be given.

Staff had a copy of the British National Formulary and a copy of each medicines fact sheet was retained in the records. This enabled staff to check for any possible side effects or reasons why a drug should not be given to a specific person.

There was a staff signature list for staff to be accountable for their practice should an error be detected and the room and fridge medicines were stored in were checked to ensure drugs were stored within the manufacturers guidelines. We looked at all the medicines administration records and found no errors or omissions.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. One staff member was designated to conduct checks for cleanliness. The service used the National Health department's guidelines for the control of infection in care homes to follow safe practice. Both the manager and regional manager conducted regular audits of the building, including infection control checks. Staff had access to protective equipment such as gloves and aprons to reduce the risk of cross contamination. The water system was serviced by a suitable company to prevent Legionella.

The laundry was sited away from food preparation areas and red alginate bags were supplied to staff to safely wash soiled linen and clothes. The laundry had been updated since our last visit and new industrial washing and drying machines should provide people who used the service with a more efficient laundry.

The electrical installation system was next due to be examined by professionals in 2016. All other equipment checks, such as the gas equipment, portable electrical appliances, the fire alarm and extinguishers and emergency lighting had been serviced to help keep the environment safe.

People had an emergency evacuation plan (PEEP) and there was a business continuity plan for unforeseeable incidents such as a fire.

Good

Is the service safe?

On the day of the inspection there were sufficient staff on duty to meet the needs of people accommodated at the care home. This included the manager, a team leader and ten support workers. There were three support workers at night time with the facility to contact a manager if staff needed to. The duty rota showed this was normal for this service. Staff told us, “I think we need one or two more staff in general to cover shifts when other staff are off but there are enough staff to meet their people’s needs” and “There are enough staff. We get to spend some quality time alone with service users".

Good

Is the service effective?

Our findings

People who used the service told us, "I can get help when I need it but I do a lot for myself". "The staff care for me very well" and "The staff are very nice. They do what I ask them to".

We inspected three plans of care in depth during the inspection. The plans of care had been developed with people who used the service who had signed their agreement to the plans where possible. The plans were individual to each person. People who used the service had helped complete documentation, such as a 'This is Me' section of the care plans to inform staff of their wishes and choices. The document also told us of people's likes and dislikes. The plans were reviewed regularly to keep staff up to date with people's needs. Both staff we spoke with said they read the plans of care to get to know people who used the service better and what they liked to do.

Staff wrote a daily record of what people had done or if they had been seen by professionals. The records were detailed and included checking people's rooms for cleanliness or faults, if they had been out, what they had eaten or drunk, any family contact and any life skills they had done. Some of the information could be gained from the person who used the service with the aid of a picture board. This meant a person with limited verbal communication skills could point at a picture to say what they wanted to do or had done.

We observed staff talking to people and asking them what they needed or encouraging people to join in with life skills such as cooking and cleaning their own rooms. This gave people who used the service a choice on what they did.

Two people who used the service told us, "The food is all right and they always ask me what I want" and "The food is good and I like to help in the kitchen and do the shopping". One member of staff was responsible for organising the weekly menu. We were told this person talks to people who use the service to see what they want and then does the shopping. The service preferred this less formal approach to mealtimes than set menus.

Two people who used the service required food to be prepared specifically for their ethnic needs. Some staff were of the same ethnicity and provided advice on what was acceptable. Some staff had completed food and nutrition training and there was advice on healthy eating and around specific diets such as diabetic diets in the kitchen.

There was a good selection of fresh, frozen, dried and canned foods. The dining room provided sufficient space for people to take their meals as a social occasion although one person preferred to take meals in his room.

People who used the service were encouraged to help in the kitchen or set the table for meals. The kitchen had been given the five star very good rating by environmental health which meant that although many people may use the kitchen staff provided a safe service by undertaking the necessary checks. On the day of the inspection the kitchen was clean and tidy.

People could have what they wanted for breakfast, had a lighter lunch and main meal in the evening. On the day of the inspection the food looked nutritious. People were weighed regularly and were referred to their doctor or a dietician if required.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection an authorisation for DoLS was in place for one person who used the service. Several further applications were being considered by the local authority responsible for people's care. The manager said they were taking a long time to come through. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

New staff were given an induction prior to working with people who used the service. One member of staff we spoke with had worked at the service for six months and said her induction was "Brilliant". This included familiarising themselves with the building and key policies and procedures. They were then enrolled on a nationally recognised induction course. New staff were also issued

Good

Is the service effective?

with the Skills for Health and Social Care codes of conduct and a staff handbook. These documents gave staff the information they needed to carry out their roles appropriately.

We inspected three staff files and the training matrix for the whole service. Two staff members told us, "We have had lots of training. Certainly enough to be able to do the job" and "We are offered lots of training". The staff files and matrix showed us staff had undertaken training in topics such as health and safety, first aid, food hygiene, diabetes and nutrition, moving and handling, infection control, the mental capacity act and deprivation of liberties, autism awareness and other topics suitable to the care the service provided. Staff were encouraged to complete a recognised qualification on health and social care such as a diploma or NVQ. Both staff we spoke with had completed NVQ2 and a staff member told us she was going to complete a higher level course. There was a dedicated trainer for non-aggressive physical and psychological intervention (NAPPI) training. This person received accreditation through the British Institute for Learning Disabilities. On the day of the inspection this staff member was at the home to give specific advice to staff on how to deal with one individual's behaviours but more generally trained all staff on the best ways to defuse difficult situations. Staff were suitably trained to meet the needs of people who used the service.

We saw from the three staff files we inspected that staff received supervision regularly to support their practice and improve their understanding of people with a learning disability. The manager said she was going to conduct appraisals now that her position was to become permanent. Staff told us they were able to talk to the manager about any issues or training they had during supervision sessions.

We conducted a tour of the building during the inspection. The building was warm, fresh smelling and in good decorative order. There had been some redecoration since our last visit. During the tour we noted that window restrictors were in place to prevent people from falling out of them and radiators were safe so people could not be scalded. However, we noted whilst checking people's bedrooms that in five of the six bedrooms in one corridor no hot water came from the taps in the sinks. There was hot water to baths and showers. We brought this to the attention of the manager and regional manager because it is not pleasant to wash in cold water or safe for staff to carry hot water around the building. A plumber was contacted straight away but this had not been fixed by the end of the inspection. We asked the manager to let us know when the work has been completed. We saw that a person was responsible for checking the environment, including hot water outlets and up to the last tests in April the water temperature had been recorded as around 43 degrees centigrade. Further checks included the fire alarm and break points, wheelchairs for any faults, electrical sockets and equipment and the laundry.

The communal areas were homely and people's bedrooms were highly personalised, which reflected their age and aspirations.

Good

Is the service caring?

Our findings

People who used the service said, “All the staff are very nice”, “I am very happy here. The staff are great with me” and “The staff are very good”.

We observed staff during the day. Quite often a member of staff was walking with or sat talking completing an activity with the person they were looking after. During our observations we saw that staff gave people who used the service choices and talked to them appropriately.

Staff were taught about privacy and dignity and we did not observe any poor practice. Staff were careful to keep any assistance private.

In the plans of care we noted a lot of detail around what people liked or disliked. There were also records of what people liked to do or where they would like to be taken out. Both the people we spoke with went to visit their families, who could also come to the home at reasonable times without restriction.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. This process helped to ensure that people’s individual needs could be met at the home.

Good

Is the service responsive?

Our findings

All the people we spoke with who used the service thought staff responded to their needs. Each person had their own key worker to discuss activities and care.

We saw that people were offered activities suitable to their age, gender and abilities. Two service users told us, "I like to do arts and crafts, I went to the lake district, I go out to eat, watch television and listen to music. I go to the gateway club and have a dance. I go to a music group, help washing up and cleaning my room. I do lots of things to help. I have some new pictures and one of the staff will put them up in my room for me" and "I have enjoyed working in the garden today. I like to go on trips and days out. I like going out. I went yesterday and it was a good trip. I like helping in the garden and going out for a meal. I go to the Gateway club but I don't like to dance". We saw one person went out to do some personal shopping. Throughout the day we saw staff sat with people doing various activities. One person attended work. Other activities on offer included playing card games, dominoes and going on holiday.

We saw that staff helped people who used the service to retain some independence by helping to prepare their meals or keep their rooms the way they liked them. Staff told us, "We give people choice about what they would like to do, where they want to go and if possible the person they want to support them" and "It's good that we can sit and chat with the service users. We can give them what they want if possible".

The manager held regular recorded meetings with people who used the service. We saw that from the meetings the menu was changed and outings arranged to places people wanted to go to.

We saw that people's care records were kept under review and updated when necessary to reflect people's changing needs. Where possible people who used the service or their representatives were involved in these reviews.

There was a complaints procedure for people to voice their concerns. Each person had a copy in their care plans but a simplified version was placed in the hallway showing the photographs of key members of staff they could approach to take a concern further if they wished. This included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or from the local authority and Healthwatch.

Two people of an ethnic minority did not go out of the home to practice their religion although staff with the same religion ensured they were suitably looked after. One person did go to church and to church functions such as for morning coffee. People were able to practice their religion if they wished.

We were shown the plans for the new kitchen. Because two service users were of an ethnic minority the service had shown thought around the design of the kitchen by providing a separate area for the preparation and cooking of Halal meals.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. 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. However, we were informed at the inspection that the registered manager would not be returning from maternity leave. We asked that a management representative from the company contact the registered manager to submit her resignation and send a copy to the Care Quality Commission. The person in charge on the day of the inspection is to be put forward to manage Florence House.

We looked at the last staff meeting records. Meetings were held regularly and topics covered the general running of the home, updates to people's care and their support, food, activities and the environment. Staff were able to comment at the meetings and we could see that a new medicines cabinet had been bought after staff had raised the need for it. Two staff members told us, "Management and staff are very approachable and fair. The door is always open to talk to the manager. I have been here years and still love working here" and "I can talk to the managers. I have had my supervision and probation meetings. We can bring up topics we want to. We have staff meetings and we can add to the agenda and talk at the meetings". The manager supported staff and was approachable to their needs.

We saw from looking at records that the manager conducted regular audits, for example for the environment, including infection control, medication, care plans and the audits other staff completed. The regional manager and another senior manager also came to the home regularly to oversee the manager and conduct their own audits to see how people were cared for and how systems were working.

There were good quality assurance systems in place to monitor the service and spot any errors or how improvements could be made. One example of what had improved was the garden. More equipment and effort was being put into the garden to help people who used the service and staff grow their own fruit and vegetables.

Policies and procedures we looked at included the medicines administration policy, whistle blowing policy, safeguarding vulnerable adults, health and safety, confidentiality and infection control. The policies were reviewed yearly to ensure they were up to date and provided staff with the correct information.

Staff told us they either attended a staff handover meeting each day, were updated by team leaders or the manager or looked at the log. This helped ensure staff were aware of any issues and people's care needs.

We saw that the manager and other senior staff looked at incidents and accidents which were kept in a file. Staff who witnessed any incidents had to complete a detailed form and submit them to the manager for analysis. The manager looked at the incidents and ways of reducing or minimising any risks. From such incidents we could see that an expert in behavioural issues had been called to the home to help staff and effectively support one individual.

People were encouraged to complete quality assurance questionnaires – some with pictorial aids so they were easy to use. We saw that the results were positive. People were asked their thoughts on the homes cleanliness, if they liked living in the home and the people they lived with, if the food was good, were staff caring and did they listen. People commented, "The staff and people who live here are friendly" and "I like the staff, activities and going on outings". What people wanted included going fishing, new wallpaper in their bedrooms and decoration to communal areas (both had been completed).