Heathcotes Care Limited

Heathcotes (Whitley House)

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

The inspection of Heathcotes (Whitley House) took place on 6 July 2017 and was unannounced.

Heathcotes (Whitley House) is a residential care home for up to six people living with autism, learning disabilities and mental health needs. The service was newly registered in May 2015. People who live at the service have complex needs and associated communication difficulties, which increases their vulnerability. The property is situated in a rural location on the outskirts of the village of Whitley and accommodation is provided across a five bedroom house and a one bedroom independent living flat on the same site.

At the last inspection on 23 May (and 03 June) 2016 the service did not meet all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'Requires Improvement', because the provider was in breach of two regulations. These related to 'safe care and treatment' and 'records'. We also recommended that improvements be made with support plans.

At this inspection we found the overall rating for the service to be Good. The rating is based on an aggregation of the ratings awarded for all five key questions. Improvements were made in the provision of safe care and treatment and in maintaining records, so that all requirements made against breaches in regulations were now met. A recommendation made about support plans was also met.

The provider was required to have a registered manager in post and on the day of the inspection we found that the manager had only been registered for ten days, though in post as the manager for the past five weeks. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems in place to detect, monitor and report potential or actual safeguarding concerns, protected people from the risk of harm or abuse. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury of harm wherever possible. The premises were safely maintained. Staffing numbers were sufficient to meet people's needs. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to support vulnerable people. The management of medicines was safely carried out.

People were supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance. People's mental capacity was assessed and their rights were protected. Support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and enabled people to make decisions for themselves. The registered manager explained how the service worked with other health and social care professionals and family members to ensure decisions were made in people's best interests where they lacked capacity.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing support to people with a learning disability or mental health needs.

Support workers were kind and caring and knew about people's needs and preferences. People were supplied with the information they needed at the right time, involved in all aspects of their care and were asked for their consent before any support was provided to them. People's wellbeing, privacy, dignity and independence were monitored and respected.

We saw that people were supported according to their person-centred care plans, which reflected their needs and were regularly reviewed. People had the opportunity to engage in pastimes, occupation and activities of their choosing. People had family connections and support networks and were encouraged to maintain relationships. An effective complaint procedure was in place and people had their complaints investigated without bias.

The service was appropriately led by the new registered manager who was supported by an acting area manager. Heathcotes (Whitley House) has had two newly registered managers in the past year and there was an acting area manager present at this inspection, where a longer-standing area manager might have been present. We found that a period of instability had ensued when Heathcotes (Whitley House) was still developing as a service and that these changes in management did not provide consistent direction and management for people that used the service and their support workers. However, this movement in managerial staff at service and area level reflects more on the organisation than the service, as the service was being appropriately managed.

An effective system for checking the quality of the service using audits, satisfaction surveys and meetings was in place, but a part of it was not completed because views were not always acted upon. People had opportunities to make their views known through regular individual question sessions with support workers and people's answers were recorded on satisfaction questionnaires. We saw that some responses from people were consistently negative and so we asked the registered manager to look at possible alternatives for consulting people and engaging them more effectively by ensuring people's views were acted upon. People were assured that recording systems used in the service protected their privacy and confidentiality as records were better maintained and held securely on the premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were reduced so that people avoided injury or harm where possible.

The premises were safely maintained, staffing numbers were sufficient to meet people's needs and safe recruitment practices were followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were supported by competent staff that were regularly supervised and received appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration and maintained good health and wellbeing. The premises were suitable for supporting people with a learning disability.

Is the service caring?

Good

The service was caring.

People received support from staff that were considerate and helpful. People were given information and advice and were involved in meeting all areas of their support needs.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had opportunities to

engage in some pastimes and activities of their choosing.

People's complaints were investigated without bias. They were encouraged to develop and maintain relationships with friends and family.

Is the service well-led?

Requires Improvement

The service was not always well led.

People had the benefit of a positive culture and the management style of the service was open and inclusive.

Checking and monitoring the quality of the service was effective. However, whilst people had opportunities to make their views known the service did not always act on these views.

Recording systems protected people's privacy and confidential information. Records were well maintained and held securely on the premises.

Heathcotes (Whitley House)

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 of Heathcotes (Whitley House) took place on 6 July 2017 and was unannounced. Two adult social care inspectors carried out the inspection. Information was gathered before the inspection from notifications sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We had received feedback from local authorities that contracted services with Heathcotes (Whitley House) and looked at information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people that used the service, the registered manager and three support workers. We looked at care files belonging to three people that used the service and at recruitment files and training records for two support workers. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring system, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

At the last inspection the service was rated as 'Requires Improvement' in this section because the provider was in breach of regulation 12: Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments in place were not being properly followed to reduce the risks to people that used the service. Perimeter gates and sharps drawers that needed to be secured to ensure people's safety were not locked.

At this inspection we found that risk assessments were being followed and improvements had been made in ensuring people's safety from the risks they faced. Perimeter gates and sharps drawers were locked and so people's risk of harm or injury were reduced. Risk assessments, in respect of these areas and others, were appropriately followed.

People were protected from the risk of harm or abuse because systems were also in place to manage potential and actual abuse, sufficient numbers of support workers were employed, recruitment practices were robust and the management of medicines was safe.

The provider's safeguarding adult systems were robust and support workers were trained in and knew their responsibilities regarding safeguarding adults from abuse. A high number of safeguarding referrals had been made since the service was registered, but all of these were appropriately recorded and reported by support workers or the management team and investigated by the authorised body for handling safeguarding incidents; North Yorkshire County Council. Some were addressed in-house by the management team where directed to do so by the Council.

Incidents, accidents and physical interventions were recorded and monitored to reduce their re-occurrence. Systems were in place to ensure these were reported to the organisation's head office where statistics were kept and information was analysed to learn improved ways of dealing with future events.

Physical interventions were recorded in good detail and showed the support workers involved, when and why. Records did not show how long physical interventions were in use and so we discussed this with the registered manager who assured us this information would be recorded in future. This was so that the registered manager and senior managers in the organisation could check that physical intervention was not used any longer than necessary.

We saw from documentation that one person was involved in a physical intervention recently in which they were escorted in a two-person hold to their bedroom and cooperated with this. The action carried out was as per the instructions in their risk assessment for intervention. However, their support plan stated they spent too much time in their bedroom and should be encouraged to mix with other people and the support workers more often.

Both plans were contradictory in what was stipulated as the action to take to support the person and required some clarity of information for workers to fully encourage the person to mix with others. This was

mentioned to the registered manager who agreed to clarify the situation. A support worker told us that interventions did not take place very often as all workers were confident they could de-escalate situations by talking with people. There was evidence of this in the records held about incidents. Support workers were trained in Non-Abusive Psychological and Physical Intervention (NAPPI) at levels one, two and three to de-escalate situations. This training was British Institute of Learning Disability (BILD) accredited.

People were supervised by sufficient numbers of support workers and where a person required one-to-one assistance this was provided. We observed one person receiving one-to-one support throughout the day and this was constant to ensure the person maintained a safe and calm demeanour, as they were likely to cause accidental harm to themselves if not supervised due to a risk of choking when eating and drinking. They enjoyed their interaction with the support worker and other people that used the service. A person from a sister service close by came to visit and spend time with them, as we were told they were friends.

Recruitment practices were robust and ensured support workers were suitable to provide care and support to people that used the service. We saw evidence to confirm that workers were vetted via the Disclosure and Barring Service and had passed the organisation's recruitment requirements (passed an interview, provided references, declared medical fitness and completed an induction and probationary period). Support workers we spoke with confirmed the stages of the recruitment process.

The premises were safely maintained and up-to-date safety certificates for utilities, fire systems, hot water and the premises were seen to evidence this. Discussion followed with the registered manager and acting area manager, regarding a concern about the service's planning permission approved by the local district council. This was further discussed with the Nominated Individual for Heathcotes Care Limited. We found that procedures were being followed by the organisation and the district council with regard to legal processes and requirements to resolve the issue. Premises risk assessments and a business continuity plan supported the safety systems in place.

One area of dissatisfaction expressed to us through the support workers was that no one was able to control the central heating system in the house, as the main controls for this were behind a locked gate in the grounds. On hot days the support workers were unable to switch off the heating; it remained on at all times and only worked according to the thermostatic control sensors. The registered manager was aware of this.

People were safely supported to receive their medicines because the provider had robust systems in place to ensure medicines were safely received, stored, administered and disposed of. Support workers that assisted people with taking medicines were trained and their competence regularly checked. We noticed that an air-conditioning unit for the medicines store room had been requested due to the temperature of the room reaching up to 28 degrees centigrade at the start of the month of July. This was yet to be addressed so that the room temperature was kept below 25 degrees to prevent medicines from becoming spoiled and ineffective. The registered manager assured us an air-conditioning unit would be fitted.

We were told by the registered manager and written records confirmed that where issues with medicines arose, for example, people declining to take their tablets or mistakes made by support workers in handling them, then appropriate action was taken to address these and prevent their re-occurrence. Checks made on medication administration record sheets showed that support workers administered and recorded medicines correctly.

There were no controlled drugs held or administered in the service at the time of our inspection. Unused medicines for returning to the pharmacy were not as securely held as they ought to have been because the container they were held in had a broken lid and only one staff signature was seen on the returns record.

These concerns were discussed with the team leader, who immediately took action to request that a more secure container be delivered from the pharmacist. They also informed all support workers on duty that two of them were required to witness unused medicines going into the container and sign the returns record.

Good

Is the service effective?

Our findings

The service provided effective care and supervision to people that used it because support workers were trained and supervised, people's rights were protected regarding any deprivations of their liberty and any restrictive interventions and their nutritional and health needs were met.

Support workers were appropriately trained and supervised. Their competence was assessed each year regarding their skills and development. Evidence was seen in their training files that they completed training in, for example, behaviour management and de-escalation techniques at level two and three, basic life support (first aid), safeguarding people from abuse and management of medicines. However, not all support workers had completed mental health awareness and this was something the registered manager accepted required improvement.

Training was completed during the induction period and intermittently thereafter. Support workers confirmed the training opportunities they had with the organisation and the qualifications they had achieved. They told us about the courses they had completed and these corresponded with the records seen.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as having no capacity to make their own decisions, the registered manager arranged for best interests decisions to be reached, DoLS applications to be made and reviews to be carried out.

Evidence of all this was seen in people's files, for example, one person was being considered via the best interest route for receiving their medicines covertly. They did not have capacity to decide that refraining from taking medicine was harmful to them and they were refraining from taking it. A decision was still pending while all stakeholders had been consulted and given their views. All of this was managed within the requirements of the MCA legislation.

Consent to support was always obtained by support workers before any help was given to people and people's care files contained signed documents giving the workers consent to draw up a support plan, to implement it and to allow professionals and stakeholders to view it. Any refusal for support was respected

and another worker was assigned to make attempts to provide the help that people needed or it was offered again at a later and more appropriate time.

People's nutritional needs were met because people that used the service chose their own menus, shopped for foodstuff and sometimes helped to cook meals, with supervision from support workers. Sometimes people shared meals and these were planned according to people's individual preferences and favourite meals, which they took turns to declare and have prepared.

People's health care needs were monitored and met because support workers consulted them or their family members about medical conditions and liaised with healthcare professionals to ensure the treatment they needed was accessed. Information was collated and reviewed with changes in people's conditions. We were told that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed within the community whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to support people with their health care and recorded the outcome of any consultations. Diary notes recorded when people were assisted with the health care that was suggested for them.

Good

Is the service caring?

Our findings

People we spoke with told us they got on well with their support workers, who were "Nice" and "Helpful."

Support workers were seen to be helpful and encouraging and offered people guidance in their daily lives with decisions and choices. They knew people's needs well and were considerate when they offered support. Support workers were very caring when they spoke about people and helping them to meet their needs, but told us they sometimes found it difficult when people were reluctant to engage with them or accept support that was in their best interest. Workers expressed pride in supporting people to achieve their goals and ambitions and found satisfaction in the service they provided to them.

People's general well-being was monitored by support workers who knew what events or situations would upset people's mental and physical health. People were supported to engage in any pastimes they expressed an interest in. Activity and occupation helped people to feel their lives were purposeful, which aided their overall wellbeing. However, not everyone experienced this all of the time. One person was finding it difficult to engage in anything.

We were told that people used advocacy services that were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided to people as necessary. We understood that one person used advocacy services provided by an organisation called 'Together for Mental Wellbeing' at the time we inspected.

People we spoke with told us their privacy, dignity and independence were respected. They said, "I have my own room. No one comes in unless I say so" and "I am left alone whenever I want to be. Staff respect that." Support workers only provided personal support in people's bedrooms or bathrooms, knocked on doors before entering and ensured people were never seen in an undignified situation.

Support workers understood their responsibility to ensure people were respected and their privacy and dignity were upheld. They said, "It is often very quiet here and we make sure people have time to themselves if they want it" and "Always ensure people are decent and discourage them from being anything other. We only offer support behind closed doors and respect people's dignity."

Good

Is the service responsive?

Our findings

People told us they were satisfied with the day to day support they received from support workers and that they were treated well. They talked about going out a lot and having staff assist them with arrangements and getting ready. People that used the service had a range of needs that spanned from those of Autistic Spectrum Disorder to personality disorder and mental health. Some people had capacity with daily aspects in their lives, but not with specific important decisions about their futures, finances or health issues.

One person was very independent and accessed the community unaccompanied and at will. They had their own self-contained flat to the rear of the premises and required minimum support with daily tasks and decisions. Others required two-to-one or one-to-one supervision when out in the community and needed guidance and advice about most aspects of their lifestyles and choices. Therefore the service had to be flexible and adaptable.

People had detailed support plans and health action plans that reflected their assessed needs and gave support workers clear instructions on how to meet their needs. People also had positive behaviour support plans in operation that were used as part of the behaviour management strategies endorsed by the organisation.

Records in these documents showed when and how support had been given to people. For example, one person was at high risk of choking when they ate their meals and so support workers had clear information on how to ensure the person ate slowly, took small amounts and was constantly supervised when in the kitchen.

Another person displayed reclusive behaviour when they first arrived at the service and would only ever stay in their bedroom. Use of a positive behaviour support plan enabled them to become more relaxed with everyone at Heathcotes (Whitley House) and they now moved around the premises freely and confidently. The positive behaviour support plan approach also enabled this person to go out and frequent the local shops to purchase sundries or eat out at cafés.

Agreements had been reached for people that used the service to share access to a car belonging to the organisation. This was on a rotating basis. However, an increase in service user numbers and a reduction in the availability of local bus transport meant there was now greater demand for the transport. Also one person had individual use of the transport on three specific days a week to carry out their shopping and access entertainment, which meant that other people who shared the vehicle in twos and threes often had to wait longer to use it. Support workers expressed that a second car to share amongst the people would improve everyone's experience when needing to travel anywhere beyond the local village. This was passed to the registered manager.

People chose different activities to engage in, for example, one person liked visiting garden centres and a nearby shopping/leisure complex to access the cinema, while others liked visiting the local park and feeding ducks or taking walks. One person tended an allotment and visited local cafés and another went to church

two Sundays in every month and also walked in the local area.

We were told that one person had not been out for some time, as they would not engage with support workers in any suggestions to do so. They believed they should return home to live and was interested only in this. We were told they would be at serious risk of neglecting themselves if they did return home. Their support plan stated they should be encouraged to go to the local shop to buy items that were not routinely purchased, in order to ensure they left the premises for purposeful reasons. We heard them ask for a packet of crisps to eat but these were not routinely stored in the service and so the person could have been encouraged to go and buy a packet. Support workers missed this opportunity to engage the person in an activity recorded in their support plan as being suitable and meaningful for aiding their development.

Staff told us it was important to provide people with as much choice as possible, so that people continued to make decisions for themselves and stay in control of their lives. People had choice regarding the food they ate, what they wore, where they went and what activities or pastimes they engaged in. They made choices regarding the decoration of their bedrooms and effort had been taken to provide one person with murals and bed linen in their favourite football team colours. People made as many choices as possible and these were respected wherever possible.

Despite this, sometimes people's choice and the decisions they made were not always the wisest and in their own best interest for their health, development and progress. In these cases the mental capacity and best interest route was used to ensure the most appropriate decisions were made for them. This meant that sometimes people were not always in agreement with the decisions made regarding their care and support, which resulted in dissatisfaction that was hard to resolve and behaviour that was difficult to address.

The registered provider had a complaint policy and procedure in place that was also in pictorial format and records showed that complaints and concerns were handled within timescales. People we spoke with told us they knew how to complain. They said, "I would tell my worker if I was unhappy about anything" and "We go to staff or the manager with any complaints."

Support workers were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. We saw that the service handled complaints appropriately and complainants had been given written details of explanations and solutions following investigation. The last recorded complaint was received in March 2015 and none had been received since. Compliments were also received in the form of letters and cards.

Requires Improvement

Is the service well-led?

Our findings

One person told us they thought the service was well run on a daily basis but expressed that they were dissatisfied with constraints imposed on them by their financial situation and with being unable to move to an alternative placement in a timely manner. Further discussion with the registered manager revealed that circumstances were not caused by anyone at the service or the organisation, but were down to financial decisions and the alternative premises not being ready yet.

Another person made it clear through their actions that they were not happy with or accepting of their situation. They did not often engage with others or support workers, refrained from taking any medication and imposed their own nutritional regime. The registered manager explained what had been and was being explored for the person to make their own decisions where possible. Health and social care professionals had already used capacity assessments, the best interest route and DoLS to determine that the person was unable and unsafe to return home, which was their burning wish, and therefore needed to remain at Heathcotes (Whitley House).

At the last inspection in May and June 2016 the provider was in breach of regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not adequately maintained. Incident reports were not signed off, professionals' visits did not clearly record what took place or was recommended, records regarding people's daily hygiene needs and activities and fridge/freezer temperature checks were not always completed. There were gaps in records of fire system checks (lights, alarms and extinguishers) and the handover book was not always completed so it was unclear which staff were supporting people.

At this inspection we found that records were much better maintained and audits were more effective and ensured records were checked more thoroughly, thus issues were highlighted more readily by the auditors and addressed. Records were found to be more consistently completed. The registered manager and support workers now maintained records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.

The provider was required to have a registered manager in post. On the day of the inspection there was a manager in post, who had been registered for ten days, though in post as the manager for the past five weeks. They were supported by an acting area manager during their early weeks in post. A period of instability had ensued due to the service having three managers since the location was first registered in May 2015.

The management styles of the registered manager and acting area manager were those of openness and inclusivity. The registered manager was fully aware of the need to maintain a 'duty of candour' (responsibility to be honest and to apologise for any mistake made) and they informed the appropriate bodies of notifications about incidents within the service.

Support workers expressed that the culture of the service was positive and enabling in respect of encouraging people to lead busy and active lives.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

The audits were comprehensive, some being carried out by the registered manager and others by the organisation's appointed quality monitoring team each month end. Action plans produced at each audit were followed up the next month to check action had been taken to remedy any shortfalls. The registered manager also sent information to the organisation's head office on a weekly basis about, for example, staffing figures, financial returns, incidents and accidents.

Meetings were held to enable people to make their views known about the service and during these meetings picture questionnaires were completed individually with people in a question session held by a support worker. These were completed each month and revealed that some people's responses were consistently negative. For example in May 2017, all five people said they did not like living at Heathcotes (Whitley House), two said they did not enjoy the activities, two did not like the food, one was not satisfied with their bedroom, two had insufficient family contact and two were not happy with their relationships with staff.

These responses were also recorded in picture questionnaires completed in other monthly meetings. We saw no evidence of any action being taken to address these negative feelings, which we discussed with the registered manager and the acting area manager. We were told that people were very reluctant to engage in the process, so discussed the use of alternative methods of engagement in order to enthuse people into making their views known so that they could be addressed effectively. The registered manager agreed to look for alternative ways of building relationships to improve people's trust in the staff group to make the changes that people clearly needed in order to engage more readily with the processes on offer.

Therefore the quality assurance system was not as effective as it ought to have been in respect of taking action to improve the service for people. Nor did it give people feedback regarding any changes that might be implemented to make improvements as no improvements to comments in questionnaires had been made. We recommend the provider ensures action is taken in respect of people's comments in questionnaires, with the aim of improving their view and experience of the service.

A compliance check was carried out in May 2017 by the contracts team at Doncaster Metropolitan Borough Council and they supplied us with a statement that the service met their contractual requirements. Other contracting authorities we contacted with regard to our inspection made no response about the service provided at Heathcotes (Whitley House).