Heathcotes Care Limited

Heathcotes (Hollyfield House)

Inspection report

27 St James Road
Sutton
Surrey
SM1 2TP

Tel: 02086617252
Website: www.heathcotes.net

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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

Summary of findings

Overall summary

This inspection took place on 15 & 17 November 2017 and was unannounced. This was the first inspection since this location registered with us on 31 October 2016. The service was previously registered with us under a different provider.

Heathcotes, Hollyfield House, is a specialist residential care home providing 24 hour support for adults with a learning disability, autism, epilepsy and associated challenging behaviour. The service has nine en-suite bedrooms over three floors. It has two lounges, two kitchens and a well maintained garden area. At the time of our inspection nine people were using the service. 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.

We met with the manager at this inspection who was in the process of becoming a registered manager with the CQC. Shortly after our inspection we received confirmation that they had successfully registered for the service.

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.

Staff knew how to keep people safe at Heathcotes, Hollyfield House. Systems and processes were in place to protect people from harm and people and staff were encouraged to raise concerns.

People were protected from risk, while minimising restrictions on people's choice and control. Staff knew how to support people and manage their risks while giving them the independence and freedom to try and experience new things.

There was enough staff to keep people safe and meet people's individual needs and people were supported by a consistent staff team that gave people continuity of care. Staff attended training which gave them the knowledge and skills to support people effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff actively encouraged and supported people to be involved in the interests and activities they enjoyed.

Medicines were managed safely and people received their medicine when they needed it. The service was clean and well maintained.

Staff worked hard to ensure people had a choice of food and were able to try and experience different food and flavours if they wanted to and different food choices were also available. Staff supported people to

access the healthcare services they needed to maintain their health and referred people to specialist support when necessary.

Care records were focused on each person and gave a complete picture of the individual including their physical, mental, emotional and social needs. Staff understood the best ways to communicate with people and used a range of techniques including visual systems to help people communicate their needs. Recognised techniques were used to enable staff to support people as individuals when they became upset or anxious so people experienced positive outcomes in terms of managing behaviour which challenged others.

The provider listened to and acted on complaints. Information was available for people and their relatives to make a complaint and relatives were confident the registered manager would respond appropriately if they raised any concerns.

Leadership was visible across the service and the registered manager, regional manager and staff had a good understanding of their roles and responsibilities. The provider had a range of audits in place to assess, monitor and drive improvement. When things had gone wrong lessons were learned and this was shared across the service.

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.
Staff understood how to respond if they suspected people were being abused to keep them safe.
People were supported by staff who knew how to manage the risks they may face.
There were enough staff on shifts to support people and the provider followed robust recruitment procedures.
People received their medicines safely.
People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.
People's needs and choices were fully assessed. Staff were fully supported to meet people's needs with training, supervision and appraisals.
People received a choice of food and staff supported them by offering healthy options.
Staff supported people to access the healthcare services they needed to maintain their health.
Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff were kind, attentive and knew people well including their preferred method of communication.
Staff respected people's right to be treated with dignity and right to privacy particularly when receiving care.

Is the service responsive?

Good

The service was responsive.
People's care records were centred on them as individuals and were responsive to their needs.
People were supported to follow their interests and take mart in meaningful activities.
Family members or friends had no restrictions placed on them when visiting the service.
The provider was responsive when dealing with people's

concerns and maintained appropriate arrangements to deal with complaints.

Is the service well-led?

Good

The service was well led.
There was visible leadership at the service and staff knew their role and responsibilities. There was a clear vision and strategy in place to promote good outcomes for people.
Good quality assurance systems and audits helped monitor and improve the service.

Heathcotes (Hollyfield 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 and 17 November 2017. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because people were unable to express their experiences of the service verbally. We spoke with the registered manager, the area manager, two team leaders, two support workers and the chef. We looked at records which included three care plans, four staff files, medicines record and other records relating to the management of the service.

After our inspection we spoke with three relatives of people using the service, the registered manager and the registered manger sent us additional information concerning staff meetings and quality checks.

Good

Is the service safe?

Our findings

Our observations showed that staff knew how people expressed their feelings in non-verbal ways. This included understanding people's body language, signs and sounds. We saw people approaching staff without hesitation and appeared comfortable and relaxed, people were smiling and laughing which communicated that they felt safe. People's relatives told us they felt their family members were safe living at the service. One relative told us, "I would know if [my relative] was not happy. Every time we take them back [to the service] they go straight to staff…they are happy to be back." Another relative said, "[Our relative] is always happy to go back. They can show signs of their behaviour so I would know if they were not happy."

Staff knew what to do if safeguarding concerns were raised and systems were in place to protect people from abuse and help keep them safe. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Safeguarding was a regular agenda item for staff meetings and minutes confirmed this time was used to share experiences and for learning. The registered manager explained any problems or issues were picked up during one to one meetings with people and their keyworker. For example one person was shown photographs of each staff member to observe their reaction so they knew who the best people to work with that person would be. Records confirmed staff and managers had received safeguarding training and this was regularly refreshed People's finances were protected and there were procedures in place to reconcile and audit people's money. Processes and practices were robust and records held by CQC showed the service had made appropriate safeguarding referrals when necessary.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us if they had concerns they would speak to their manager but if they felt they were not being listened to they would escalate their concerns to senior management in the organisation. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. These were monitored to look for possible triggers and patterns of behaviour. The registered manager gave examples where information had been used to inform people's behaviour profiles to help prevent further risk. We noted how staff meetings were used as a forum to discuss accidents and incidents and lessons learned.

Staff followed effective risk management strategies to keep people safe while still encouraging and promoting people's independence. People's care records contained appropriate risk assessments, which were up to date and detailed. These included guidance to staff on how people could take positive risks to be able to live as normal life as possible. Hazards were identified together with guidance for staff. For example, one person's records told to staff to keep the person fully informed of the activity to keep them relaxed and to give plenty of encouragement when in the community. The guidance was centred on each individual and ensured staff had the information they needed to prevent or appropriately manage risk both at the service and in the local community. Staff told us how important it was to read and understand peoples risk assessments and gave us examples where this had helped them manage a situation. One staff member explained how one person needed support near the road and how they helped reduce the risk for that

person.

There were sufficient numbers of staff on duty to keep people safe. People required a high level of support and we observed staff remained with the people they were working with throughout our inspection, giving support and assistance when required. The registered manager explained staffing levels were flexible to meet people's needs and the activities they were doing. The rotas we viewed confirmed this. Any additional staff required were sourced from nearby homes owned by the same organisation, allowing people to be cared for by staff they knew and recognised. The registered manager told us it was important for people to have this continuity because of their complex needs.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Staff talked us through the procedures for ordering, storing, administering and recording of medicines and explained that two members of staff always monitored the administration of people's medicines and countersigned the relevant entries on people's medicine records. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received training in medicines management was allowed to administer people's medicines and regular competency checks were in place to ensure knowledge and skills were current. Audits of records and stock control were carried out regularly by staff and the registered manager to ensure people had received the medicine they needed when they needed them.

The home was safely maintained and there were records to support this. Health and safety checks were routinely carried out at the premises and systems were in place to report any issues of concern. The provider had reviewed the environment in order to make improvements and an action plan was in place. During our inspection, we saw bathrooms were being refurbished and radiator covers were being fitted to keep people safe from hot surfaces.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures available for staff together with recent national guidance of infection control in care homes. Staff told us personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were thoroughly assessed before they moved to the service. Staff explained how they would take time to build a relationship with people, find out what their likes and dislikes were so they could tailor their care around them. The registered manager explained "The transition [to Hollyfield] can take days or months" depending on the individual and the circumstances. One staff member told us how staff had visited one person several times to get to know them before they moved to the service. Staff had dressed in the same uniform as the staff the people were used to make the person feel as relaxed as possible. They encouraged the person to visit Hollyfield House gradually over a period of time and introduced a social story to help them make a smooth transition and reduce their anxieties.

Assessments fed in to people's person centred care records, these identified their choices and preferences and gave guidance to staff on achieving the best outcomes for people. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. The registered told us staff trained in PROACT-SCIPr-UK this stands for Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention. This technique enabled staff to support people as individuals using prescribed intervention when they became upset or anxious. The trainer worked for the provider and visited the service regularly to offer staff support and advice on the best proactive and reactive strategies to use when a person's behaviour challenged the service. We saw examples of strategies used in people's care records including recognising signs in people's behaviour or situations that may trigger an event and actions staff can take to help de-escalate a potential incident. Staff knew these strategies well and we were able to observe staff supporting one person in line with the guidance in their care records thus achieving a good outcome for the person.

Staff were in the process of completing the Care Certificate (a set of recognised standards) as part of their ongoing training and induction. Further training was arranged to help staff support people and meet their assessed needs. This included Qualifications and Credit Framework (QCF) level 2 to level 5 for staff, team leaders and managers. Staff completed other training courses to support them in their roles. This included safeguarding, mental capacity act, PROACT-SCIPr-UK, life support skills, food handling, infection control and medicine management.

The provider ensured staff were putting their learning into action and remained competent to do their jobs. Staff received regular supervision and yearly reviews of their work performance. Records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs. Staff told us they felt well supported by the registered manager and had good opportunities to further their skills and learning.

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

Policies and guidance were available to staff about the legislation with information displayed about the Mental Capacity Act. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. There were assessments and information about people's mental capacity to make day to day decisions in their care plans. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interests. The registered manager had assessed where a person may be deprived of their liberty and made applications to the local authority.

Mealtimes were flexible to fit in with people's activities. We observed one staff member preparing and eating a meal with the person they were supporting, the atmosphere was relaxed and it was a good social experience. The registered manager explained they encouraged staff to eat with people to help promote the mealtime experience, they told us, "It's nice, a social thing…a good way of communicating without words." We spoke to the chef who came in to cook the main meal five days a week. They had a good knowledge of people's likes and dislikes and tried hard to encourage people to try new dishes and new flavours. When we spoke to them they were preparing three different chicken dishes for people, they told us some people enjoyed chicken curry, while others enjoyed plain chicken. They told us when people changed their mind they would always be there to make alternatives. They explained they had a list of who was in or out and could cater for people individually. People's cultural and religious preferences were met and we heard that although people using the service did not have any special dietary requirements some staff did, so the chef always had an alternative available to cater for them. Staff used different ways to communicate with people to give them choices about food. Most people at the service were unable to communicate verbally and staff explained how they used pictures so people could choose what they would like to eat.

Staff supported people and managed their needs in relation to their eating and drinking. Staff had identified that some people's behaviour challenged after eating certain types of food. To help people snack boxes were introduced, giving people healthy options during the day that they could readily help themselves to. This gave people the choice to snack when they wanted to thus reducing their anxieties towards food and offered healthy options. Staff explained that the introduction of snack boxes had helped them support people with their diets and but had also led to a reduction in behaviour that challenged the service.

People were supported to access the healthcare services they required when they needed to. The service used a variety of communication methods to ensure people felt involved and understood information about their healthcare and treatment options. For example visual aids were used to gain consent for flu vacations. They gave a step by step process to help people understand what would happen. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to healthcare professionals such as GPs, dentist, chiropodist and people's social workers. The service involved and informed people about their healthcare and people's health action plans were in easy read and pictorial format. Records contained hospital passports which included personal details about people and their healthcare needs.

People's views were sought about the design and decoration of the premises, people had been involved in choosing the colour scheme and decoration of their bedroom and when we looked around we noted a wide

range of colours and decor with personal objects, pictures and photographs. There was a main lounge and kitchen area where people were able to socialise and also a separate lounge and small kitchen that enabled people to have a quiet space to relax when they needed to.

Good

Is the service caring?

Our findings

Over the two days of our inspection we observed people coming and going from activities, spending quiet time at the service and actively engaging with staff. The atmosphere was busy and vibrant and we observed staff and people enjoying their time together, smiling and laughing. When we spoke to relatives they described staff as "lovely" and "caring." One relative told us how their relative responded well to the staff team because they were young "like friends" but also how important is was for their relative to have a team of staff who they had known for a long time.

During our inspection people were relaxed and comfortable in the company of staff. They spoke to one another and staff were attentive to what individuals had to say. Although most people were non-verbal we did not observe this as a barrier. People had various methods of communication they used. This included Picture Exchange Communication System (PECS) and Makaton (a language programme using signs and symbols to help people to communicate.) Pictures, symbols and objects of reference were really available to help staff and people using the service communicate with one another and we observed this through our inspection. This included communication about activities and outings for the day so people had the structure and routine they needed to reduce stress and anxiety.

People were involved in making their own decisions and planning their care. We saw people making choices about their day to day life, for example, during our inspection one person decided to spend some time in their room and another chose to eat their meal in the quiet kitchen and dining area. During our visit people made decisions, using their preferred methods of communication, about their care and the activities they wanted to do. Staff gave examples of how they respected people's privacy.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. When staff spoke about people they smiled and spoke with a warmth and fondness. Comments from staff included, "I enjoy what I'm doing. The best thing is supporting these guys, you feel so rewarded" and "I will always be there for them [people who use the service] when I feel sad, being at work just makes me feel better." Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Some people had complex needs and we observed staff were always on hand to support people. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines well and ensured they followed these. There was clear guidance in people's care records about how people communicated and how staff should respond. Staff gave us examples of how they respected people's privacy and dignity. When people wanted some privacy in their own rooms we saw staff stayed nearby so they could quickly respond if person became anxious or upset. Rotas and working schedules were organised so people could have the one to one support they required. Staff told us they were able to spend quality time with people engaging in chosen activities, preparing for healthcare appointments or visits home.

Where needed, information was made accessible to people. For example, there were easy read leaflets about making complaints and reporting abuse. Care records such as health action plans and communication passports included pictures and plain language to help people understand the information.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received but felt they could be further involved. One relative told us, "We get a weekly call and update on [our relative] but communication can always get better." Another relative explained that although they were happy with the care given they would like the opportunity to be more involved. After the inspection we spoke with the registered manager about family communication and involvement. They explained they were looking at introducing a newsletter but would also explore the best way to communicate with relatives so they feel more involved with their relative's day to day lives while still respecting people's autonomy.

People were encouraged to make choices and have as much control over their life as possible. However, when a person was unable to make certain choices or decisions the registered manager explained they would involve family, friends or advocates to ensure each person's vies were known and respected. We saw people's records contained information and details of best interest meetings around certain areas of their care.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional. Relatives told us how the service supported people to visit their family and all felt there were no restrictions on when they could visit the service. One relative told us, "I just phone to make sure [my relative] is out or doing anything first…you are always made to feel welcome."

People's records were person centred and gave staff information on people's history, preferences, interests, goals and aspirations. One person enjoyed music, dancing and swimming, while another enjoyed long walks and family visits. One person used PECS to plan activities; staff helped them complete a small book each day so they knew exactly what was happening and when, keeping to a fixed schedule. Another person became upset when people came to the service to carry out essential maintenance. Staff eased the person's anxiety by taking time to introduce the maintenance person and provide a social story to explain what they were doing and why. When larger projects were underway, outside events and activities were organised for the person so they did not experience unnecessary stress or anxiety.

During our inspection we observed people preparing for activities, one person was going to London, another shopping and another person was going for a walk to feed some duck at a local pond. The registered manager felt they met the needs and wishes of people really well and encouraging people's key workers to be more confident about suggesting new ideas and activities and giving people the freedom they needed to try new things. In one of the reception areas was an activity board and a variety of PEC options. Each person's activities for the day were clearly marked so they were able to see what they were doing. The registered manager told us "having this board and the PEC choices means people can be really involved in making choices about their daily care and activities." We observed one person looking at the board, noting what others were doing and making choices about their day.

The registered manager explained people had regular one to one meetings with their key workers, where

they would be asked if they were happy or unhappy. Pecs or Makaton was used to gauge people's feelings in addition to body language or facial expressions. If staff felt a person was unhappy they would work hard to find out the reasons why and resolve any issues. We were told of examples where staff had resolved issues this way. We noted detailed information was available in the service and in the service user guide on how to make a complaint and what they should do if they were upset or unhappy.

People's relatives told us they knew who to make a complaint to, if they were unhappy but the relatives we spoke to told us they had never had to. One relative told us, "If I have any problems I just have a chat with [the registered manager] and resolve things." The registered manager confirmed one complaint had been received in the last 12 months. We saw details of an investigation and outcome and what action had been put into place to reduce future risk. The registered manager explained the lessons that had been learned and we saw how this had been shared with staff during staff meetings. All complaints were reported to and monitored at provider level.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was in the process of being registered with the Commission and successfully registered several days later. The service had changed ownership and this was the first inspection of the service. Relatives we spoke with told us they had met the new registered manager and were confident the service was well run. One relative told us, "I would give the service 9 or 10 out of 10." Another relative told us "I met her recently, she seems very nice."

We met with the registered manager and the regional manager and spoke about the work they had done introducing their vision and values to staff to improve the outcomes of people using the service. The regional manager explained they really wanted to improve the culture of the service and had spent time speaking with staff to ask them their views and what changes they would like to see. They told us, "We needed to change the way we worked and staff culture but I think we have had a lot of positive outcomes." We heard that the service's vision and values were discussed at supervision and noted they were clearly displayed in the service user handbook. When we spoke with staff they felt positive about the changes made. One staff member told us, "[The registered manager] has made good improvements, we [the staff] are all happy."

The registered manager told us of the changes she had made since being at the service and her plans going forward. This included ongoing maintenance of the bathrooms and simplifying the internal décor to make it more accessible for people. We saw work had begun on creating a quiet sensory room for people to use and heard about the plans for updating the second lounge and kitchen for people when they needed a calm space.

Staff told us they felt comfortable speaking with managers and felt listened to and supported. Comments included, "It's nice to work here, I go to my team leader if there is a problem", " They [the registered manager] is really easy to talk to …you can talk to them about anything" and "[The registered manager] is a good listener". The registered manager explained how she was encouraging staff to try out different activities with people and build their confidence to make suggestions. She explained staff came from different backgrounds and culture and she wanted them to bring new ideas to the team to help enrich people's lives. For example, she spoke about celebrating Chinese New Year and introducing new foods of the world using smells and texture making it a more sensory experience for people.

People were asked about their views and experiences and this information was used to help improve the service for them. People had completed a survey and the results were openly on display in the service user guide. The registered manager spoke to us about the changes they were making. We were told how people had visited local shops to choose the decoration of their bedrooms and throughout our inspection we observed people being given choices in what they did and how they lived their day to day lives.

The service worked in partnership with other agency's including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager explained how they hoped to attend some training events organised by the local authority to increase staff knowledge and skills. The service worked closely with the

local safeguarding team to report and investigate any alleged abuse. Staff were positive about the management at the service and told us they felt able to report any concerns they may have to them. Whistleblowing telephone numbers were displayed so staff could report concerns anonymously if they felt they needed to. Records confirmed accidents, incidents and safeguarding concerns were monitored centrally and any lessons learned were discussed both during management and staff meetings to ensure the continued improvement of the service.

Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included details of people's general well-being and guidance to staff for the day to day running of the service and were made available to all staff members to ensure everyone had a consistent message. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks. The provider also carried out regular quality assurance visits to ensure that people were provided with a good standard of care and support. They looked at areas such as people's records, health and safety records, information reporting and carried out observations to see how staff work, people's involvement in making choice and the opportunities they have. The service was then rated by the provider on how well they were doing together with actions for improvement. We looked at the provider visit reports for August, September and October 2017 and saw the service had gradually improved, increasing its score each month.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.