

Heathcotes Care Limited

# Heathcotes (Hucknall and Watnall)

## Inspection report

Lancaster Road  
Hucknall  
Nottingham  
Nottinghamshire  
NG15 6WG

Tel: 01159630707

Website: [www.heathcotes.net](http://www.heathcotes.net)

Date of inspection visit:  
08 June 2017

Date of publication:  
12 July 2017

## 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

We inspected Heathcotes (Hucknall and Watnall) on 8 June 2017. The inspection was unannounced.

Heathcotes Hucknall and Watnall is part of a purpose built campus situated in Hucknall in Nottinghamshire. The service comprises of two separate new buildings called Hucknall and Watnall and provides care and support for up to 16 people with a learning disability or autism. At the time of our inspection 16 people lived at the service.

The service had a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Heathcotes Hucknall and Watnall and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Heathcotes Hucknall and Watnall.

People received their prescribed medicines when required and these were stored and administered safely. Procedures were in place to ensure people received their medicines safely when they were away from the service.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for all staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships. When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Robust quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

## 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 bullying and abuse.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

### Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships.

People's communication needs were recognised and supported by staff who understood them.

When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

### **Is the service well-led?**

The service was well led.

There was an open and transparent culture in the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear, supportive, management structure in place.

There were robust quality-monitoring systems in place which were used to identify and drive areas for improvement at the service.

**Good** ●

# Heathcotes (Hucknall and Watnall)

## **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.

This inspection took place on 8 June 2017 and was announced.

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people who used the service. We spoke with five support workers, a team leader, the quality manager and the registered manager. We reviewed five care records, medicines administration record (MAR) charts for five people, quality audits, records of meetings and looked at the recruitment files of four members of staff.

## Is the service safe?

### Our findings

All of the people we spoke with told us they felt safe at Heathcotes (Hucknall and Watnall) and did not have any concerns about the care they received. One person told us that when they felt anxious or unhappy staff supported them, "They calm me down which makes me feel happy. This is a safe place for me." A second person told us, "I am happy here with everything, I love living here."

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a good knowledge of how to recognise different forms of abuse and understood their role in reporting any concerns or allegations. Staff were confident that any concerns they raised with the management team would be dealt with properly. One member of staff told us, "I would tell the manager, or if I didn't think they had acted upon it I would go to [regional manager], if that didn't work I would go to the safeguarding team." We saw records which confirmed the registered manager had taken appropriate action in response to previous issues and made referrals to the local multi-agency safeguarding hub. This is where any safeguarding concerns are made in Nottinghamshire.

We found that processes were in place to help manage people's finances safely and people told us they felt reassured by this. One person said, "My money is kept in the office, staff look after it for me, I know it's safe in there this makes me feel happy."

People's care plans contain individualised information about how to keep people safe at home and in the community and to ensure their rights were upheld. For example, one person had a history of making, sometimes unfounded, allegations against members of staff. There was a detailed care plan in relation to this which directed staff to treat all allegations as genuine and ensure they were reported to the management team.

Risk assessments were included in care plans. These gave guidance on how risk should be managed whilst still promoting people's independence. Risk assessments were personalised to each individual and covered areas such as travel, personal care and activities. For example, there had been concerns about one person's capacity to manage their finances safely. Their care plan and risk assessments contained clear guidance on how to empower the person to manage their own money. This enabled the person to retain control and independence whilst also ensuring their safety.

Some people using the service sometimes behaved in a way that put them and others at risk. For these people there were clear plans in place detailing how to keep the person and others safe and staff we spoke with had a good knowledge of how to support people. Care plans also contained information about how to reduce the impact of people's behaviour on others.

There were processes in place to ensure that incidents were responded to appropriately. We reviewed incident records and found that whilst the majority of incident forms had been completed accurately some had not been fully or accurately completed which made it hard to ascertain what action had been taken.

The registered manager assured us that more attention would be given to the completion of incident forms.

People could be assured that there were enough staff available to meet their needs. During our inspection visit we observed that people's needs were responded to quickly and there were staff available to provide support throughout the day.

Staff we spoke with told us that they felt that staffing levels were sufficient. One member of staff told us that last minute staff absences were normally covered by relief staff employed by the provider. The registered manager told us that day shifts were staffed by five staff and nights were staffed by four staff and records confirmed this to be the case.

There was a risk that people may not always be supported by appropriately skilled staff to maintain their safety. Records showed that there were some night shifts where there were no staff on duty who were trained in first aid. This meant that if someone required first aid there would not always be a trained staff member present to assist. We discussed this with the registered manager and regional manager who took swift action to arrange training and put interim measures in place to source staff from neighbouring services who were trained in first aid to cover night shifts.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider.

People were given their medicines as prescribed by their doctor. People told us they were generally happy with how their medicines were managed and received them in a timely way. One person said, "Staff give me my medication this keeps me safe" and "I get it on time never have to wait." Medicines systems were organised and records were completed accurately to show when people had been given their medicines. We noted one error where a person did not received their medicines as prescribed, there was no evidence to suggest this had an adverse impact on the person. We discussed this with the management team who told us that they would take action to investigate and address this.

Some people who used the service were prescribed medicines to be given 'as required' (PRN). There were protocols in place for PRN medicines which provided clear detail to ensure staff knew when to give these.

Staff had been trained in the safe handling and administration of medicines and had their competency assessed regularly to make sure they were keeping up to date with good practice.



## Is the service effective?

### Our findings

People were supported by staff who had the skills, knowledge and training to provide safe and effective care and support. We saw records which showed that staff had up to date training in a number of areas including safeguarding, the Mental Capacity Act and the safe administration of medicines. Some staff had training relating to the specific needs of people using the service such as epilepsy and diabetes care. Staff also had training in safely supporting people whose behaviour posed a risk to others. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. Staff were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

Staff were provided with an induction period when starting work at Heathcotes (Hucknall and Watnall). This involved training and shadowing more experienced staff members. One member of staff told us that they felt competent to support people following their induction. New staff had completed, or were in the process of completing, the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

People were supported by staff who had regular supervision and support. Staff we spoke with told us that they felt supported and able to talk openly with their managers. One member of staff told us that supervision meetings were used to discuss areas such as training, support and also about any concerns they had about the people they supported.

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's rights under the MCA were protected. People's care plans contained clear information about whether people had the capacity to make their own decisions. Detailed assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest decision had been made which ensured that the principles of the MCA were followed. For example, one person was identified as lacking capacity to access certain areas of the service safely, there was a mental capacity assessment in place in relation this and a record of the best interests decision made on the person's behalf which balanced their inclusion and involvement with the safety of them and others.

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

granted or were in progress. There were no conditions specified on the DoLS authorisations that we reviewed. People's support plans contained specific information in relation to restrictions placed on people's lives to ensure that they were the least restrictive option.

People were supported with decision making. We heard staff asking for people's permission before providing support and people's choices were respected. People's support plans provided clear information on how to support people with decision making to maximise choice and respect their rights.

People were supported to eat and drink enough. The registered manager told us that people living at the home developed weekly menus but also had the flexibility to change their mind on the day if they wished. Mealtimes were flexible to suit people's routines and preferences. We observed that, where it was safe to do so, people were supported to access the kitchen to prepare drinks, snacks and meals. People told us that they enjoyed the food offered and expressed pride in preparing their own meals. One person told us, "I do get lots of choices here in my home. When I cook at home with my staff. I love cooking spaghetti Bolognese this is one of my favourite meals. I like to walk down to the local pub for a drink sometimes I go early in a morning to have a cooked breakfast and staff support me." We saw that this person and others had folders with pictures of their favourite meals to prepare.

People's nutritional needs were monitored and there were care plans in place with clear details of the support people required in this area. Where people were at risk of gaining weight they were encouraged and supported to monitor their weight and staff promoted healthy eating. Some people who used the service had expressed a preference to lose weight and they had been supported to attend a community based slimming group.

Where people had risks associated with eating and drinking there was clear guidance in their support plans and staff had a good knowledge of how to support people safely. One person who used the service had a health condition which meant they must not drink too much. There was a support plan in place which detailed how staff should support the person with drinks, it also considered the impact this had on the person's wellbeing and provided guidance for staff on how to minimise the person's associated anxieties.

People were supported with their day to day healthcare needs and were given support to attend regular appointments. People had their healthcare needs detailed in both their support plan and in a health action plan. One person told us, "I have regular optician appointments; the staff support me to book them. It was only a couple of weeks ago since my eyes were checked. Staff support me with my health checks and I go to see my GP. When I am feeling unwell. Staff are really good and get me in to see my GP on the same day if they can." Records showed that staff sought advice from external professionals when people's physical and mental health needs changed. Staff made referrals to specialist health professionals when advice and support was needed and we saw the advice received was included in people's support plans and acted on.

Where people had specific health conditions their support plans contained detailed and personalised information about the condition and guidance for staff about how to respond to any changes. For example, one person had a mental health condition, there was clear information about this in their support plan including indicators that they may be experiencing a relapse and sources of support.

## Is the service caring?

### Our findings

We observed respectful, friendly relationships between staff and people who lived at the home. Staff we spoke with said they enjoyed working at Heathcotes (Hucknall and Watnall). We saw staff encouraging and supporting people in a friendly manner allowing people to control and direct their own support. One person told us, "Staff are really good to me they treat me nice, they help me." A second person said, "They (staff) are all very nice to me and they care, they help me get in the shower help me with washing my clothes and talk to me nicely."

Staff knew people well and it was clear that they had a good knowledge of people's support needs and their likes and dislikes. People's support plans recorded their preferences for how they were supported along with their personal history, likes, dislikes and what was important to them. We observed that staff had a good knowledge of what mattered to people living at the home and had developed positive relationships with them. People also had individual person centred plans which had been completed with the person. These contained detailed information about the person's history, important relationships and individual preferences and goals and dreams for their future. One person told us, "My care plans are locked in the office I can ask the staff when I want to, to have a look at my file. My file was only updated last week so I know it's up to date I sat with my keyworker and updated them."

People's bedrooms were homely and personalised, for example one person had a passion for vehicles, they proudly showed us their bedroom in which they displayed all of their models. Staff had a good understanding of people's sensory support needs. Staff had an insight into the sensory sensitivities experienced by some people and this was also clearly reflected in people's support plans. One person who used the service was very sensitive to noise and the presence of other people made them anxious. Although this person chose to spend much of their time in their room the registered manager explained how they had found ways to enable the person to spend time in other areas of the service such as spending time in their shed in the garden away from any unpredictable noises.

People were involved in decisions about their support. During our visit we saw that staff routinely checked with people about their preferences for care and support. We saw that people were offered choices about what they ate and drank and how they spent their time.

People were supported to be as independent as possible. There was detailed information in people's support plans about what people were able to do for themselves and areas in which they needed prompting or assistance. One person told us, "Staff are very kind and caring to me they let me make my own cup of hot coffee but will stand with me just to make sure that I do not burn myself this shows that staff do care for me here." Staff had a good knowledge of people's skills and abilities and we saw that they encouraged people's independence. For example, one person required a significant amount of support from staff with many aspects of daily living, however a member of staff told us the person took great pride in cleaning their own bedroom. We looked at the person's support plan which included details of how staff should support and enable the person to retain independence in this area. We observed that people were encouraged and supported to be involved in domestic tasks including cooking and laundry. People were also encouraged

and supported to be as independent as possible in areas of their life such as finances and medicines.

People were provided with information in a format that was accessible to them. We saw that written information was supported by the use of signs and symbols to aid people's understanding. For example, people had been provided with information about their medicines in an easy to read format with signs and symbols.

Staff had a good understanding of people's communication needs and tailored their support accordingly. There was clear information in people's support plans about how people communicated and how staff should communicate with them. We heard staff providing explanations to people using language that was appropriate to the person. On the day of our inspection visit we heard staff discussing the general election and voting with one person who lived at the home, staff endeavoured to explain complex terms and concepts using plain English.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our visit. The registered manager explained they had links with the local advocacy service and had previously made referrals to the service as required.

People's rights to privacy and dignity were respected. Support plans contained detailed, individualised information about how to respect the privacy of each person living at the home. For example one person's support plan identified that they sometimes needed reminders to hold conversations of a personal nature in private and provided staff with guidance on how to do this in a compassionate manner. A second person required assistance with dealing with their mail and told us they felt staff supported them with this. "Staff support me to sort through all the post, I put it in to two piles. When I get my post staff will support me and help me understand what my letter is about. When I receive letters from my [family member] I like to open this myself." People were supported to spend time alone if they wished, staff had a good understanding of how to ensure people were safe whilst respecting their privacy and staff ensured that these people were provided with drinks and meals and checked people regularly to ensure their wellbeing.

Staff respected people's right to confidentiality. Conversations about people's support needs were held in areas that could not be overheard and care records were stored securely.

## Is the service responsive?

### Our findings

Each person who used the service had an individual support plan. People were involved in planning their own care and support. We spoke with a member of staff who told us that people were offered the opportunity to get involved in the development of their support plans. It was clear from the content of the plans that people had input into their plans.

Support plans were detailed and personalised. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. In addition to this there were detailed care plans in place about how staff should support people whose behaviour could present challenges. Plans were reviewed monthly and information contained in plans was up to date. Staff we spoke with told us that they were given time to read and contribute to people's support plans and demonstrated a good knowledge of people's preferences and support needs.

People spent their time doing things that they enjoyed and which were based on their individual interests and passions. There were a variety of personalised activities on offer within the home and we observed that most people who used the service also went out in to the community on the day of our visit. People were supported and encouraged to get involved in the wider community by taking part in local social clubs, discos and fitness groups to both pursue their interests and make new social connections. One person told us, "Staff support me to use public transport when I want to go out in to Nottingham." They went on to say, "My interests are fishing, holidays in a caravan and I enjoy going for long walks with staff supporting me. Staff help me to plan these days through the week they know I like to keep busy." Opportunities for social activity were also provided within the home, we spoke with a member of staff who told us staff supported people to be involved in both individualised and group activities such as arts and crafts. It was clear that staff saw social activity as part of their role and we saw that when staff had spare time they sat and chatted with people.

We spoke with a member of staff who told us that they felt proud about the inclusive nature of the service and how the staff team worked together to provide everyone opportunities and support. For example, one person who used the service chose to spend the majority of time in their bedroom, we spoke with the registered manager who explained that staff worked hard to encourage the person to have new experiences. They told us this person loved takeaway food and the staff team had worked with the person over a period of time to encourage them to place their own orders. The manager spoke with pride when telling us that staff had successfully supported this person to collect the takeaway, which was a huge achievement for them.

People were supported to maintain relationships with people who mattered to them. People's care plans included information about relationships that were important in their lives and we saw records to show that people were in regular contact with those who were important to them. One person said, "I get to see my family at least once a month. With staff support I go to my family home to visit them." A second person told us "Staff are taking me in a taxi to meet (relative) so we can travel together to London to stay. I am also going to see a show".

People could be assured that complaints would be taken seriously and acted upon. Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the manager. Staff told us they were confident that the management team would act upon complaints appropriately. There was a complaints procedure on display in the service informing people how they should make a complaint and signposting to other sources of support. One person told us, "If I was worried about anything or feeling upset I would go straight to the staff and tell them. I do not know how to make a complaint because I haven't had to make one." We asked staff to explain the complaints procedure to this person and later observed staff sitting with them and discussing this. We saw records of complaints made in the past 12 months and we saw that they had been recorded, investigated and addressed to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

Regular meetings were held for people using the service to discuss how the service was run and to make suggestions for changes. We saw records of these meetings which showed that they were used to discuss areas such as activities, food, health and safety and complaints. Action plans were developed as a result of the meetings and we saw that issues raised in the meetings had been addressed. For example, records of a recent meeting recorded that a number of people wanted support to plan a holiday. During our inspection visit we noted a number of people had either just returned or were currently on holiday.

Staff we spoke with were positive about the management team and the support and leadership provided by them. One member of staff said, "[Registered manager] is really approachable." Staff told us they felt well supported and would feel comfortable in reporting any issues or concerns to the management team.

Staff were given an opportunity to have a say on the service in regular staff meetings. Records of these meetings showed that these were used to provide updates, address any issues and to share any ideas for improvements to the service. We saw that some ideas raised in the meetings had been actioned. For instance, records showed that staff and people who used the service had suggested getting chickens. During our inspection visit we saw that they were now keeping four chickens in the garden. These had become part of people's daily routine, one person who used the service explained how they and another person went out to care for the chickens and collect eggs each day.

There were systems and processes in place to monitor and improve the quality of the service. On the whole these were effective in bringing about change. The regional manager conducted 'monthly provider visits' which assessed the quality of the service across a range of areas including care delivery, training and the environment.

The service had also had regular support from the provider's quality assurance team, which included thorough regular audits. We looked at records of the last audit which was completed in March 2017. This was effective in identifying areas for improvement but action had not been taken in response to all areas for improvement which had been identified. For instance, this audit had identified that there were not always staff on shift who were trained in first aid, despite this having been identified two months prior to our inspection there was no evidence that improvements had been made. We discussed this with the registered manager and regional manager who told that it could sometimes be difficult to get places on the provider's training course and felt that this had been the cause of the delay. We saw that the registered manager took immediate action to review rotas and ensure appropriately trained staff were on duty at all times.

The provider also had processes in place for analysing overall patterns of accidents, incidents, use of physical interventions and safeguarding referrals. This information was shared with the provider's quality and assurance team on a regular basis who identified any patterns or areas of concern and communicated this to the registered managers for action.

We checked our records which showed that the management team had notified us of events in the service. A

notification is information about important events which the provider is required to send us by law.