

Heathcotes Care Limited

# Heathcotes (Larkrise)

## Inspection report

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Date of inspection visit:  
21 April 2017

Date of publication:  
26 May 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 April 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 and the registered manager and many of the staff transferred to the new provider.

Larkrise is a care home in a large detached house which provides accommodation for up to seven people with autism, some of whom had additional learning disabilities. People also had particular needs in relation to communication. At the time of our inspection there were seven people living at the service. Each person had their own room with en-suite facilities. There was a large communal lounge, sensory room, kitchen, dining room and laundry room. At the rear of the home there was a large well maintained garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People experienced positive outcomes in terms of managing behaviour which challenged others. Staff followed the techniques of a programme accredited by the British Institute of Learning Disabilities (BILD) to assist people to maintain self-control, and to support them with behaviour that challenged in a positive way. Staff worked closely with the local authority challenging behaviour team and mental health professionals to assess and monitor people's behaviour which challenged to check people received the support they needed.

Staff were supported to understand people's needs, such as needs relating to their autism, through a programme of training, supervision and annual appraisal. The registered manager and staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported in line with these.

People were offered a choice of food and drink. Staff were knowledgeable in supporting people with complex needs relating to eating and drinking. Staff supported people to access the healthcare services they needed to maintain their health and referred people to specialist support when necessary.

The provider supported people to establish routines and a weekly activity programme, as well as encouraging them to use their literacy skills which they had not done for some time, to improve their quality of life. All people had individual activity programmes in place based on their interests.

People's care plans were regularly updated so contained reliable information for staff to follow in supporting them. People and their relatives were involved in forming and reviewing their care plans.

People were supported by staff who knew them well, including the best ways to support them in line with their complex 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. Staff treated people with dignity and respect and supported people to be as independent as they wanted to be.

People were supported by staff to maintain relationships with people who were important to them, encouraging visits and helping people to phone and video call their relatives regularly. Relatives were encouraged to join in activities together with people using the service. They took part in a Saturday walk each month with people and staff at the service.

Staff managed people's medicines safely, storing, administering and recording medicines in line with best practice. Staff understood how to respond if they suspected people were being abused to keep them safe and had received training in safeguarding adults at risk. The registered manager managed risks to people and the premises well, ensuring people had accurate risk assessments in place with risk management plans to guide staff in caring for people safely. There were enough staff on shifts to support people. The provider followed robust recruitment procedures in checking staff were suitable to work with people. The provider maintained the premises and equipment safely through a system of checks carried out both internally by staff and by external contractors.

A suitable complaints procedure was in place and relatives were confident the registered manager would respond appropriately if they raised any concerns.

Leadership was visible across the home and the registered manager, area 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 improve the service and the service was highly rated in the provider's internal auditing assessment procedures, which was in line with our findings. The registered manager involved people, relatives and staff in running the service and sought their feedback in various ways.

## 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 managed people's medicines safely. Staff understood how to respond if they suspected people were being abused to keep them safe.

The registered manager managed risks to people and the premises well. There were enough staff on shifts to support people and the provider followed robust recruitment procedures in checking staff were suitable to work with people.

### Is the service effective?

Good ●

The service was effective. People experienced positive outcomes in terms of managing behaviour which challenged others. Staff received an effective programme of training, support, supervision and annual appraisal.

Staff understood how people's needs in relation to their autism could affect their food choices and successfully provided support in relation to this. Staff supported people to access the healthcare services they needed to maintain their health.

### Is the service caring?

Good ●

The service was caring. Staff knew how to support people well in relation to their complex needs and used a range of techniques to promote good communication with people.

Staff treated people with dignity and respect and supported people to be as independent as they wanted to be.

### Is the service responsive?

Outstanding ☆

The service was very responsive. The provider ensured people's individual needs were appropriately assessed and addressed and they involved various healthcare professionals as needed to ensure people's needs were met. They used evidence based interventions to support people who might behave in a way that challenged others.

People's care plans were regularly updated so contained reliable

information for staff to follow in supporting them. People and their relatives were involved in forming and reviewing their care plans.

A suitable complaints procedure was in place.

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

The service was well-led. Leadership was visible across the home and the registered manager, area 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 improve the service. The registered manager involved people, relatives and staff in running the service and sought their feedback in various ways.

**Good** ●

# Heathcotes (Larkrise)

## 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2017 and was unannounced. It was undertaken by a single 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 and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

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 and three support workers. We also spoke with a visiting community psychiatric nurse (CPN) and a psychiatrist. We looked at records which included four care plans, three staff files, medicines record and other records relating to the management of the service.

After the visit we received feedback via the telephone from three relatives, and via e-mail from four social workers who worked with people using the service.

## Is the service safe?

### Our findings

The provider managed people's medicines safely. Only staff who were suitably trained and assessed as competent every six months administered medicines to people. Our checks of medicines stocks and medicines records indicated people received their medicines as prescribed. Appropriate records of medicines received and disposed of by the service were retained for auditing purposes. Medicines stocks were regularly reviewed to ensure people did not have too many of a certain medicine and so they did not run out. Medicines were stored safely and procedures for managing controlled drugs were in line with legislation. Staff checked people had been administered their medicines according to their prescription daily. Further checks were carried out weekly by team leaders and monthly by the registered manager, as well as by the area manager, the organisation's team of auditors and each year by the Pharmacy. These helped to monitor the way medicines were managed and ensured the safety of people.

People's relatives told us their family members were safe in the home. Discussions with staff showed they understood the signs people may be being abused and the action to take to keep people safe. Staff told us they had received good quality training and regular support from the registered manager to ensure they understood the importance of safeguarding people at risk. The registered manager responded appropriately to allegations of abuse, including taking immediate action to keep people safe, reporting to the local authority safeguarding team and notifying CQC as required by law.

The registered manager explained to us they had revised risk assessments naming them 'risk reduction plans'. They did this to reflect the fact that people's independence needed to be promoted and to support people to take risks to help them live as ordinary lives as possible, such as to identify risks involved in supporting a person with a history of anxiety and physical aggression to swim. Risk management plans were put in place setting out how staff should support people to minimise the risks. The provider liaised with appropriate professionals as part of the risk assessment process and incorporated their advice into care documentation.

There were enough staff deployed to meet people's needs. We observed a team leader reviewing the rotas. They told us they were double-checking enough staff were booked each day because each person required a high level of support from a specific number of staff. Any shortfalls in staffing numbers were made up through staff working overtime, bank staff or occasionally staff being seconded from other local homes within the organisation. The provider did not use agency staff to ensure consistency of care for people, which was particularly important due to their needs. Staff and relatives told us there were enough staff to meet each person's needs through the day, with additional staff assigned to support people during activities in the community, according to their individual packages of support.

A social worker told us they had confidence in the recruitment processes based on the annual audits their local authority carried out on the service and our findings were in line with this comment. Checks the provider carried out included checks of staff's previous work experience and qualifications, criminal records, identification and proof of address, health conditions and right to work in the UK.

The premises and equipment were maintained safely because the provider had a suitable system of checks in place. External consultants regularly checked the condition of the electrical wiring, portable electrical appliances (PAT), fire systems, heating and hot water systems. Staff also carried out regular checks of the premises and equipment to check they were well maintained, identifying any areas where repairs or maintenance were required. Checks staff regularly carried out included the first aid box, hot water temperatures to reduce the risk of scalding, window restrictors to reduce the risk of people falling from height and the fire system. Staff also carried out evacuation drills to check people could leave the home safely in the event of a fire.

## Is the service effective?

### Our findings

A social worker told us their local authority audited the service each year and found staff training, supervision and appraisal were appropriately carried out by the provider. Our findings were in agreement with this. A staff training programme was in place which included training in topics relevant to people's needs, such as autism and mental health awareness. Staff were also regularly trained in supporting people to manage their behaviours which challenge the service via the BILD accredited programme as qualified trainers were employed within the staff team.

New staff were required to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role. New staff were also required to shadow more experienced staff and the registered manager assessed their competency in a range of key skills to check they were achieving the required standards. A six month senior support worker programme was in place to develop staff new to the senior support worker role. Staff were supported to access further training to enhance their knowledge in key areas, such as diplomas in Health and Social Care and distance learning courses in medicines management.

Staff received regular supervision and annual appraisal and told us they felt well supported by management. Supervision records showed staff received guidance from their line managers in the best ways to meet people's needs, and topics such as safeguarding were discussed to keep staff knowledge up to date. The registered manager held regular staff meetings with further meetings for staff to focus entirely on how best to support people.

Staff supported people to give consent when they had the capacity to make decisions. Where people lacked capacity to make decisions staff followed the principles of the Mental Capacity Act (MCA) 2005 in making decisions in people's best interests, involving significant people such as staff, relatives and healthcare professionals. The 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. All staff attended training on the MCA and also the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had applied for authorisations to deprive all people of their liberty, which were in place for most people with one person awaiting authorisation from the local authority. Our discussion with staff showed they understood the importance of DoLS and also the need to comply with the conditions of people's individual DoLS authorisations.

People were encouraged by staff to eat a healthy, nutritious and balanced diet. Staff supported people to plan their meals in advance and alternative meals were always available if people preferred something different to what they had planned. We observed staff supporting a person to prepare a meal and people's

care plans reflected they were encouraged to be involved in preparing meals as far as possible.

A relative told us, "They look after his medical needs." A social worker told us when the person they supported had health issues and changes of their needs staff supported them to get the right support, working with external professionals as needed. We also found staff supported people to access the healthcare professionals they required to maintain their health, such as GPs, dentists and opticians. In addition staff worked closely with the local authority behavioural support team to help people reduce behaviours which challenged others. Mental health professionals worked closely with the staff team, such as a psychiatrist and community psychiatric nurse (CPN). The registered manager referred people to specialist services as required, such as speech and language therapists to help develop communication strategies and dieticians to support people's particular needs in relation to eating and drinking. When a person recently moved into the service staff observations allowed a diagnosis of a previously unidentified minor health condition which they were then supported with. Staff worked with people and health professionals to set up health action plans to check they received the right support in relation to their health needs.

## Is the service caring?

### Our findings

Relatives and professionals told us people were supported by kind and caring staff. A relative told us, "They look after [my family member] very well and they know him very well. They advocate for him and have his best interests at heart." Our observations of interactions between staff and people using the service were in line with this feedback. A social worker told us staff knew the people living there well and provided clear and purposeful feedback.

Staff built up good relationships with people through working with them over time and reading their care plans. Our discussions with staff showed they understood their preferences and the best ways to support people, in line with guidance in their care plans. Staff understood people's needs including their needs relating to autism and other mental health and learning disabilities.

People were treated with dignity and respect by staff and were given the privacy they required. For example staff took care to ensure people received privacy when providing personal care. One person had a fingerprint sensor mechanism on their door to ensure only people they wanted could enter their room. Our observations showed staff took time to engage with people, responding appropriately when people initiated contact with them and spending time communicating to them.

Staff communicated well with people, using a range of techniques specific to individuals. A healthcare professional told us the registered manager recently worked closely with them to devise a chart to help a person communicate. Staff used PECS (Picture exchange communication system) extensively to communicate with people, including to help people make choices throughout the day. PECS is a system using pictures to help people with autism communicate their needs and preferences. For example staff used PECS to help people choose the food they wanted to eat and the activities they wanted to do. Staff also understood when a person used Makaton, a modified form of sign language to support verbal communication, as well as particular signs people had created themselves to communicate, and particular ways a person expressed happiness.

People were supported to be as independent as they wanted to be. People's care plans detailed how staff should support them in building and maintaining their daily living skills, with people working towards achievable goals. We observed one person being supported to prepare a meal, in line with their support plan. Staff supported people with other tasks around the home such as laundry and cleaning and tidying.

## Is the service responsive?

### Our findings

Relatives told us they thought the way the service supported their family members to manage behaviours which challenged others as outstanding. One relative told us, "There are things we are now able to do which we couldn't do before, such as sit in a busy café. When [my family member] is cross or upset [staff] handle it very well." Another relative told us their family member was "calmer, less aggressive" since going to live at the service. A professional told us the registered manager and staff go "over and above" what is required to meet people's needs. They told us, "I would say it's outstanding."

Staff used a variety of techniques to help people manage behaviours which challenged others and people benefited from the very effective interventions staff used to support them. When visitors arrived at the service the registered manager provided them with a leaflet explaining about some behaviours which they might experience from people while at the service and talked to them about the best ways to prevent or respond to these behaviours. We also found this leaflet and debrief was very useful as part of helping people to manage their behaviours and helping us better integrate into the community of the home. Social workers told us each person had an established team of staff who were assigned to work primarily with them and understood their complex needs well. Staff told us this consistency was important for people with autism and helped people reduce their anxiety.

Staff followed the techniques of a programme accredited by the British Institute of Learning Disabilities (BILD) to assist people proactively to maintain self-control and to support them with their behaviour in a positive way. All staff were trained and training was refreshed regularly, with some staff trained as qualified trainers in delivering this training to the rest of the team. In addition, we observed staff using a visual count down system to help a person who found it difficult to transition from one activity to another. This helped the person understand one activity was about to finish and gave them time to transition to the next activity calmly. Staff also used 'low arousal techniques', such as techniques to help maintain an environment which people would find calm and relaxing such as maintaining a relatively quiet environment. In addition people were supported to use the sensory room at the service each day. This was a room specially designed as a calming environment through the use of special lighting and objects.

Any incidents of behaviour which challenged others were recorded and regularly analysed by the service manager to check people received the right support and to identify the reasons for people's behaviour and also to track whether the frequency of incidents was changing.

A person required very high staff levels of staff support when they first came to live at the service due to behaviours which challenged others. A relative told us, "We're very happy with the service, we've seen a big improvement." These staffing levels were reduced over time as the person's behaviours reduced due to the support the service provided. Staff worked with the person to establish routine and to ensure clear communication. Staff helped the person to communicate their needs visually as difficulties communicating were identified as a source of anxiety and a trigger for behaviour which challenged others.

The registered manager worked closely with the challenging behaviour team at the local authority in

relation to some people and professionals we spoke with told us the number of incidents where people behaved in way that challenged others had reduced since coming to live at the home. People had support plans in place, created through collaborating with challenging behaviour and mental health professionals, for staff to follow in supporting them.

Staff involved other healthcare professionals and relatives where necessary to respond to people's needs and to provide person centred care. Where a person was at risk of malnutrition due to restrictive food preferences linked to their autism and an inability to eat independently, the provider worked with professionals and relatives to reduce the risks, setting up a specific care plan for staff to follow in supporting the person. Relatives told us this was successful as the person's diet "had greatly expanded...he's much more relaxed about trying new foods". Their improved diet also meant they no longer needed to take particular medicines to maintain their physical health. Staff told us this meant the person became more confident and less anxious, with less incidents of behaviour which challenged others.

People were encouraged to maintain relationships with people who mattered to them. People were supported to communicate with their family as often as they wanted with phone and video calls.

The provider encouraged relatives to engage in activities together with people who use the service. Once a month the service hosted 'family walks', which were usually five mile walks for people, their relatives and staff. Relatives met with keyworkers at the beginning of each year to plan the walks. Relatives told us these walks were very helpful in building good relationships between people, staff and relatives, and also in getting to know other people using the service, staff and other families. Relatives also told us these walks were a useful opportunity to provide feedback to staff.

A relative told us, "Every day they have something for him to do: horse riding, bike riding, it depends." When a person moved into the service last year the service worked to improve their quality of life through building their daily living skills and providing access to activities. Staff worked with them and their relatives to identify their interests and goals and to set up a suitable activity programme, including a routine of a daily morning walk to help reduce their anxiety. In addition staff encouraged them to improve their reading and writing skills. People were supported to take part in activities and education opportunities they were interested in and each person had a personal activity programme based on their interests, such as bowling and bike rides. Indoor activities were available as the home had a computer in the living room, a trampoline, a pool table and a sensory room with specific sensory equipment to aid relaxation. Each person went on an outing of their choosing, one day each week, supported by staff. These days included trips to London, the beach or theme parks.

People's care plans were regularly reviewed by staff which meant information in them remained current and reliable for staff to follow. The registered manager updated people's care plans to reflect their changing needs and care plans were reviewed each month by staff who recorded a summary of people's progress towards achieving their goals. People's care plans were focused on people as individuals with them at the centre of their care, being 'person-centred'. Care plans contained information about people's life stories, preferences, interests and goals.

The registered manager involved people, their relatives and professionals in forming and reviewing the care plans. One relative told us, "[The staff] are happy for me to tell them what I'm thinking and for me to give feedback. It feels like we're doing it together." Even though most people could not communicate verbally or had limited speech, monthly keyworker meetings were still encouraged by the registered manager. A keyworker is a person who works closely with a person, meeting with them to check they are happy with their care and their care meets their needs.

Staff created individual social stories for people as part of keyworking. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why, as well as how to respond. The registered manager told us social stories also helped people understand difficult situations and also to express any concerns about these. For example, a person did not understand that a relative had passed away and kept on asking questions about them. Staff made a social story explaining that the relative became unwell, went to hospital and then passed away. Staff reinforced the story whenever the person asked for the relative. After a few days the person stopped asking questions about the relative which indicated to staff the social story had helped them understand the difficult situation.

When a person moved to the service last year those close to him were concerned at how he would cope with the transition. Staff created a social story which made the person able to transition after less visits to the service than anticipated. The person knew where their room was after the first visit and showed they enjoyed going to their room. The day they came to move into the service went smoothly as the social story had helped them understand Heathcotes (Larkrise) was their new home.

For a person who found transitioning from one activity to another difficult staff recently made a social story to help him understand he would be going on a family holiday and the details of the trip. Staff also made the person a timetable for their family holiday so they could tick off the days and know exactly when they would return to Heathcotes (Larkrise).

Relatives told us they were involved in creating and reviewing people's care plans as staff consulted with them. People and their relatives were also involved in annual reviews of their care led by social services. Staff prepared a thorough summary how each person had progressed and how their needs were being met to facilitate these review meetings. Professionals who feedback to us confirmed people's needs were being met.

A suitable complaints procedure was in place for responding to and recording details of any complaints. This complaints procedure was made accessible to people as the provider had put it in a visual format using PECS. People and relatives were encouraged to raise concerns. Relatives told us they felt confident the registered manager would appropriately deal with any concerns which were raised. Complaints which had been made were recorded clearly along with the action taken to address them and the outcome of any investigations.

## Is the service well-led?

### Our findings

Relatives, professionals and staff all told us the registered manager led and managed the home well and this meant people experienced positive outcomes. A relative said, "[The registered manager] is an excellent manager." A social worker told us the registered manager has a good understanding of people's needs, and an interest in continuing to develop the service. The registered manager was promoted to the position from being the deputy manager at the service for many years. The area manager had previously been the registered manager under the former provider and they visited the service to support the service for several days each week, often attending staff meetings. The registered manager was supported by team leaders who carried out tasks such as supervising staff and shift leading. In this way leadership was visible across the service. The registered manager, area manager, team leaders and care workers all showed a good understanding of their role and responsibilities in supporting people living in the home. Staff felt supported by the registered manager, although they reported some difficulties transitioning to the new provider which were being addressed.

The registered manager attended monthly meetings with other managers in the organisation as part of the support system in place as well as to share learning and best practice. In addition the registered manager attended an annual conference for all managers and directors in the organisation. Last year the focus was on culture and vision and as a result of this the registered manager reviewed the interview questions to check potential staff shared the same values of the organisation, particularly in relation to promoting choice, independence and social inclusion.

Staff told us the registered manager and area manager were approachable and very supportive. The registered manager explained their commitment to immediately praising staff for good work as well as immediately speaking with staff about any substandard performance with a view to supporting them to improve. Staff confirmed the registered manager's style of management helped them stay motivated in their work.

A comprehensive range of audits to assess, monitor and improve the quality of the service was in place. These audits included health and safety, care plans and risk assessments, medicines management and accidents and incidents including incidents of challenging behaviour. The registered manager implemented systems to monitor staff training, supervision and appraisal and to ensure staff recruitment files contained the information required by law. Regular quality assurance visits were carried out by the area manager as well as a quality team within head office, and actions identified from these and any action points were used to improve the service. Heathcotes (Larkrise) was rated internally as a 'gold' service because their quality checks by the area manager identified the service was exceeding the requirements in the standards of care provided to people.

The registered manager involved people, their relatives, staff and professionals in running the service, gathering feedback in a number of ways. People met with their keyworkers regularly and this was used as an opportunity to gather people's views on the service. The registered manager worked closely with people and staff and gathered feedback informally during discussions. In addition the area manager always spoke with

people and staff during their quality visits to find out people's views. Staff meetings were held regularly during which staff could offer views on the service provision as well as ideas for improvement. Staff told us the registered manager always listened to their ideas and took them on board where possible. The registered manager gathered views from people, relatives, staff and professionals via questionnaires. We viewed recent questionnaires and saw feedback on the service was largely positive.

The registered manager encouraged links with the local community. Staff regularly organised charity events, such as a recent cake sale for Autism week and a car wash with money being donated to charity or used to purchase equipment to benefit people using the service. In this way people were supported to be a part of the local community.