

Heathcotes Care Limited

Heathcotes Humberston

Inspection report

24 Humberston Avenue
Humberston
Grimsby
South Humberside
DN36 4SP

Tel: 01472812431

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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

About the service

Heathcotes Humberston is a residential home providing personal care and support to younger adults living with learning disabilities or autistic spectrum disorders. The service was registered to provide support to up to eight people and there were seven people using the service at the time of our inspection. The service is provided in one adapted building across two floors.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People living at the service were safe. The provider had policies and procedures in place, staff had completed safeguarding training and could identify, and report concerns appropriately.

Staff were recruited safely; all checks were completed to ensure they were safe to work with vulnerable people. They received an induction, training and shadowing prior to starting work. Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff cared about the people they were supporting and respected their wishes.

People received person-centred care from kind and caring staff who knew people well. Care plans and risk assessments were in place and regularly reviewed. People and their relatives were involved in decisions about their care and they felt listened to.

People were encouraged to maintain relationships and to access the community to prevent social isolation. They accessed a variety of activities which enhanced their well-being. People and their relatives told us they knew how to make a complaint and were confident these would be dealt with.

The service was well managed. The registered manager and staff had a clear understanding of their roles and responsibilities and staff understood when to escalate any concerns for further investigation and transparency. Quality assurance processes were in place. Regular checks, audits and feedback were reviewed to ensure standards were maintained, and where improvements were required, these were actioned.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Heathcotes Humberston

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Heathcotes Humberston is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 the inspection

We spoke with three people who used the service and a relative about their experience of the care provided. We spoke with four members of staff including the regional manager, registered manager and team leaders. We also spoke to a professional visiting the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. The provider had safeguarding policies and procedures in place which were accessible to everyone and in a format they could understand.
- People and their relatives told us they felt safe. One person told us, "I am very happy here," and a relative told us, "[Name of person] is very safe, the staff are great."
- Staff received regular training, knew how to identify signs of abuse and who to report concerns to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and minimised the risks to people's well-being and safety. People were supported to take positive risks and remain as independent as possible. These were continually reviewed and updated.
- Accidents and incidents were managed well. Clear processes were in place and followed. Investigations included outcomes and actions, which were used to improve processes and any lessons learnt were shared with staff to prevent the likelihood of reoccurrences in the future.

Staffing and recruitment

- Recruitment of staff was safe. Recruitment systems were robust and ensured the right staff were recruited to safely support people and meet their needs.
- There was enough staff on duty to meet people's needs. People with one to one support decided how they wanted to be supported by staff.

Using medicines safely

- Medicines were managed safely. Medicines were received, stored, administered and disposed of appropriately.
- Staff had medication training and regular checks to ensure they remained competent when administering medication.
- People received their medication as prescribed and 'as and when' medicines had protocols in place for staff to follow.

Preventing and controlling infection

- Infection prevention and control practices were in place to ensure people were protected from the risk of infection.
- Staff had been trained in infection prevention and control and used appropriate equipment to minimise the risks from infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The principles of registering the right support were fully embedded in the service. People's needs were holistically assessed prior to moving into the service to ensure the service was suitable to meet their needs in line with legislation and best practice.
- People's rights and diverse needs were supported so people were not discriminated against. For example, disability and religion, were considered as part of people's pre-admission assessment and care planning.
- People's progress was recorded in their care plans and reviewed monthly. Input from other professionals was included, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff felt supported, were competent, knowledgeable and skilled, and carried out their roles effectively.
- Staff completed an induction to their role when starting at the service which included shadowing. They had access to up-to-date policies and procedures, which they followed to ensure care and support was delivered in line with best practice guidance.
- Staff training was up to date and ensured their skills remained up to date. One staff member said, "We can request anything specific where we need it."
- Staff had regular supervisions, they discussed issues and offered solutions to improve people's experiences. For one person this had resulted in them participating in different tasks, they were now able to go out in to the community without incidents and their quality of life has improved since moving to the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements were clearly documented, and staff had good knowledge of any specific needs. For example, one person had certain foods they had to avoid. This information was in their care plan and staff had good awareness of how to support them appropriately.
- Staff worked alongside people to guide them to eat a healthy and nutritious diet. This included menu planning, shopping for ingredients and planning meals to cook. One staff member said, "They choose what they want but we try and promote healthy options."
- People told us that if they required snacks, they were provided, and they could go to the shop and buy things they liked.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good links with health and social care services. People living at the service had complex

support needs. Staff were committed to championing people's rights to receive effective care and support. Individual behaviour support strategies promoted people's mental health and well-being. Staff worked closely with people to monitor changes and explore new ways of working with individuals. Where previous placements had failed, they worked hard with individuals in supporting them to understand the impact of their choices enabling them to make decisions to take control of their own lives.

- The provider worked in partnership with other specialist services. For example, a referral was made to a psychologist to support a person with their behaviours, now the person is much more engaged with the service and has an improved quality of life.
- People's health appointments were recorded with outcomes or advice to ensure staff supported people to follow and maintain their well-being.

Adapting service, design, decoration to meet people's needs

- The service provided a homely environment which met the needs of people. Adaptations were made to ensure the safety of people living in the service. For example, the top of the stairs was blocked in to prevent items being thrown over and hitting anyone walking below.
- People's bedrooms were personalised and people were encouraged to bring their own personal items that were important to them.
- Communal spaces were available for people to access. There was plenty of outdoor space which helped to encourage socialisation with other people living in the house and create quiet space for them to enjoy.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, applications had been made to the appropriate bodies. These had been continuously reviewed to ensure they were only in place when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with kindness and respect. Staff knew people extremely well which promoted positive engagement and meaningful interactions. We saw staff and people having lots of 'banter'.
- People's equality, diversity and human rights were respected. Staff showed genuine concern for people and ensured they were not discriminated against in any way. They recognised how choice was important to people and responded to their individuality.
- People and their relatives told us the staff were very kind. One relative told us, "[Name of person] gets on well with staff, they seem to know him well."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care and had opportunity to express any changes they wanted. Care records included their input and were updated to reflect their wishes and preferences. One relative said, "I have been involved in reviews, we work well together, and they listen to me."
- People were encouraged to make day to day choices which included the people who supported them. This included choice based on gender and personality.
- People were directed and supported to access advice and support or advocacy services when required.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain their independence. For example, staff supported people to continue accessing the community independently and undertake general daily living tasks such as cleaning their rooms.
- People told us staff were considerate and understood how to maintain their dignity and privacy. For example, they always knocked on people's doors before entering and gained their consent.
- Staff understood the importance of maintaining confidentiality at all times. Records were safely stored with access restricted to those who required it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred. They included information such as people's preferences, likes and dislikes and individual goals. They were reviewed and updated regularly.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests. This enabled them to provide personalised care. One staff member said, "It is all about them."
- People told us they were happy with the care they received and they liked the staff.
- Feedback from people's relatives included, "Staff know [Name] well and know what they like."
- The management team updated and changed the rotas and staffing to accommodate the needs of people living at the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and told us they could provide documents in different formats when required. Information was on display in the service in easy read formats.
- People's communication needs were recorded in their care plans. Staff communicated with people effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to develop and maintain relationships with people that were important to them to avoid social isolation. One relative told us, "I visit every week and am always made welcome, [Name of person] has settled well and I speak to them regularly on the phone too."
- People were encouraged to build social networks and links with the local community and supported to engage in activities that were socially and culturally relevant to them. One person told us, "I like to listen to music, and I like to buy CD's and go shopping on a Thursday." A staff member said, "They are out all the time and they all do different things. We also go out in bigger groups, for example to the pub and they really enjoy it."

Improving care quality in response to complaints or concerns

- Complaints were dealt with effectively and in line with the provider's policy.
- The service had a complaints procedure for people to refer to in an accessible format. People and their

relatives told us they would be happy to raise any concerns and were confident they would be addressed.

End of life care and support

- People's funeral wishes had been explored with them. Information recorded included people's faith, where they wanted to be buried and what type of music they wanted.
- In the event people required support at the end of life, staff would work with appropriate health professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The culture of the service was very person-centred. The provider engaged with everyone using the service equally and supported them to be integrated into the community, to try new experiences and meet their hobbies and interests. This improved people's outcomes in relation to social interaction, quality of life and mental health.
- People's life histories had been considered and strategies developed by the provider to support people's understanding of risks they posed to themselves. This supported good outcomes and promoted people's ability to make informed decisions which protected their safety and well-being.
- The service worked in partnership with other agencies and health professionals. Staff worked with health professionals such as dieticians and psychologists to consider ways of working to support productive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibility to apologise when mistakes were made and gave feedback to people when needed. They were aware of their legal responsibility to notify the Care Quality Commission of significant events.
- Staff were aware of the importance of involving and updating people's families when important events or changes happened.
- The registered manager was very open and transparent with us during this inspection. They told us a range of service checks and reviews were completed to maintain and improve standards. They discussed how outcomes from audits were reviewed to identify any trends and where improvements were required, they addressed these immediately. For example, there was an issue of risk in relation to the stairs and the landing. This was dealt with and the gap closed to ensure people's safety was maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was well-led. Governance systems were in place to monitor the quality of the service. A variety of audits were regularly completed, for example, medicines and finance. Action plans demonstrated improvements made.
- The provider ensured the principles of registering the right support were fully embedded in the service.

- There was a clear staffing structure. Staff understood their roles and responsibilities and when to escalate any concerns.
- Policies and procedures ensured care and support was provided in line with national guidance and regulation.
- People had opportunities to be involved in developing the service. Regular meetings were held with people, relatives and staff and they were asked to complete a quality assurance questionnaire. Feedback was summarised so action could be taken where people made suggestions.