

Heathcotes Care Limited

Heathcotes (Kirklands)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection carried out on 28 September 2015. This was the first inspection the home had received.

Heathcotes (Kirkland's) is registered to provide residential accommodation and care for six adults with learning disabilities or autistic spectrum disorder, and other complex needs. At the time of the inspection six people were living in the home.

At the time of this inspection there was no 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 and associated Regulations about how the service is run.

People and their relatives told us they or their family member felt safe at the home. There were effective systems in place to ensure people's safety at the home for people who used the service, whilst also encouraging and

Summary of findings

promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs and aspirations.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions these were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them stay in contact with family and friends. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people living at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

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Summary of findings

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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough

Good



Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

Good



Is the service caring?

The service was caring

People had detailed, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

Good



Is the service responsive?

The service was responsive

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

There was not a registered manager in post at the time of our inspection

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

Requires improvement



Heathcotes (Kirklands)

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 19 September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were six people living at the home. During our visit we spoke and spent time with the people in the home, spoke with the acting manager and the regional manager, three members of staff and also spoke with a professional who was at the service at the time of our inspection. We spoke on the phone to two relatives of the people who use the service and spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority. We were not made aware of any concerns by the local authority.

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. One person said “I am safe and happy I can’t complain.” One person when asked what they liked about the home said they enjoyed going out on the bus and to the gym. They also said they got the help they needed when they required it. A relative told us; “I feel [name of person] is safe and in good hands.”

We saw positive interaction with staff and the people who use the service throughout our visit and people who used the service appeared happy and comfortable with the staff. There was an excellent rapport between people who used the service and the staff. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were procedures in relation to safeguarding in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider’s safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. Staff told us they received an annual update of this training and the records we looked at confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, making hot drinks and cooking. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced.

Through our observations and discussions with the acting manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. On the day of our visit there were seven staff on duty providing support for the six people who lived at the service and the acting manager was also available. The staff we spoke with said that previously, there was not enough staff but now there were sufficient staff to meet people’s needs, and they did not have concerns about staffing levels. We saw rotas were worked flexibly to meet the needs of people who used the service. The service did not use any agency staff at the time of our inspection.

People who used the service said they were enough staff available to them. A relative of a person who used the service said there was always enough staff when they visited. They also said there was sufficient staff to make sure people got out regularly.

We spoke with staff about the recruitment process. They confirmed that they had completed an application form, provided referees, attended an interview and completed a Criminal Record Bureau Record (CRB) check before they started work. The acting manager told us that all recruitment documentation was kept at the provider’s head office and copies were not kept in the staff files in the home. We saw that the relevant checks had been undertaken by reviewing the recruitment checklists kept at the home and reviewing information from the provider’s head office. We saw that effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work to make sure they were suitable and not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person’s medicines available with no excess stock. Staff who administered medication had been trained to do so and we

Is the service safe?

saw their competency was checked regularly. During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the medication administration records (MAR) for the people who used the service and no gaps in recording were seen which showed they had been given correctly.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out to a planned activity but had changed their mind and wished to stay in. Staff were respectful of this decision.

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We were told that six people who used the service were subject to authorised DoLS. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. We saw policies and procedures were in place for the Mental Capacity Act (2005) (MCA) and the DoLS. It was clear the home had a good understanding of DoLS and the application process.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions such as making every day decisions and choices. Staff said they used a number of ways to assist people to make their own decisions which included the use of pictures, verbal communication and a communication board. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for one person taking a holiday.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and consultants. Staff were aware of the systems in place for people to be reassessed should their needs change.

People who used the service or their relatives said staff were prompt in seeking medical assistance for them or their family member. A relative said, "The staff keep us well informed if my family member is poorly."

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs. We saw people took their meals as they liked them.

Staff told us that menus were put together based on the known likes and dislikes of people who used the service. They said they regularly reviewed people's choices and preferences through monthly meetings with people. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit some people who used the service chose to eat their lunch out in the community and other people chose to have this in the kitchen. We saw they were offered a choice of what to eat and given the assistance if they required this.

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am impressed with the training." The training record showed most staff were up to date with their required training. If

Is the service effective?

updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental capacity and autism.

Staff said they received one to one supervision. The staff were due an appraisal in January 2016 and this was confirmed by the acting manager. Staff said they found the supervisions useful and a good opportunity to discuss their

training needs. Records we looked at showed this to be the case. Staff said they got good support now to enable them to carry out their role well. Comments we received included: "We feel supported now in our role. We are kept informed and involved in everything going on at the home." Staff were aware of the acting manager's role for the service and spoke of the support received from her and from the regional manager.

Is the service caring?

Our findings

A relative of a person who used the service told us they thought the staff were very thoughtful and patient. They said, “They deal with some difficult behaviours from our [name of person] and it is always with such kindness and patience.”

Our observations showed that people who used the service had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care.

We saw people were comfortable in the presence of staff and staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people’s needs and spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff. The staff answered people’s questions and requests politely and patiently; giving explanations and information to assist people’s understanding.

Staff we spoke with said people received very good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people’s privacy and dignity. They said they ensured care was provided

discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people’s preferred names and to make sure people’s clothing was arranged in a dignified way and people looked well presented. Throughout our inspection, we saw staff respected people’s privacy and dignity.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people’s individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, basic sign, the use of objects of reference and pictures to enable them to make choices.

People who used the service and their relatives were involved in developing and reviewing care plans. We saw there was a monthly review of support; known as a key worker meeting. People who used the service were asked what they had enjoyed each month, what they would like to do for the coming month, any purchases they wanted to make and where there any changes needed to be made to the support they received. We saw documentary evidence of these meetings and the written contribution of one person who used the service. A relative told us they felt fully involved in all aspects of their family member’s life and confirmed care plans were discussed with them and that they were invited to review meetings.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. We looked at an assessment that had been completed for one person who used the service. Records showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were arranged to make sure all people who used the service were compatible and gave opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for three people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; trips out into the community, pub, arts and crafts, and regular attendance at a community based day centre. We also saw

there was a high degree of emphasis on encouraging independence and participation in daily activity in the service. We spoke to one family member who said "I have been to the cinema with my daughter, I did not think this would ever be possible with the care support needs she has, I can't thank the manager and staff enough for this."

People who used the service were encouraged and supported to keep in contact with family and friends. The relatives we spoke with said they felt welcome to visit their family member at any time and were warmly received whenever they visited.

We saw the complaint's policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints.

Staff knew how to respond to complaints and understood the complaint's procedure. They said they would always try to resolve matters verbally with people who raised any complaints. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaint's file in the service with all information and documents available should any complaints be made. The acting manager said there had never been a formal complaint made to the service only two concerns which were raised with staff and the acting manager. These were both recorded and responded to appropriately. A relative we spoke with said they had no concerns or complaints but would feel comfortable and confident to speak with any of the staff and raise concerns if they needed to. They said they had been given a copy of the complaint's procedure.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post. They had recently left the service. The deputy manager from another service was supporting and acting up as manager of the home while she completed her probationary period and applied to become the registered manager of the service. The regional manager was supporting at the home on a weekly basis. Staff we spoke with were very positive about the support they received and the current management arrangements in the home. One said, “She is a nice person, so approachable, here for us and the people we support.” Another said the home had been well managed and in the absence of a registered manager. They said, “[Name of manager] seems very organised.”

A relative of a person who used the service said they found the home to be well managed and said all the staff seemed to be organised. They said they had been kept informed of the changes to the management arrangements at the home.

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people’s support and care. Staff described the culture in the home as happy, open and all about the people who lived at the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the management team aware of issues that affected the service. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said there was a good emphasis on team work and they felt they had a ‘good team’.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives in February 2015. We looked at these and noted positive comments about the service had been made. These included; “good quality of service”, “[Name of person] enjoys a varied lifestyle, he is always attending various activities or groups” and “[Name of person]’s living arrangements are good and meet his needs.”

The acting manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at staff meetings to make sure any learning was shared and actions taken. Policies and procedures were in place and all staff had signed each one to say that they had read and understood these. However one policy was out of date at the time of inspection. The acting manager rectified this straight away and placed the updated policy in the file for all staff to read.

We were told that the regional manager visited the home regularly to check standards and the quality of care being provided. The acting or regional manager and staff said they spoke with people who used the service, staff and the manager during these visits. The regional manager had good oversight of the home and knew all the people and staff very well. This meant there were good leadership within the organisation.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The acting or regional manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people’s support plan and any actions taken to prevent re-occurrence were documented and communicated to staff.