

Heathcotes Care Limited

# Heathcotes (Oadby)

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

We carried out our inspection on 31 January 2017. The inspection was unannounced..

Heathcotes (Oadby) provides accommodation for up to eight adults who require personal care and support. There were seven people using the service at the time of our visit. People who use the service live with autistic spectrum disorder and/or a learning disability.

People were safe at Heathcotes (Oadby). They were safe from harm and avoidable harm. People told us that staff looked after them and that their possessions were safe in their home. Staff were supported to recognise and report abuse or any concerns they may have about people's welfare.

There was sufficient numbers of staff to meet people's assessed needs. The registered manager increased the staffing levels when people's needs changed.

The provider had safe recruitment practices. They completed relevant pre-employment checks which assured them that staff were safe to work with people that used care services.

People received their medicines as prescribed by their doctor because staff followed safe practices when they stored and administered medicines to people.

People were not unlawfully deprived of their liberty. The support people received was provided in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were supported to access training. People felt that staff were skilled to deliver support to them.

People's dietary needs were met. They had access to a choice of meals. Staff supported people to maintain their health and well-being. They liaised with other professionals to meet people's health needs.

The service had a registered manager. 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 were positive about the leadership of the home. They told us that the registered manager had improved the home and created a culture of open communication. People has easy access to the registered manager.

Staff felt that they were clearer about the standards expected of them. There was a clear management structure at the service. Staff had access to guidance and support from a manager including during out-of-hours.

The provider had systems in place to monitor the quality of the service. We saw that they worked with the local authority and used their own systems to make the required improvements required at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff on duty to meet people's assessed needs.

Staff were aware of the responsibilities and had guidance to keep people safe from avoidable harm.

People felt safe when they received care from staff. Their medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were effectively supported with their dietary needs. Staff supported to maintain their health and wellbeing and access healthcare services promptly.

Staff had were supported through training which enabled them to deliver their role.

People were supported in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They were not unlawfully deprived of their liberty.

### Is the service well-led?

Good ●

The service was well-led.

People were positive about the leadership of the home. Staff were supported to meet the standards expected of them.

The registered manager understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. The registered manager was accessible to staff, relatives and people using the service.

The provider had procedures for monitoring and assessing the quality of the service. They used these to improve the quality of

care they provided.

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# Heathcotes (Oadby)

## Detailed findings

### Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 5 and 6 May 2016. At which two breaches of legal requirements was found. This was because people's nutritional needs were not met and the manager then did not notify the Care Quality Commission of relevant incidents at the service. After the comprehensive inspection, the provider sent us information to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 31 January 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Heathcotes (Oadby)' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection took place on 31 January 2017. The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted the local commissioning authority who pay for the care of most of the people who use the service.

We gathered our evidence of how people experienced the service the service by reviewing the care plans of two people who used the service. We met the seven people who used the service. We spoke with three of them and observed the care that the other four people received in communal areas of the home. We spoke with relatives of four people who used the service. We also spoke with a visiting health professional, the registered manager, the regional manager, a team leader and two care staff. We reviewed people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

# Is the service safe?

## Our findings

People who use the service at Heathcotes Oadby were safe. People told us that they felt safe because staff looked after them well. They also felt that their belongings were safe in their home. One person told us, "They [staff] are kind and keep me safe." This person went on to use a visual aid to inform us that this made them feel happy. Another person told us, "I like living here. [Staff name] and [staff name], they keep me safe." They also told us that their belongings were safe in their home. They said, "Things are safe in my bedroom." Other comments included, "It's good living here, [staff name] keep me safe. All is good and all my things are safe." Relatives also told us that people were safe at Heathcotes Oadby. A relative said, "[Person] is safe because they [staff] are very good, [person] obviously likes it because they are always ready to go back following a visit home." Another relative told us, "I think [person] is safe because the staff are good and there are few issues. I turn up randomly and have close contact with staff. I have never seen anything that has concerned me."

Staff we spoke with knew their responsibility to keep people safe from abuse and avoidable harm. They received training on how to recognise abuse and protect people from harm. The provider had a policy which supported and guided staff on how to keep people safe. We reviewed records of staff meetings which showed that keeping people safe was discussed at these meetings. Staff told us that they would report any concerns to senior staff or the registered manager. They told us that the registered manager dealt with any concerns appropriately and ensured people were kept safe.

People's records included risks assessments of any risks associated with their care and support. Their risks assessment included measure to guide staff to provide care in a safe manner with minimal restriction people's freedom and independence. We saw that risks assessments were reviewed regularly to reflect risks associated with people's current needs and guide staff to provide the required support. We observed that people were safely supported to be as independent as possible. For example, we observed that people could easily access to kitchen. When they made a hot drink, we saw that staff emptied and put away the kettle after every use to minimize the risk of scalding or similar accidents.

Each person who used the service was assessed as needing one to one care. We saw that there were sufficient numbers of staff on duty to meet people's assessed needs. A relative told us, "[Person] has their own dedicated person. There are plenty of staff and my relative has a good quality of life." Another relative told us, "There are probably enough staff but my concern is about staff changes not the numbers. My relative has a good quality of life." Other comments included, "I worry when the staff turnover is high but the main staff are good and I have confidence in them. It has been the changes in senior staff that has worried me the most. When my relative loses it they get more staff." We reviewed records which showed that staffing levels were increased when people's needs increased.

The provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. These included obtaining references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. DBS checks were completed before staff commenced their employment. This assured them that staff were safely suitable to work with people who

used care services.

At our inspection 05 and 06 May 2016, we found that staff did not consistently follow safe practice to store people's medicines. At this inspection, we saw that the provider had made improvements in their practice to ensure that people's medicines were managed safely. There was effective systems for storing and administering people's medicines. We saw from people's medicines administration records that they received their medicines as prescribed by their doctor. The provider had good practices to ensure that people had sufficient supply of medicines. Only staff who had received medicines training administered medicine to people.



# Is the service effective?

## Our findings

At our last inspection carried out on 15 and 16 May 2016 we found that the provider did not take action to ensure that they met people's specific nutritional needs. These matters were a breach of Regulation 9 (3) (i) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements. We saw that the registered manager had liaised with a person's doctor to ensure that they had up to date information of person's nutritional needs. We saw that food items were available to meet specific dietary needs.

People told us that they enjoyed the meals at the service. They access to a variety of meals and drinks. One person told us, "Food is good. I have food whenever." Other people gave positive comments about the food. A relative told us, "The food is good and they follow my relative's dietary needs and are good at it." Another relative told us, "The food is good and my relative likes it. There is plenty and it is nutritional." Staff told us that the meal provision at the service had improved and they felt confident and supported to meet people's nutritional needs. We saw that people had free access to the kitchen. Staff had involved people to develop a varied menu. People were able to choose alternative meals should they not want the meals available on the menu. We saw an example of this during lunch on the day of our visit.

Staff supported people to make healthy food choices. They regularly monitored people's weight and had guidance in place to support them on what action to take should there be sudden changes in people's weight or dietary needs.

Staff supported people to maintain their health and well-being. People were supported to access healthcare professionals and services when they needed it. A relative told us, "They [people] are taken to the doctors, dentists and my relative is seen at the hospital if needed." We reviewed records which showed that people received annual health checks. People had access to information on how to maintain the health, recognise and manage any changes to health. We saw that this information was in a format that suited people's communication needs.

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We observed that staff sought people's consent before they provided support. Staff assessed people's ability to make specific decisions including what decisions they were able to make independently and those that they required support to make. People's records also included information on how to support them to make decisions independently. For example, the individual times when people were more likely to be able to make their own decisions. This included after people had had a cup of tea or in a quiet environment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The 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 provider had applied for DoLS for people who required this. We saw that where decisions had been made on people's behalf, staff had involved the people's relatives and other professionals involved in their care to ensure that decisions made were in the person's best interest.

People told us that staff were skilled in their role. One person told us, "The staff know what they are doing." Another person said, "They [staff] are good at their job." Relatives also told us that people were supported by skilled staff. Staff that we spoke with told us that the training they received mainly supported them to provide the care and support that people required. However, staff told us that they would like more support and guidance to safely meet the needs of a person who had an increase in the likelihood to behave in a way that may challenge others.

We reviewed the provider's training records and saw that staff had received relevant training. The provider had systems in place to monitor people's behavioural needs. We saw that the recording systems was not of a consistent format and did not always allow to recognise possible triggers to behaviour and how staff responded to people. We brought this to the attention of the registered manager and regional manager who told us that they would ensure they consistently used their recording systems effectively to monitor and support people and staff. We saw that people had access to specialist service to support with behavioural needs and that staff had guidance on how to support people's needs. One person's care plan included information on signs that they were becoming unsettled so that staff can support them appropriately.

## Is the service well-led?

### Our findings

At our last inspection carried out on 15 and 16 May 2016 we found that the provider did not always notify the Care Quality Commission (CQC) of relevant incidents at the service. These matters were a breach of the Care Quality Commission (Registration) Regulations 2009: Regulation 18:

Notification of other incidents. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements. We reviewed records which confirmed that the CQC had been notified of relevant incidents at the service.

The service had a registered manager. The registered manager had been in their role for four months at the time of our inspection. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They promptly sent notifications to the Care Quality Commission when required. They carried out thorough investigations of incidents that staff reported, and worked with the local authority to make required improvements at the service.

People and their relatives spoke positively about the leadership of the home. They were confident in the abilities of the registered manager. One person told us, "[Registered manager] is the boss, they are good as well." A relative told us, "The registered manager is excellent. The team leaders are good." Another relative said, "There has been problems in the past but with the new manager my relative is now safe. I have had concerns in the past – please note I am using the past tense- but now things have changed for the better. Complaints I have made in the past have not been handled well but I know they would be handled well now."

Relatives told us that they had easy access to the registered manager when required. A relative said, "The new manager is approachable and very pro-active. It's been a lot better since [registered manager] came. [Person] loves it here." Another relative commented, "[Registered manager] is approachable, in fact they are brilliant." During our visit, we saw that people had access to the registered manager to chat.

There was a culture of open communication at the service. Relatives told us that the registered manager encouraged this and ensured that they were involved in the care and support of their loved ones. They did this through involving them in the planning and review of people's care and by dealing with their feedback. Some of the comments we received from relatives included, "I am involved in my relatives care plan and only last week the RM went out of their way and came to my house to talk about the care plan, I have both formal and informal discussions about it. They keep in regular contact with us (family). The care is good and I am kept in the loop at all times. I am very involved and recently they asked me what I would like to change in my relatives care plan. I found this discussion very useful." "I am absolutely involved in my relatives care plan. The managers have been to see me at home to talk about this," and "I would always talk about worries first. They are good at communicating with me."

The registered manager was available to staff who needed their support. They supported staff to meet the standards they expected of them. A staff member told us, "[Registered manager] is approachable and hands on." Another staff member told us, "[Registered manager] is good, she listens." "If you ask for anything it happens." We saw records which showed that staff had opportunities to meet with their line manager to discuss their role, support needs and performance. Staff also had regular staff meetings.

The provider had a clear management structure. The registered manager was supported in their role by a regional manager and a team of senior support workers. Staff were aware of who to go to for support and guidance when needed. They had management support at various tiers of the service. The provider had an on-call management system which included other registered managers within the organisation. This ensured that staff had access to support and guidance including out-of-hours.

The provider had systems in place to monitor the care that people received. These included quality assurance audits of people's care and support and monthly monitoring visits from other managers within the organisation. We saw that they used this to identify where improvements were required. We also saw that the registered manager addressed any identified issues.