

Heathcotes Care Limited

Heathcotes Alverthorpe

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?

Good ●

Summary of findings

Overall summary

The inspection of Heathcotes Alverthorpe took place on 17 and 18 September 2018 and was announced on both days. This was the first inspection for this service.

Heathcotes Alverthorpe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathcotes Alverthorpe accommodates eight people in one adapted building and the home was full during our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post and they were available both days of the inspection. 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 safe as the staff team knew them well, and had detailed, person-centred records to support them. Staff knew how to recognise and respond to any safeguarding concerns, and any learning from such incidents was shared with staff. Risks were managed through positive behaviour support strategies and staff were confident in using Non-Abusive Psychological and Physical Interventions (NAPPI) if needed.

Staffing levels ensured people had access to a variety of person-specific activities each day and medicines management was safe. Staff displayed a sound understanding and demonstrated effective infection control practice.

The registered manager was aware of current procedures and guidance for best practice, and this was evident in the policies in use in the home. Staff had access to frequent supervision and training, and encouraged to progress in their careers.

People's nutrition and hydration needs were managed well, and people at particular risk showed signs of improvement due to staff attentiveness and response. The registered manager accessed appropriate external support as required, including additional training if needed such as with communication strategies.

Staff spoke highly of the teamwork and how supportive colleagues were of each other. They ensured people were treated with kindness and compassion, and provided significant emotional support when people became anxious. Privacy and dignity was promoted at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was evidence in care records of people's involvement, or their appointed representative, to ensure their needs were met in line with their preferences and wishes. Activities undertaken endorsed this, as people were supported to visit places they liked and take part in events such as swimming or walks.

Although no specific complaints had been received we found a clear policy, accessible through pictures and people felt able to raise any issues. There was confidence these would be addressed. We saw evidence of many compliments about the home in the recent surveys undertaken and completed by people, relatives and professionals.

It was evident the registered manager was striving for the best outcomes for people living in the service through ensuring all staff were suitably knowledgeable and utilising the partnerships they had built up with external services. The quality assurance systems were robust and showed how the service continually sought to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe as staff were attentive to their needs and knew how to respond to any concerns.

Risks were pro-actively managed, with detailed guidance and staffing levels meant people's needs were met promptly.

Medication and infection control practice was safe.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training, and were knowledgeable about people's needs. The registered manager and staff understood and complied with the requirements of the Mental Capacity Act 2005.

We saw staff worked well as a team and supported people well with nutrition and hydration.

People accessed extra health and social care support as needed.

Is the service caring?

Good ●

The service was caring.

Staff displayed kindness and empathy to all people in the home, and knew people well.

Records showed all relevant people were involved in supporting people in the manner they wished to be supported.

Privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People enjoyed numerous activities and were supported to

engage in as much as they wished.

Care records were comprehensive and reflected people's needs, and were regularly reviewed.

The service had not received any complaints but had a procedure in place, and had received many compliments.

Is the service well-led?

Good ●

The service was well led.

The home was lively and friendly, with engaging staff.

High quality care delivery was evident with dedicated staff and a registered manager, which was monitored through a sound quality assurance process.

There was evidence of strong partnership working to ensure the best outcomes for people.

Heathcotes Alverthorpe

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 17 and 18 September 2018 and was announced on both days as the service was small and people became unsettled if new people visited. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with four people living at Heathcotes Alverthorpe and observed interactions between staff and people living in the home who were unable to communicate verbally. In addition, we spoke with seven staff including four support workers, a team leader, the registered manager and the area manager.

We looked at four care records including risk assessments and other sundry records, two staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "Yes, I feel safe. Staff help me do what I want." One staff member told us, "People are safe as everything they need is in place and staff are well trained." Staff were able to outline what action they would take if they suspected abuse or neglect of a person had taken place, and the reporting procedure. They were also aware of how staff needed to be pro-active to mitigate the likelihood of unintentional harm between people such as one person agitating another. Another staff member said, "We have the staff here to support and nobody is neglected." We saw referrals were made appropriately and monthly analysis took place to assess any trends and lessons learned.

One person spoke with us about how they had become involved in the interviewing of potential new staff. To enable this, the registered manager had created a pictorial checklist and the person had thought of some questions to ask. We saw in this person's records how this had impacted on their sense of achievement.

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staffing levels were appropriate on each day but the service did have some sickness which was robustly monitored. Staff were called on to provide extra cover on occasion, however, this was their choice. One staff member said the service did have problems occasionally as staff sometimes found it difficult to have breaks but had raised this with the registered manager who was reviewing allocation of shifts. Agency staff were not used by the service. The registered manager advised there was scope to increase staffing if required. They were also pro-active in ensuring people were receiving necessary levels of funding to ensure their needs were met with the appropriate staffing levels.

Risks within the service were well managed. People with more complex behavioural management needs had detailed plans in place to indicate what was positive and what was negative for them. One person's plan included reference to undertaking their activities and partaking in residents' meetings. If their mood altered, there was detailed information about different levels of response required in such instances depending on their specific indicators.

Management plans showed how to de-escalate such indicators in the least restrictive manner using Non-Abusive Psychological and Physical Interventions (NAPPI). All staff had received training in this area and were aware restraint was to be used as the last resort. Staff felt confident using such techniques and had full debriefs after any incident. One staff member explained how certain techniques could not be used on one person due to their physical health, showing staff had a thorough understanding. Records were kept of each intervention and staff involved, showing all strategies taken to avoid such measures and the effectiveness of the intervention. Where people did not require this level of intervention, behavioural charts were kept which were analysed and helped identify any triggers for future preventative techniques.

People's skin integrity was regularly assessed as were their moving and handling needs. Although no one in the service required specialist equipment, assessments reflected where people might need visual support or a guiding hand to direct, and we observed staff do this in practice. We saw positive risk-taking plans in place which ensured the risk was outlined with the control measures already in place, and the benefits of this risk being undertaken. Measures in place were proportionate to ensure the likelihood of harm was reduced but the person could still perform the activity.

Accidents and incidents were logged with full details of the event including a body map if any injuries were incurred. Monthly analysis took place to review the action taken and if any changes to people's support needs were required. Staff explained the evacuation procedure and told us they had regular fire drills.

There had been an internal infection control audit undertaken and where issues had been noted, these had been addressed promptly such as replacing torn sofa covers. Staff knowledge of infection control procedures was robust and detailed.

All equipment and premises checks had taken place as required including fire systems. Fire alarms were checked regularly, and the home ensured everyone signed in and out of the home. People had personal emergency evacuation plans in place which provided key information about their support needs.

Medication was stored, administered and recorded correctly. The home had an organised and clean treatment room with regular temperature checks of both fridge and room. In addition, there were also electronic thermometer gauges for each person's room to ensure reasonable temperatures. The home did not administer any controlled drugs or any medication covertly. We randomly sampled some topical medications and saw the date of opening had been recorded. PRN, or 'as required' medication, was stored in a separate cupboard with specific protocols for staff to follow. When PRN medication had been given the reasons why were recorded, showing it was only used when necessary. The keys were kept in a keycode box and only staff who had been medication trained knew this number. Boxed medication was audited daily and the home conducted regular audits, all of which had recently scored 100%.

More staff had recently undertaken medication training but they told us they would not be allowed to do this until their competency had been checked and they were confident in doing this. We saw evidence of these competency checks which included knowledge checks and observations of practice. Staff were able to explain medication procedures in depth and what action they would take in the event a person refused it.

Is the service effective?

Our findings

The registered manager discussed their knowledge of guidance in depth and how they ensured this remained current through attending briefings and reading different social care advisory websites. They displayed a good knowledge of relevant legislation and how this impacted on people.

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.

We found the home had undertaken decision-specific assessments as required under the MCA which showed the person's responses to validate the decision of whether the person had capacity. There was evidence, where required, of engagement with other relevant people such as an Independent Mental Capacity Advocate (IMCA) or family members to undertake best interest decisions. People received regular visits from their advocate. Staff knew to always presume capacity unless otherwise advised, and to ensure decisions were in people's best interests.

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 authorisation 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. DoLS authorisations were in place for all people and conditions were being adhered to. In one recent assessment, the positive impact of Heathcotes Alverthorpe was noted, "[Name's] demeanour, mental and emotional wellbeing appears to have improved since admission."

We asked staff about their induction. One staff member told us, "We did health and safety, first aid, fire training and practical restraint training." They also said they completed five shadow shifts to enable them to get to know people before working with them alone. Another said, "The induction was sufficient and relevant." We also saw staff completed the Care Certificate which is a set of minimum standards for people new to care. Staff had a six month probation to ensure they were fully competent. In one staff member's record we read, "I love working with all the staff. I feel very well supported and if I have any issues, [name of team leader] is there for me." Probation reports reflected what staff did well.

All staff new to the organisation undertook a five day induction which included service specific training such as Non-Abusive Psychological and Physical Intervention (NAPPI) level 2 and epilepsy management. Some staff were also supported to undertake NAPPI level 3. The provider demonstrated commitment to supporting people in the least restrictive manner to ensure their and other's safety.

Staff received regular supervision. One staff member told us, "We discuss how we're doing and feeling, and if we need any extra training or support. We have the opportunity to discuss anything." They also said, "We

have plenty of training and if we need it, we just have to ask." We saw evidence of annual updates regarding staff's knowledge of specific topics such as safeguarding and care planning. Supervision records showed staff were monitored if there had been any issue with their performance, and improvements were recognised and praised. All were signed by employee and line manager and reflected the needs and strengths of the staff member.

The registered manager advised all training was face to face and arranged as locally as possible to make it relevant. They encouraged it to be pro-active. The registered manager had arranged for an external Makaton trainer to provide some person-specific training for staff to aid their communication with one person who used an adapted form of Makaton, which we observed on the inspection. Makaton is a language used by people who find verbal communication difficult. We heard staff undertake this positively and saw it in use later that day. They also had asked for the training manager to observe staff in action with one person to ensure they were supporting them as best as possible.

One staff member spoke highly of their colleagues, saying, "Staff are really good; they are amazing." They explained there were two teams to help provide consistency for people and these teams worked well. Handovers were detailed and recorded to ensure all staff knew of significant events. They also ensured staff had assigned roles for each shift. A communication book was also used.

One person told us, "The food is good." We observed people supported to eat and drink if this was needed, and drinks were encouraged throughout the inspection. Staff spoke with us about people who were at nutritional risk and what measures were in place to support them. Risk assessments were in place and we observed staff follow these to reduce the likelihood of choking.

The accommodation was purpose built and plans were in place to develop an upstairs lounge into a sensory room in conjunction with people in the home and their families. There was underfloor heating and people had access to large wet rooms. People's rooms were decorated with their choice and contained many personal effects.

We saw people accessed other health and social care services as required and one staff member told us, "As we work with people regularly, we know them really well, and even the smallest concern is noted and followed up." One person said, "If I'm feeling poorly, staff will phone the doctor." The chiropodist was present on the second day of our inspection and people were offered time to consider if they wanted their feet looked at. Records showed people accessed GPs, district nurses, opticians and other services.

Is the service caring?

Our findings

One person said, "Staff are alright. They help me do what I like doing. There are some nice staff about. They listen to me." One staff member we spoke with told us about one person in the home in depth, showing they understood the person's motivation and responses alongside their physical support needs.

People were cared for by staff who focused entirely on the individual they were supporting. People moved around the home as they wished, including going out and staff provided discreet and sensitive support where needed. People were listened to and responded to appropriately, and staff displayed a sound understanding of people's needs by often pre-empting when they were becoming anxious and needed assurance.

We observed staff interacting in a positive and friendly manner with people while preparing the evening meal, discussing what food people liked. We saw other people dancing and enjoying themselves with staff playing music at different intervals during the day.

People were encouraged to be as independent as possible with tasks such as helping with shopping for the home. In one person's record we saw they helped with doing the list, picking up the items in the shop and counted out the money to pay. One person had considered voluntary work and staff had supported them through this process.

We heard staff talking to one person about the role of the inspector in a sensitive and caring manner as the person was becoming anxious at our presence. Staff did so in an appropriate manner and addressed the person's anxieties.

People's differing communication needs were acknowledged and noted and staff had received training. The importance of structure for some people was known and one staff member explained how this helped the person to remain calm. One staff member told us about a person who found engaging in activities difficult but once they had been on one activity gave the staff member a hug. This was a rare event for the person as they did not engage easily and the staff member was pleased they had enabled the person to enjoy the activity, and show their appreciation, in such a way. We also saw in records certain signs people displayed when becoming agitated to enable staff to recognise them and respond accordingly.

Care records contained detailed information and guidance for staff where people had displayed certain behaviours which may place themselves, or others, at risk of compromising their dignity. Staff told us about management plans in place and what actions would be taken in such incidences.

People also had personal development plans which focused on their current abilities and what they would like to be able to do in the near future. These were broken into smaller tasks if needed to make them achievable. We saw how these were being utilised, and if the goal was not successful, they were adapted. For example, one person wanted to ride a horse but they were unable to mount one safely. However, we saw plans in place to facilitate a carriage ride instead and for the person to spend time with the horses which

they loved. A certificate of achievement had been awarded to recognise this.

The registered manager advised how important it was to ensure people's needs were met as "we are all different." They said, "Everyone has the right to receive care aligned to their own needs and we feel the support plans show this." This was extended to staff who worked for the service as their specific cultural and spiritual needs were also catered for through respecting time off for religious festivals or purchasing of halal food. We asked staff if anyone had any particular cultural or spiritual needs and were advised about a couple of people who liked to attend church on occasion. This was supported by staff when they wished to go.

People had access to advocates and we saw from care records, they regularly visited to ensure people's needs were being met and they were happy in the home.

Is the service responsive?

Our findings

The registered manager advised us how people became engaged with many different activities. One person liked to sit in the kitchen while staff cooked and there was a chair in there for that purpose which we saw utilised by a number of different people over both days of the inspection. Another person enjoyed music and we heard staff singing at regular intervals and the person joining in.

People also accessed the community in a daily basis. One person was supported to go swimming and another enjoyed boat trips. We saw photographs showing people undertaking these. Another person liked to place small bets on football match results and told us how much they enjoyed winning, which they had done the previous week. We were told about other people taking part in sponsored events such as a silence and a walk. One person told us about a cooking course they were going on to prepare a Christmas cake. Staffing levels accommodated people's different routines as much as possible to ensure they could go out when they wished.

The registered manager spoke about the progress some people had made in terms of their confidence and abilities. Where people had capacity, they had agreed goals for specific activities such as how much to drink if going to the pub to ensure they were safe and well. The registered manager displayed sound knowledge of all people living in the home. As soon as we arrived they started telling us about people's interests and hobbies with much enthusiasm. They told us people had recently 'adopted' a donkey called Poppy and we saw photographs of people enjoying trips to the donkey sanctuary.

Care records provided staff with a clear overview and guidance as to how best support people. They had a photograph on the front cover to aid identification and consent forms if people were able to give this. Records contained details of people's abilities in regard to daily living activities, their mental and physical health, activity preferences, communication needs and important relationships among other areas. There was also a summary overview of significant information such as a person's interests and also where needs were not yet met, plans to see how they could be. Information included what was important to the person, how best to support them and what their future plans were. We saw how one person was being supported to achieve their goal of going on an aeroplane by undertaking specific tasks to build up to this goal.

Assessments were recent and person-centred, containing details specific to the person about significant events which may have impacted on them and also ongoing information about their needs. Key signs for staff to notice were also recorded such as changes in language or presentation. For example, one record stated, "[Name] has excellent verbal communication but can get confused. Needs support from staff when anxious." We observed this happen during the inspection when the person became a little agitated at a visitor to the home. Records also included information about what's working well, and what was not so good and how the person may want to change support delivery, such as being woken earlier as this helped them be in a better mood.

Care records detailed people's expected outcomes, how it was to be achieved and with what support and how success was to be achieved. All were reviewed in depth every three months, more if needed, with a

summary of current needs and overview of significant events pulling all aspects of care delivery together. There was evidence the person was involved as far as they were able and positive behaviours were acknowledged. Staff told us they had time to read people's care records and were advised if they had been updated in any way.

The service adhered to the requirements of the Accessible Information Standard as all policies and procedures were written in pictorial or easy read format to ensure everyone could access this information. They were relevant and guided people on how to seek help if needed. This included information about people's health where specific goals were recorded with pictures to ease understanding and progress was logged.

One person told us, "I would tell [name of registered manager] or [name of area manager] if I had any issues. I never have had any issues with any staff." The complaints procedure was in pictorial form on the noticeboard and the registered manager advised no complaints had been received. The home did have a compliments book but this had been removed by a person living in the home.

People's end of life wishes were recorded and evidenced people's preferences including the type of ceremony and music they might like. One record stated how important it was for their keyworker to read a eulogy and where the person's possessions were to go after their death.

Is the service well-led?

Our findings

One person told us, "I am happy here." We saw from resident surveys very positive feedback regarding the food, cleanliness of the home, and the attitude of staff who were rated as 100% always friendly. People stated what they liked about the home such as "They take me to the shop and to the pictures", "They play my music," and "It's a good home. I like the staff." People did request more trips out and to be involved in interviewing new staff which we saw had been actioned.

Relatives' feedback was positive regarding staff attitude, additional service support, activities and the management of the home. Comments included, "Such a lovely home – top class!", "Really happy with the staff and manager. Well done guys", "Fantastic home – staff are caring and lovely" and "The service is out of this world, best staff ever and it feels like a family."

A professionals' survey continued equally positive comments such as "It's friendly and I'm always made to feel welcome," "There's an appropriate atmosphere and any queries are dealt with quickly" and "Yes, I would be 100% happy to place my relative here." When asked what the home does well comments included, "Listens to people", "Addresses each person as an individual and makes adjustments where needed", and "Staff are approachable and happy to provide information." A further comment stated, "There is a persistent approach to get the best for people living here" which showed the drive and motivation was embedded in the culture of the home.

The staff survey identified high levels of satisfaction although also identified some areas for improvement around team working and allocation of shifts. The registered manager had completed random night visits to ensure staff were fulfilling their role as required. Residents' and staff meetings were held at regular intervals and were thorough and transparent about what needed to improve and how this was to be achieved.

The provider had a robust quality assurance process which included comprehensive audits of the home every three months. These were less regular if no major issues were identified. These followed the key lines of enquiry used by the Care Quality Commission. They contained a review of the whole service and set short term and long term actions for the service, such as more regular staff meetings and ensuring all staff who wanted it were referred for specific training. There were also actions for individuals where needed, such as detailing people's care needs in more depth in parts of the care records.

We saw these actions had been completed for the most part and the depth of audit by the provider on a monthly basis showed full scrutiny occurred. Care records were randomly sampled and analysis of information was thorough and uncompromising in its expectations. Each subsequent month's audit began with a check of whether the actions had been completed and signed off where they had been. If not, these were clearly identified with timescales for completion. Since the home had opened on May 2017 there had been continual improvement in the audit score.

The home had access to a full range of current policies and procedures, many of which were in easy read format to ensure people were able to follow and use them if needed. There was evidence all staff had read

them as they signed and dated a sheet to indicate this.

We asked staff what they felt the values of the home were. One staff member told us, "Independence. We always remember we are the support worker, and not doing it for them. We only help when it is really needed or a person asks us to." Another staff member said, "To provide decent support for people and ensure we keep them safe." The registered manager was keen to stress, "I want a happy and settled environment as this is people's home. If it is not, people pick up on that and this will impact on them." They shared their vision which was, "I would like all people to achieve the best quality of life possible, to try many different things and see what they can really do." They gave an example of one person wanting to go abroad on holiday, and another who did not like the idea of a holiday but spent days at the seaside instead.

One staff member told us, "Yes, I feel listened to" by the registered manager. They said, "The management team are fair, and there's always someone around if needed." They continued, "I enjoy working here. This is more than a job – I love it!" Another staff member said, "Yes, management are consistent in their decisions. I have confidence any issues I had would be addressed." The registered manager also told us they felt supported by the area manager and how amazing the staff team were, "I always thank the staff – they need to know they're appreciated."

The registered manager was a keen advocate of praise and we read in one supervision record a compliment to a staff member regarding their decorating of the home for the royal wedding of Prince Harry earlier in the year. It stated, "You made the home fit for a prince and princess by preparing food and arranging flags, even the car park looked amazing! You should be extremely proud of yourself for going above and beyond for our service users, as I am of you." They told us they were proud of what the home had achieved since being open just over a year ago. They said, "We are all part of a machine – each person and staff member is a cog and between us all keep going, using the strengths of each person. We may have different personalities but that works."

We asked staff what the home did well and one staff member told us, "Everyone gets along and people are looked after well." The registered manager told us, "Seeing the outcomes for people here. We will always try new things to see if they like them. If they don't, we try something else. Staff know people well and so suggest things. If we need help, we ask for it. I'm not scared to do that and it helps. We are striving for the best."