

Heathcotes Care Limited

Heathcotes (Aylestone)

Inspection report

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Aylestone
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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 Aylestone is a residential care home.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people and seven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe at the service and family members trusted and had confidence in staff. Staff knew how to minimise risks to people and followed good practice guidance as detailed within their risk assessments. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People had their medicines safely when they needed them. People lived in a service which was maintained and clean.

People's needs were met by staff who had the necessary skills and knowledge and were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's health by supporting people to access health care services and by encouraging people to eat a healthy diet.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their life 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.

Family members spoke favourably about staff and the positive and supportive relationships they had developed with their relative. Staff supported people to maintain relationships with their family members. Staff communicated effectively with people to enable them to meet their needs.

People's relatives were involved in their care and support. Staff responded to people's needs by following

their individual support plans, which reflected their hobbies and interests and encouraged people to access a wide range of community based activities.

Family members and staff were positive about the appointment of a registered manager and the continued development of the service, which followed a period of managerial changes. The registered manager was aware of their role and responsibilities in meeting their legal obligations and were supported by staff from other departments of the provider to achieve these. Systems to monitor the quality of the service were used to drive improvement and included seeking the views of people, family members and stakeholders.

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

Rating at last inspection

The last rating for this service was Good published on 6 April 2018.

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 (Aylestone)

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 and a Specialist Advisor (the Specialist Advisor had experience working and caring for people whose behaviour was challenging and who had a learning disability and/or autism).

Service and service type

Heathcotes Aylestone 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.

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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out. We wanted to provide an opportunity for staff to inform people of our site visit.

What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission with the service. We used all of this information to plan our inspection.

During the inspection

We spent time with people who use the service. We spoke with the registered manager, regional manager and three support workers who provided people's support and care.

We reviewed a range of records. This included three people's records and multiple medication records. We looked at three 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 spoke with a parent of four of the people who use the service, by telephone on the 3 and 4 July 2019, to seek their views and experiences of the service on behalf of their son or daughter.

We looked at additional requested information sent to us by the registered manager, which included information as to staff's competence to administer medicine and audits carried out by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures and the following of local safeguarding protocols.
- People's awareness of safety issues were discussed with them in their one to one meeting with their key worker. For example, raising their awareness of safeguarding and the action to be taken should there be a fire at the service.
- Family members told us their relatives were safe. A family member said this was based on their relative having lived at the service for many years without any significant incidents. For other family members this was due to staff's vigilance and the one to one staffing provided.

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Comprehensive risk assessments based on best practice guidance were undertaken and regularly reviewed. Measures to reduce potential risk were individual to each person and any restrictions imposed did not unnecessarily restrict people's choice and freedom.
- Staff were knowledgeable of potential triggers to people's behaviour and described the distraction and de-escalation techniques used to support them. Staff were trained on the use of physical intervention and where required staff physically intervened, following the person's individualised support plan. However, physical intervention was rarely required. A member of staff described how using distraction and diversion techniques supported people by "getting them back into a positive way of thinking."
- Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely. Regular safety checks carried out on the premises and its systems and equipment contributed to people's safety.

Staffing and recruitment

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- Staff and some family members expressed concerns that staffing numbers had not always been sufficient to support people in accessing community activities. The registered manager and regional manager acknowledged staffing levels had at times in the recent past not been sufficient to meet people's needs due

to a number of staff having left their employment over recent months. However, they said staff recruitment had taken place and staffing numbers were now consistent with the funding they received based on commissioners' assessments of people's needs.

- The staff rota identified the number of staff on duty and referred to the allocated hours for each person where they received additional staff funding to support them to take part in activities within the service or community to keep them safe.

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.

- Staff received medicines training, their competency was checked, and they knew what to do in the event of a medicines error. Medicine systems were organised, and staff followed the safe protocols for the receipt, storage and disposal of medicines.

- A family member said the management of their relative's medicine was very good. When they take their relative out for the day, they sign to say they have taken the medicine and it is counted to ensure records are up to date and accurate.

Preventing and controlling infection

- People were protected from infection. Policies and procedures were in place for infection control and hygiene and were implemented. For example, schedules for cleaning of the service and equipment were in place. Staff had received training in topics related to the prevention of infection, which included training in food hygiene.

- The food standards agency in September 2018 awarded the kitchen a 5-star rating of very good. The ratings go from 0-5 with the top rating being '5'.

Learning lessons when things go wrong

- The provider had systems in place to share and learn from incidents and events across all its services, which were shared with staff across the organisation and recorded within minutes of meetings.

- Staff's individual responsibility to raise and record safety incidents was clearly understood by staff and were routinely discussed within staff supervision.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments were comprehensive and reflective of the Equality Act. Assessments considered people's individual needs, which included their age and disability. Information as to people's learning disability, autism and mental health were clearly documented and including how these impacted on a person's day to day life and the support required. There was evidence of best practice guidance being used effectively.
- Family members we spoke with told us they had been involved in the assessment and care planning process, which ensured the service had a clear understanding of the needs of their son or daughter.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience. Staffs induction and probationary period equipped staff with the necessary skills. Training was provided in a range of topics to meet the needs of people at the service. During their probation staff were supported to attain The Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Family members expressed confidence in the training and skills of staff in meeting their relative's needs. One family member said, "The staff who support [relative] are well trained." Family members stated how the skills and knowledge of staff meant they were able to provide the support and care their relative required.
- A family member told us, new staff were gradually introduced to their relative by working alongside staff who knew their relative well, which reduced the anxiety for their relative when meeting new staff.
- Staffs' training was regularly updated. Staff spoke positively of the providers commitment to training and told us they were encouraged and supported to undertake additional training, which included gaining vocational qualifications in care.
- Staff received ongoing support and feedback about their work through supervision and appraisal, providing an opportunity for staff to discuss their training and development.

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

- People were encouraged to make healthy meal choices and were involved in menu planning. Staff followed people's support plans and encouraged people to be involved in grocery shopping and the preparation and cooking of meals.
- Mealtimes were flexible and people and staff sat together to eat their meal creating a homely atmosphere.

People were encouraged to eat outside of the service and experience a range of restaurant environments when accessing activities and services within the community.

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

- People were supported to stay well and healthy by staff who monitored their wellbeing. Staff encouraged people to make health care appointments or made them on their behalf and attended appointments with people where necessary.
- Effective systems were in place which were understood by all. People's health action plans were kept up to date about individual needs, support with communication and medicines. This ensured people's care was both co-ordinated within the staff team and person centred to achieve the best outcomes for people.
- Family members said staff supported their relatives to access a range of health care services and monitored their health. A family member spoke of the one to one staff support their relative had received from staff from the service when they had been in hospital, and how this was essential to ensure the promotion of their relatives return to good health.

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

- The environment of the service was designed to promote the needs of people with a learning disability and/or autism. Several rooms for eating and relaxing meant people were able to spend time together or alone. The layout of the building ensured people had free movement around the service. A communal area led into a secure garden to the rear of the service
- Family members said their relatives' room was personalised and their opinions had been sought about the furnishing and decoration. Family members told us the home was well-maintained; however they also said the garden was not consistently well-maintained or utilised to its maximum potential. We spoke with the registered manager who told us additional equipment – including seating and games to use in the garden – were being purchased.

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.

- We found the conditions on authorisations to deprive people of their liberty had been met or steps had been taken to meet the condition. Authorisations to deprive people of their liberty were kept under review and any conditions on authorisations were monitored by an independent person.
- People's capacity to make informed decisions about their health, care and welfare were assessed. Where appropriate best interest decisions were made on people's behalf, which included the involvement of family

members where appropriate and staff. All family members confirmed their involvement in best interest decisions in relation to their relatives care and support.

- Staff were knowledgeable about people's individual capacity to make informed decisions, which included when the persons behaviour became challenging. Staff followed good practice guidance and provided care and support by following the persons' risk assessments and support plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Staff were caring and friendly towards people. We found many staff had developed a good rapport with people, which meant people enjoyed spending time with staff taking part in activities which they benefited from and enjoyed.
- Family members spoke positively about the staff, and how some staff in particular had developed supportive relationships with their relative, which contributed to the positive experiences their relative had. A family member told us, "I trust [relatives] keyworker explicitly." They went on to say that their relative had developed key relationships with two other members of staff who worked very well with their relative, understanding their needs and supporting them to access the community.
- Staff understood and were able to provide support and care to meet people's diverse needs. This included the effective use of communication to support people in managing their anxiety by adopting a consistent approach and following their support plans.

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

- The registered manager and staff understood the importance of involving people in decision making and where people did not have the capacity then best interest decisions were made, which involved family members.
- People's successes and achievements were celebrated and acknowledged through the awarding of certificates. People's achievements were discussed and recorded in their individual meetings with staff. For example, a person having walked to the shop. People's accomplishments were used to encourage people to work towards their future goals and aspirations.
- Family members told us they benefited from having regular discussions and meetings with their relative's keyworker as it meant they were able to contribute in a positive and inclusive way in making choices to influence their relative's quality of life and care. Family members told us they attended meetings with commissioners and staff from the service when their relatives' needs were reviewed, which included a review of staffing hours required to meet health and welfare needs.

Respecting and promoting people's privacy, dignity and independence

- The privacy and dignity of people was keenly respected and promoted by staff. People were afforded privacy when they wanted to talk about health issues with staff. Everyone had their own bedroom with an en-suite facility, which was decorated and furnished in a personalised way. People's individual rooms were

respected as their personal space and any intrusion by staff was based on people's risk assessments and care plans.

- We saw people being supported to take part in day to day activities in a positive way which supported their independence, for example hanging out their washing or going to the shop to buy ingredients for the evening meal. Family members acknowledged staff worked to support their relative's independence, however some family members said not all staff were consistent in this approach. We shared family members comments with the registered manager, who said they would speak with staff about the implementation of support plans, focusing on people independent living skills.
- Staff were proactive in responding to people when they became distressed. When someone became upset we saw a member of staff quickly responded, providing reassurance. Through staff's understanding of the person they were able to identify the person was experiencing pain- and pain-relieving medicine was given.
- Family members told us staff were aware of potential triggers which may cause their relative upset and knew how to provide support. A family member told us how listening to music provided comfort, and that staff ensured they had access to music.
- People's records were accurate, complete and legible. These were securely stored and accessible to staff for updating.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People's support plans were outcome focused. People were encouraged and supported to take part in a range of community based leisure activities, which included swimming, days trips to safari parks and zoos. People were looking forward to holidays planned during the summer, one family member said how they knew their relative would enjoy the holiday, and the attention they would receive being supported by two staff.
- People who had interests were supported to pursue these. For example, one person was being supported to spend time with animals and hoped to become a volunteer. These approaches had a positive impact on people's well-being, reducing people's anxiety and therefore reducing the number of occasions when people's behaviour became challenging.
- Family members acknowledged that their relative accessed community activities. Whilst some family members spoke of both the varied and frequent access of community activities by their relative this was not a view shared by all. Some family members said they had been aware of community activities not having taken place. We shared with the registered manager family member comments. They told us, that following the recruitment of staff people were now accessing community activities based on their support plan.
- Educational opportunities were available to people, with some people attending a range of college courses, which included pottery, sewing and cooking.
- Staff encouraged people to maintain relationships and develop new ones. Staff supported people to maintain their relationships with family members. Family members visited people at the service and staff supported people to visit family members in the family home. Staff encouraged people to widen their social group by accompanying people to social activities which included discos and dancing events.

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.

- People's support plans included information about communication needs, for example their preferred style of communication, links between communication as an expression of a person's anxiety or distress were documented. Staff were seen supporting people consistent with their communication support plan.
- Family members emphasised staff's understanding of their relative's communication style was the basis for the provision of support and care. One family member told us, "My [relative] uses facial expressions to

communicate what is wrong, staff are able to identify what each facial expression meant and how to respond."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and processed consistent with the provider's complaints procedure. People's concerns and complaints were acknowledged and records showed a response was provided to the complainant, which included the action taken. For example, a family member had complained that due to a lack of staff who were able to drive this had meant their relative's ability to access community activities had been restricted. Additional staff were now employed who were able to drive.

End of life care and support

- People's records regarding end of life care had not been fully explored with people. People in some instances did not have the capacity to understand the concept of end of life care, whilst others would potentially have found the subject distressing to talk about.
- People's records did include people's next of kin details. Family members who were involved in their relative's care would be involved if a situation arose which required a discussion regarding end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;

- The registered manager, who had been in post for two months at the time of the inspection site visit, was very enthusiastic about their commitment to people and the continued development of the service to improve people's experiences.
- Family members told us they found the registered manager approachable, with some saying they knew the registered manager as they had worked at the service previously as a member of staff, supporting their relative. However, some family members spoke of their frustration of having agreed changes around communication, found the changes were initially made but not maintained. We spoke with the registered manager who said they would consult with family members about improving the effectiveness of communication.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Family members referred to the number of managers the service had had in recent times and the impact this had had on their experiences. The registered manager and regional manager acknowledged there had been a number of changes in the day to day management. A manager had now been appointed who was registered by the Care Quality Commission (CQC).
- Quality monitoring of the service used a variety of methods, which included audits undertaken by the registered manager and regional manager. Staff from the providers quality assurance team, undertook their own auditing of the service, providing a report of their findings. Where shortfalls were identified the registered manager developed an action plan as to the action to be taken. The action plan was monitored by the registered and regional manager. Staff from the providers quality assurance team re-visited the service to ensure all actions had been completed.
- The registered manager understood their role and received support to fulfil their duties. For example, the provider had departments within its organisation who had key areas of responsibility, which included senior management, human resources and quality monitoring. We found a collaborative approach and the sharing of information supported the registered manager to manage the service in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Our observations evidenced a culture within the service as was one of tolerance, respect and support of people's differences. Staff encouraged people to express themselves in the way they wanted and celebrated the diversity of the people using the service.
- The registered manager kept under review the day to day culture of the service by engaging with staff through regular meetings. This provided opportunities for discussion about the development of the service and the sharing of ideas.
- The registered manager told us they had contacted people's family members by telephone to introduce themselves and regularly met with staff to share ideas and looked to continue to introduce changes for the benefit of people by improving their experiences and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Family members were in the main complimentary about the service their relatives received. They spoke of their involvement with decisions regarding care, and acknowledged positive relationships between themselves and staff. For some family members communication was the key aspect of collaborative working
- Opportunities were provided through meetings to encourage feedback from key stakeholders involved in a person's care. The frequency and those in attendance at meetings was dependent upon the needs of the person and the decisions and information to be shared. Questionnaires were annually sent to people, family members and key stakeholders, these were collated and a report produced which was shared.
- Meetings involving staff were regularly held, providing an opportunity for staff to share information about the people they supported to improve people's care and support. Staff meetings were also used by the registered manager to update staff on key issues and to encourage staff to share ideas.

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

- The providers policy on sharing information with relevant staff following an incident was put into practice. Minutes of meetings reflected incidents discussed and included sharing information across all services so changes could be made to reduce the likelihood of the incident being repeated.
- The registered manager worked in a transparent and open way, responding to people's concerns and complaints. Family members told us they found the registered manager to be approachable and easy to contact.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals and commissioners, which included attending forums with the local authority to help develop and future service provision.