Heathcotes Care Limited

Heathcotes (Moulton)

Inspection report

Grosvenor House
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Northamptonshire
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Website: www.heathcotes.net

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 28 February and 1 March 2017. This residential care home is registered to provide accommodation and personal care for up to six people with learning disabilities, and complex needs and challenging behaviour. At the time of our inspection there were five people living at the home.

There was a 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 2008 and associated Regulations about how the service is run.

Improvements were required to the way in which people's long term healthcare conditions were managed and supported. Guidance was in place to help support people and their conditions however people may benefit from further input from healthcare professionals.

Improvements were required to the quality assurance systems that were in place to ensure the service was providing a good standard of care. Improvements were also required to the records the registered manager completed to show the checks and audits they had completed.

Improvements were required to ensure that actions were followed up in a timely way when improvements had been identified. For example to ensure that staff followed procedures as expected, and people received the support for their care needs without delay.

Improvements were required to the opportunities available to people and their relatives to provide feedback on the care they received. The staffing team communicated updates to people and their relatives however there were limited opportunities for people and their relatives to review the service and the care provided and to give their views.

People were safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks

and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People's mental capacity needs were reviewed. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred manner and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People at the home reacted positively to the registered manager and the culture within the home focussed upon supporting people's independence and for people to participate in activities that enhanced their quality of life.

We identified that the provider was in breach of two of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required to the way in which people's long term healthcare needs were managed.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Is the service caring?

Good

The service was caring.

People were supported to maintain their privacy and dignity.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were required to monitor the quality and safety of the support people received at the home.

Improvements were required to ensure that timely action was taken to areas that required enhancement.

The culture of the home focussed on promoting people's independence and well-being.

Heathcotes (Moulton)

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 28 February and 1 March 2017 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we met five people that lived at the home and spoke with two people's relatives. We also spoke with four members of staff and the registered manager.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because there were appropriate recruitment checks in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions. The registered manager confirmed that full checks were completed on staff before they were able to start working with people who used the service.

There was enough staff to keep people safe and to meet their needs. One person told us that they were able to have support from staff when they needed it. They said, "If I need a member of staff there is always someone here for me." Staff told us that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager ensured that there were suitable numbers of staff on duty to support people if they wished to complete activities or go on outings out of the home. For example, if one person required two members of staff to support them in the community there were suitable numbers of staff to facilitate this.

People who displayed behaviour that may harm themselves or other people were supported to keep themselves safe. People understood how staff would offer support and guidance if they became anxious or agitated or displayed signs that they needed additional support. Staff understood areas of concern for people and what might trigger them to display potentially harmful behaviour. Most staff were quick to intervene and prevent situations from escalating wherever possible. We saw that staff distracted people with conversations, a change of location or a different member of staff and this was usually successful.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff were able to describe safeguarding procedures and understood their responsibility to report any potential safeguarding issues promptly to the local authority and the Care Quality Commission (CQC). One member of staff said, "If the manager isn't here we know what we have to do to report safeguarding concerns." The registered manager confirmed that staff could report issues in their absence to ensure matters were identified quickly. We reviewed the notifications that had been submitted and were satisfied they had been investigated appropriately.

Risks to people had been considered, identified and a risk assessment was in place to help staff keep people safe. Staff understood the varying risks for each person, and took appropriate action. For example, it had been identified that there were identifiable risks for one person with epilepsy. The risk assessment provided guidance to staff to ensure these risks were managed, and provided further guidance in the event of an epileptic seizure. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. New risk assessments were created and shared for staff to incorporate into people's care.

There were appropriate arrangements in place for the management of medicines. One person said, "I always get my medicines. One of the staff bring them to me." Another person confirmed that they were able to recognise when they needed their medicine and could request this from staff. They said, "I go and find

[names of staff] when I need my medicines." We reviewed the medicine procedures and found that people were given their medicines in a way that was appropriate for each person. Protocols were also in place to manage how people received homely medicines, or those that were needed on an 'as required' basis to ensure that appropriate amounts and time intervals were given if people needed more than one dosage. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were stored securely and medication administration records (MAR) were completed accurately after each person had received their medicine.

Requires Improvement

Is the service effective?

Our findings

Improvements were required to the way people's long term healthcare conditions were monitored and supported. The registered manager and the staff were knowledgeable about people's long term health conditions and how they could be supported however there was not always a timely request for support from healthcare professionals. For example, one person required specific support with regards to how their diet was managed but a referral to a dietician had not been made in a prompt manner. Another person required a review with a Speech and Language Therapist after a potential choking risk had been identified. The registered manager had provided thorough guidance and support for staff however there had been delays in requesting a professional assessment. Another person required support from the mental health team and internal and external support from the provider and the local authority had not been identified in a timely way. The registered manager and staff worked well together to provide the support people required however the people living at the home may benefit from the skills and expertise of the relevant healthcare professionals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were well supported with their immediate and short term healthcare conditions. One person told us, "The staff were very good when I had an incident. I needed an ambulance and they rang one straight away. And I go for check-ups at the doctors when I need to." Staff told us about the signs and symptoms they looked for to understand if people were in pain but were unable to verbally communicate this. We saw that staff had been vigilant when one person's mobility and demeanour had changed. Staff requested medical support and followed up on this when there was contradicting advice.

People received support from staff that had received an induction and training programme to support them in their new roles. One member of staff said, "The training is really good. It's really helpful." The training staff received enabled them to understand the needs and conditions of the people they were supporting, and how they could provide safe care to people. New staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met successfully. New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff also received additional training specifically relevant to the people that lived at the home which included training in autism awareness, and Prada Willi syndrome. A program was in place to ensure experienced staff regularly refreshed their training and these arrangements ensured that staff were kept up to date and competent with current practices.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "The manager's door is always open so I could go and chat if I needed to, or I would speak to one of the team leaders." Supervisions were used to discuss performance issues and training requirements and to support staff in their role.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. Full assessments regarding people's mental capacity were completed, and when necessary, staff made best interest decisions for people which were as lest restrictive as possible and supported people to have an independent and fulfilled life.

People were supported to maintain a balanced diet and eat well. One person said, "I go shopping, usually once a week and usually with staff. The food we have here is very good." One person told us that they helped to make some of their meals and we saw that other people required full support to have their meals prepared for them. Staff were encouraging and supportive and encouraged people to make their own choices where they could. People were encouraged to eat a balanced diet and within the kitchen area there was information about food groups and how people could have a good variety of nutrients from their meals. People were supported with prompts and guidance from staff to eat their meals independently and safely and some people were supported with equipment such as plate guards to enable them to eat as independently as possible.

Good

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "I've always been made to feel very welcome here. The staff are very caring and they look after us well." Another person said, "The staff are really kind people. They're really nice and help me every step of the way." Staff spoke with fondness about people and clearly thrived when people were doing well.

Staff demonstrated a good knowledge and understanding about the people they cared for. One person told us, "The staff know me very well. They know what I like." Staff understood people's needs, and could interpret people's behaviour when they were unable to communicate this themselves. For example, one person did not like loud noises and staff worked well with the person to minimise disturbing sounds wherever possible. This included supporting the person to move around their home with limited interruptions from loud noises.

People were involved in personalising their own bedrooms so that they had items around them that they treasured and had meaning to them. People showed us their bedrooms and we saw that they were all decorated to each person's own choice. For example, one person had football memorabilia on display in their bedroom. Another person had sensory equipment in their bedroom which they enjoyed and helped them to relax.

People were encouraged to express their views and to make their own choices. One person told us that the staff listened to them and they were able to make their own decisions about what they did and when. Staff told us they were there to support and encourage people but ultimately they were responsible for making their own decisions. This included for example, independent living skills, or where people wanted to spend their time. Staff were respectful, and offered gentle encouragement where appropriate but worked with people to make their own decisions.

People's privacy and dignity were key values within the home and staff practice showed that these were embedded into the service. On a practical level if people were unable to take action to protect their own privacy, measures were in place to help protect this. For example, staff were able to describe how they used a blanket to protect one person's dignity when they unexpectedly and unpredictably would remove elements of their clothing. This was reflected in people's care plans and staff had worked well with people to encourage and promote people maintaining their own dignity. We saw that staff praised people when they kept their clothing on, and supported people to private areas of the home when they chose to remove their clothing.

We observed the home provided personalised care which supported people's individual requirements. Staff were encouraging and attentive. One person told us, "When I've been tearful the staff have been very supportive. They ask if I want to talk or listen to music. They're very good." We observed staff offer reassurance when one person showed signs of anxiety and staff spent time with people on a one to one basis if they did not wish to spend time with others in communal areas. We saw that staff ensured people

who reacted well to a toy comforter had access to this, particularly when they displayed signs of anxiety.

There was information on advocacy services which was available for people and their relatives to use. The registered manager had an understanding of advocacy services, and of the need to ensure people had further support with significant decisions. We saw that each person had support from an advocate however the registered manager could consider the use of an independent advocate for some people that could benefit from this support.
People's relatives were able to visit people at their home if they wished. We spoke with one relative and they told us, "We could visit [name] at the home if we wanted to, but we make arrangements with the staff so they can come home to us." The registered manager confirmed that where appropriate people were supported to have contact with their family members.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home on a permanent basis to determine if the service could meet their needs. One person said, "I came for an initial visit, then I had an overnight stay and then I stayed for three nights." The registered manager confirmed that the process for people moving into the service involved an agreed transition with the first steps being an information gathering process, from all significant sources. For example, current care providers, family members and observations and conversations with the person that may be using the service. Where appropriate, people were able to visit the home and stay for short periods of time leading up to overnight stays. People commented that they had been made to feel welcome during their transition into the service and staff had helped them to settle into their new home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "I can choose how I get ready and have my wash." Staff were knowledgeable about people's preferences and how they liked to receive their support, with some people requiring additional support and other people being encouraged and supported to be more independent with their personal care. Care plans were individualised and reflective of each person's needs. They supported people's needs and respected people's abilities to be as independent as possible.

People were supported to have care from staff that understood their backgrounds and histories. One person told us that the staff knew them very well and understood who was important to them. We saw that care plan's contained information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care, and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about family members that were important to them and were knowledgeable about the impact that talking about family members could have on each person. Staff were cautious and caring with people during their interactions about people's family.

People's care records detailed what was important for staff to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used or could not use. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included information about how people may display their emotions, what this meant to the individual and how best to support them. We saw staff communicating with people as recorded in their care plans, for example by ensuring people had adequate time to consider staff's questions and conversations. People showed signs of happiness and enjoyment throughout staff interactions.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. Each person was able to contribute and decide on how they spent their time. This was flexible and could be adjusted to each person's needs. People were encouraged and supported to try different activities and staff were able to plan and be prepared for different outcomes when people's behaviour may be unpredictable. Staff encouraged people within their own abilities and if necessary assisted people to participate in

activities if they wished. This included making arrangements with a local restaurant to have a quiet area for one person to eat their meal as they did not like loud noises but enjoyed visiting the community and eating their meal out of the home.

People's changing needs were understood and maintained by staff. Staff regularly reviewed people's care plan's and considered if any changes needed to be made. Staff were knowledgeable about what people's current care needs were when they had been subject to change, and this was in accordance with the most recent information contained in their care plan. We saw that people had been supported to make progress with their independence whilst at the home. For example, one person had made progress to keep their clothes on and as a result had been able to spend time in the community.

Staff were responsive to people's needs. They spent time with people and responded when people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable. Staff understood the balance between giving people time to spend alone, but being nearby if they required assistance, and checking and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style; this was also documented in people's individual care plans.
A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. This was on display in a format that people living at the home could understand. One person told us that if they were unhappy they could talk to the manager. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that complaints that had been raised were responded to appropriately and in a timely manner, and further action had been taken to prevent future incidents.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the quality monitoring of the home. The provider visited on a monthly basis and completed their own audit, however improvements could be made to ensure the audits focussed on all aspects of the service. We found that the quality assurance systems in place were not robust and did not examine important aspects of people's care. For example, there was a lack of regular auditing of people's care plan's to ensure they were current and accurate. We saw that the registered manager did not always record the checks that they made. For example, the registered manager delegated medication audits to senior members of the staffing team. They told us that they completed their own regular checks to ensure the medication audits were carried out as expected, and that the audits were accurate however this was not recorded. In addition there was a lack of evidence to show that the registered manager had made checks to ensure that people's care had been carried out as expected.

Improvements were required to ensuring timely action was taken for outstanding actions. For example, the registered manager had identified that key worker meetings had not been completed in January as expected by the provider but timely action had not been made to put these systems in place and to get them underway. In addition, improvements could be made to the timeliness of requesting professional healthcare support for people that required it.

Improvements were required to ensure that people and their relatives were involved with the service and were encouraged to provide their feedback about the care that was received. There was limited contact between the registered manager and people's families. Members of staff provided families with updates when necessary however one family member told us they had very limited contact with the registered manager. Family members were pleased with the care their loved ones received but there was a lack of opportunity for people's family to review and be involved in people's care.

These failings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People at the home reacted positively to the registered manager and staff commented that they had confidence in the management and felt that the home was well led. Staff felt confident to speak with the registered manager or team leaders if they had suggestions for improvement or concerns. One member of staff said, "The manager's door is always open if we need support." Staff were aware of their roles in providing care that was tailored to the person. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals. One member of staff told us "I love working here. I've learnt so much and they've [the people that live at the home] come on so much."

The culture within the home focused upon providing personalised support for people. People were in control of the care and support they received and the staffing arrangements supported people to make their individual choices. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people who lived at the home

and spoke proudly about the progress people had made. Staff worked well together and as a team and they were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns or incidents involving the police.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with their long term health conditions because the provider failed to ensure people received timely support to manage their conditions. Regulation 12 (2) (i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Insufficient systems were in place to assess, monitor and improve the quality and safety of the service; and insufficient systems were in place to seek and act on feedback from people that live at the home, their relatives and other relevant people. Regulation 17 (2) (a) (c).