Heathcotes Care Limited

Heathcotes (Aylestone)

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

This inspection took place on 16 December 2015 and was unannounced.

Heathcotes (Aylestone) is registered to provide residential care and support for up to seven people who have an autistic spectrum disorder or a learning disability and who may present behaviours that challenge or have complex needs. People live in a home that blends in with other private dwellings in a residential area. The accommodation has three lounges with dining rooms. The bedrooms are over two floors and the upper floor is accessible using the stairs. All the bedrooms have ensuite shower facilities. At the time of our inspection there were seven people using the service.

The service has a manager who was registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. However, they no longer work for the service and have not yet cancelled their registration. We spoke with the provider representative about this and advised us that the registered manager has been informed to cancel their registration.

A manager has been appointed by the provider and had been in post for two months at the time of our inspection. The manager advised us of their intention to submit an application to the Care Quality Commission to become registered.

Following our inspection visit a registered manager application had been submitted to the Care Quality Commission. The application was successful and confirmed the service has a registered manager in post which ensured that the service is managed well.

People's relatives told us that their family member's safety was promoted by the staff that supported them. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

Staff recruitment practices were robust and appropriate checks were carried out before people started work. People were supported by a dedicated team of staff that provided person centred care and support, which promoted their wellbeing, self-esteem and independence.

Staff provided tailored and individual support to keep people safe and appropriate support when their behaviour became challenging. People were supported to take 'positive risks' to promote their independence and personal development.

Medicines were stored safely and people received their medicines at the right time. People's capacity to make informed decisions about taking some medicines had been assessed and best interest decisions had

been made. This was to ensure people's needs were met when they themselves were not able to promote their own safety and welfare by making an informed decision.

People were supported by knowledgeable staff who understood people's individual and diverse needs. Staff were well trained and had the knowledge and skills to care for people effectively. There was a culture of continual learning and personal development for staff which brought about improvements to people's quality of life.

People received effective care that was centred on their individual care and support needs. People using the service and their relatives were involved in the development of their support plans to ensure care provided was tailored and took account of people's diverse needs. Support plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

We found the requirements to protect people under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been followed. Staff had received training on the MCA and DoLS. Capacity assessments had been carried out on aspects of people's care and support and where those assessments identified that people did not have the capacity to make an informed decision, then their relatives and others consulted as part of their best interest meeting. The best interest decisions were recorded and used to develop support plans which were regularly reviewed to ensure any decisions made on behalf of people remained in their best interest.

People's relatives spoke positively about the staff's attitude and approach, and had developed good working relationships with them. They told us staff were caring and recognised their role in improving people's lives. We observed staff maintained and respected people's rights, privacy and dignity at all times.

People were provided with a choice of meals that met their dietary needs to maintain their health. Records showed people were supported to access the appropriate medical care and support from health care professionals and they had regular health checks

We saw people were supported by staff who had developed positive and trusting relationships with them and their relatives. Care and support provided was centred on the each person, their needs, lifestyle, and interests. Staff told us that part of their role was to be creative in supporting people to develop their daily living skills and build their confidence, and in promoting their independence to access the wider community to encourage social interaction.

People and their relatives were encouraged to influence the support they received. They were involved in regular meetings with the staff and other health care professionals to ensure the care and support provided continued to meet their individual needs and provided an opportunity to look at improving people's quality of life.

People's support plans were comprehensive, tailored to meet their needs and reflected all aspects of their life. Support plans were individualised in relation to their communication needs and support to manage behaviours that challenge. Records showed staff supported people to take part in activities and hobbies that were of interest to people which also improved their wellbeing and quality of life.

People using the service and their relatives were asked for suggestions on all aspect of the service including meals, activities and décor. People's relatives were confident to raise concerns. Relatives had regular contact with the manager and staff which meant any issues could be discussed and ideas shared for the benefit of those using the service.

Staff spoke positively about the manager in relation to the support provided. They told us that there were effective systems which enabled them to communicate well with their colleagues to ensure that people received the support they needed. Staff were confident to raise any issues with the manager and their views were sought in how to improve the service and the lives of people who used the service.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to continually develop the service and look for ways in which people using the service could achieve greater autonomy.

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 protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures to manage risks were in place to ensure staff supported people safely, whilst promoting people's choices and independence.

Safe staff recruitment procedures were followed. People received support from a dedicated team of staff. The level of support provided was reflective of the person's assessment of need.

People received their medicines at the right time. Regular checks were needed to ensure medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who understood the needs of people. Staff had the appropriate knowledge, skills and training which were used effectively to promote people's independence. The culture of the service was to promote continuous staff learning and development to support and improve the quality of people's lives.

Staff had a good understanding of the Mental Capacity Act 2005. People's support plans and records showed the principles of the Act were used when assessing people's ability to make informed decisions about their care and support people's rights.

People were supported to manage their dietary needs, which included support with meals, and the shopping, preparation and cooking of meals.

People were supported by staff to maintain good health and to access and liaise with health care professionals.

Is the service caring?

Good

The service was caring.

People who used the service and their relative had developed positive and inclusive professional relationships with the staff. Regularly discussions about the service being provided helped to ensure the care and support provided was centred on people's lives.

People's support plans detailed how people communicated their views about the service and the role of staff in promoting people's lifestyle choices and their aspirations.

People's privacy and dignity was promoted by staff who promoted people's access to the wider community and their independence in accessing services.

Is the service responsive?

Good

The service was responsive.

Each person using the service received support that was tailored to their needs. Staff had an excellent understanding of people's about people's needs, social and cultural diversity. Staff supported people in developing new skills and experiences, self-esteem and confidence, which promoted their wellbeing and independence.

The service sought the views of people's using the service and their relative's views were regularly sought because it was essential to the ongoing improvements. People's care and support needs were continuously reviewed to ensure any changes to people lifestyle choices were met.

People using the service and their relatives were confident to comment on the service provided and were positive that issues raised were addressed.

Is the service well-led?

Good

The service was not consistently well led.

A registered manager had been registered for the service but no longer worked for the provider and their registration was yet to be cancelled.

The provider had appointed a manager and has applied to become the registered manager for the service.

The manager and staff had a clear view as to the service they wished to provide which focused on people's needs, rights and choices. The service was proactive, enabling and empowered to those who used the service and their relatives.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider's quality assurance and governance system was used effectively and monitored to ensure the quality and safety of the service was maintained, which included seeking the views of external stakeholders.

Heathcotes (Aylestone)

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 16 December 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. A notification is information about important events which the service is required to send us by law.

We also looked at other information sent to us from people who used the service and relatives of people who used the service.

The manager told us that people they supported were not always able to tell us their views about the service and may become anxious because they were not familiar to us visiting the service. Therefore, we used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We observed three people being supported by staff individually with daily living tasks such as preparing a drink and to go out to do Christmas shopping.

We spoke with the manager, team leader, six support staff, and the provider representative who was visiting the service.

We looked at the records of two people, which included their support plans, risk assessments and daily records. We also looked at the recruitment files of two members of staff, a range of policies and procedures, and information relating to quality assurance.

We asked the manager to send us additional information in relation to the staff training matrix which they were updating. This information was received in a timely manner. They also sent us information about the life of one person, which has been transformed since they first started to use the service.

We contacted health and social care professionals and commissioners that are responsible for funding some of the people that live at the home and asked them for their views about the service.

Good

Is the service safe?

Our findings

Throughout our inspection visit we saw the one to one staffing helped to ensure people were safe. We saw staff encouraged people to be involved in daily living tasks such as preparing a drink and also supported them to go shopping and access community services.

All the relatives we spoke with told us that their family member was 'safe' at the service. The comments received included, "She's [person using the service] very safe and they [staff] look after her needs. It's like paradise for her; "100% safe"; "They [staff] look after [person's name] very well, he's clean, shaven and dressed in clothes that he chooses. I can say I sleep at night peacefully because he's safe and very, very happy there"; and "It's a brilliant place. They [staff] all know him [person using the service] really well and know what help he needs. We know he's safe there. All the staff are brilliant with him."

The provider's safeguarding policy advised staff what to do if they had concerns about the welfare of any of the people who use the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the manager and the role of external agencies. That meant people and their relatives could be confident that staff knew how to protect people from harm and to keep them safe.

The provider had a policy and procedure to support people with their finances. People's money was kept secure. Staff we spoke with explained the procedure followed for supporting people with their finances. Accurate records were maintained and audits carried out to ensure people were protected from financial abuse. People's relatives we spoke with confirmed that they were involved with financial matters and worked with staff to ensure financial expenditures were managed safely. That meant people who used the service could be confident that their finances were protected.

Information sent to us by the provider prior to our inspection stated that people's freedom was supported and respected with relevant support plans and risk assessments to ensure staff enabled them to take appropriate risks safely. All were reviewed on regular basis and relatives we spoke with confirmed they were involved in the review meetings to ensure measures to manage risks to their family member's safety and wellbeing was appropriate.

We found people's care records contained comprehensive assessments of risks associated with all aspects of people's health, wellbeing, safety and lifestyle. Records showed the views of people's relatives and advice from health care professionals had been taken into account in the development of each person's support plan. These provided staff with clear guidance to ensure support provided was appropriate. For example, one person's support plan included guidance for staff as to how to support them when their behaviour became challenging. Staff we spoke with described the actions they would take to support the person, which reflected the guidance in the support plan. That meant the person's safety and wellbeing was promoted because staff approach and support provided was consistent.

People's relatives we spoke with told us how the staff provided support to promote their family member's

independence and choice. People were encouraged to take 'positive risks'; whereby they were supported to make decisions about their lifestyle choices.

Staff were kept up to date about each person through daily handover meetings. Staff told us they read people's support plans to ensure they knew how to recognise if someone was becoming anxious or is unhappy and what to do to support the person. We found peoples' support plans of care and risk assessments were regularly reviewed. This enabled staff to be confident that their approach to reduce risk and safeguard people's safety was up to date.

People's safety was supported by the provider's recruitment practices. We looked at the staff records and found the relevant checks had been completed before staff worked at the service. That meant people could be confident that staff had undergone a robust recruitment process to ensure they were suitable to work with the people using the service. This was supported by the information received from the provider prior to our inspection.

A relative said, "[Person's name] has five staff that he likes and who mainly support him. He trusts them because he knows that they knew him." Another said, "There's always more staff around. Each person has a dedicated staff member with them, which is good because they can do things; its good because staff are spontaneous and will say, come on [person's name] put your shoes on we're going out." The relative explained that their family member would worry or change their mind about going out if they had to wait or were told too far in advance.

We found there were sufficient staff to meet people's needs and keep them safe. Staff were told who they were to support at the start of the shift and had access to a vehicle in order to access the wider community amenities. A staff member said, "We've now got a good group of staff and we all work well together which is good for the residents."

The manager told us that the provider recognised the importance of valuing and treating people as individuals and therefore ensured the service was adequately staffed. The staff rota we looked at reflected the staff on duty. The manager told us that staffing would be increased when supporting people to attend medical appointments, social events, outings and holidays. For instance, there would be more staff on duty at the Christmas party planned later that week.

Information sent to us by the provider prior to our inspection stated that all staff were trained in the management and administration of medicines and their competency was regularly assessed. The use of 'PRN' medicines (that are prescribed for as and when it is required) and protocols were followed to ensure behaviours that challenged were not controlled by excessive use of medicines.

The provider's medicine policy and procedure was up to date and reflected current guidance. We found medicines were stored securely including medicines that needed to be refrigerated and controlled drugs. The team leader responsible for administering medicines was confident in their role. We observed the team leader and a support staff checked and administered medicines individually and completed records accurately. Records showed that the quantity of PRN medicines administered was recorded, which helped to ensure people's health continued to be monitored.

People's medicines were included within their support plans, with clear guidance for staff as to how they should be used. Where people did not have the capacity to consent to the use of some medicines a best interest decisions meeting was held which involved the person's relative, the manager and relevant health care professionals. The outcome of the meeting had identified in some instances that staff would be

responsible for the administration of people's medicine in a specific circumstances as this was deemed to be in the person's best interest.

Good

Is the service effective?

Our findings

One relative said, "They [staff] understand [person's name] condition and why he behaves a certain way." Another said, "Staff seem really supportive towards each other. They [staff] communicate well and the training done is impressive." This relative went on to say that all the staff including the new staff were different but had 'great personalities' which had helped their family member as they had learnt how to do some household chores and accessed the wider community for shopping and social interaction. A third relative said, "Most staff have a really good understanding of autism but I think there needs to be more training." This relative explained that their family member would benefit with more encouragement from staff to be independent, which we shared with the manager.

Information sent to us by the provider prior to our inspection stated that all staff complete induction training which include the safeguarding training as well as NAPPI (Non Abusive Psychological and Physical Intervention) training, which is a method of managing behaviour that challenges.

Staff told us that the induction and training was comprehensive and equipped them with the knowledge and skills needed to support people. One staff member said, "The support I got was great. I worked with other staff and only started to support people on my own once I felt confident to do so. All the staff are really great and supportive." Another said, "I think we've all done NVQ (national vocational qualification) here. We get supervised by [manager's name], have staff meetings and get a lot of support from [manager's name]; he's always encouraging us to do develop."

The staff training matrix we looked showed that staff had completed the mandatory training which included food safety, moving and handling, first aid, epilepsy awareness, and NAPPI, and specific training to support people using the service such as understanding learning disabilities and autism awareness. The provider had a system in place that monitored the staff skills set and ensured staff received timely training updates to maintain their knowledge and skills.

The service had a culture of continuous staff learning and development. Staff we spoke with gave examples that demonstrated how the knowledge gained from specific training to support people with behaviours that challenge was into practice. Staff explained they used the technique called 'generate cooperation' to engage with the person, which may include distraction or the change of staff and that they alerted all the staff when someone was displaying behaviours that challenge. That helped staff to support people to experience a level of care and support that promotes their wellbeing and means they have a meaningful life.

One staff member described how they supported one person as soon as they recognised any level of anxiety. We saw this in practice as staff acted quickly when they recognised someone was becoming distressed and alerted other staff discreetly that helped to ensure other people were safe without bringing about undue stress to others. Staff told us that another person benefited from a difference member of staff supporting them. This showed that staff had put into practice the knowledge gained through NAPPI training that meant people's freedom and risks to themselves and others were managed effectively. That meant people using their service were protected and their freedom was supported and respected, which has a

positive impact on people's wellbeing and self-esteem.

Records showed that staff were regularly supervised and had their work appraised. This helped to ensure that the staff met the needs of the people and the provider's expectations of providing quality person centred support. Staff records showed that staff were supported with their professional development. For instance, one staff member had been supported to undertake a professional qualification in adult social care.

Staff meeting records showed that staff had the opportunity to talk about the people they supported to ensure that any issues could be effectively managed to promote people's care. Staff told us that they felt confident to raise issues and make suggestions to develop the service and improve people's quality of life.

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. We checked whether the service was working within the principles of the MCA. We found within people's records that assessments as to people's capacity to make informed decisions about specific areas of their care had been carried out where appropriate. Where it had identified that a person did not have the capacity to make an informed decision then a best interest meeting had taken place. The best interest meetings held had involved the person, their relative and where appropriate health and social care professionals. The outcome of the best interest meeting were recorded and signed by all those involved.

We found people's support plans were based on the best interest decisions agreed, which provided clear guidance for staff to follow to ensure the care and support people received promoted their rights. For example, a best interest decision was made for one person whereby the staff would be responsible for the administration of this person's medicine in a specific circumstance as being in the person's best interest. We found that the best interest decisions were regularly reviewed to ensure people received care and promoted their rights and choices.

We asked the staff how they practically supported people to make decisions with regards to the MCA. Staff said people were involved in menu planning. They used pictures to help people make decisions about meal choices. Staff told us that they supported people to shop for groceries, and to prepare and cook meals where the support plan identified that the person required support. We saw this to be the case as one person made a cup of tea with the support of staff.

One member of staff, "[person's name] enjoys his food but we try to encourage him to have the healthier snacks like rice cakes, which he now really enjoys" and went on to explain that their family member had been involved and suggested what snacks should be offered.

A relative said, "[Person's name] enjoys helping the staff make the dinners." Another relative said, "We never thought he would do anything in the kitchen but today staff told us that he made his breakfast." A third relative told us that their family member's appetite had improved since they moved to the service, and that they helped plan and prepare meals and also did the grocery shopping with the staff. All the relatives we spoke with felt their family member's health was maintained with a balanced diet.

People's support plans provided clear guidance for staff as to how people were to be supported. That also included guidance on healthy eating, information about people's dietary needs, preferred meals, drinks and any known food intolerances and cultural diets. Staff were trained in food safety and preparing meals. The service was awarded 5 stars, the highest rating available, by the Food Standards Agency in July 2014 for maintaining good food hygiene standards.

Two relatives told us that the service had excellent links with health care professionals, locally and with specialists, to support their family member's complex health needs. Both told us that staff kept them informed about their family member's medical appointments so that they had all the information necessary should any best interest decisions needed to be made. Another said, "They [staff] will let me know if [person's name] isn't well and will call the GP without hesitating and will always let me know what's been said."

People's records contained information about their health and showed they were supported to attend health appointments. Staff we spoke with told us how they worked with health care professionals to improve people's quality of life, which included occupational therapists and physiotherapist.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, health care professionals who support those needs, and their various appointments. We found these had been completed and included information about the person's health care needs, their medicines, information as to their likes and dislikes and communication needs. The 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

Good

Is the service caring?

Our findings

We asked people's relative's for their views as to the attitude and approach of staff. All the relatives we spoke with had high praise for the staff who they felt were 'caring' and said that the service was homely and friendly. One relative said, "I'm protective of my son and so are they [staff]. They're all very caring towards [person's name]." Another said, "It's her [person using the service] home and the staff are her friends because they care. It's like she lives in paradise, what more could I ask for."

Throughout our inspection visit we observed staff showed care towards people and encouraged them to help with the preparation for the Christmas party planned later that week. People were excited about Christmas and had helped staff make and display the Christmas decorations. We saw staff encouraging people to help with household tasks such as cleaning the dining table after their meal to promote their daily living skills. One person was seen doing their own laundry and another was supported to make themselves a drink with the support of staff.

We saw people had developed positive relationships with staff in the way they communicated with them and had developed a level of trust with staff and the manager. People were supported by a consistent group of staff that understood how people expressed their wishes and responded accordingly. The manager told us that one person used a 'doodler' to communicate or would look at the object they wanted such as the window if they wanted it opened or a cup to indicate they wanted a drink and staff responded accordingly. This showed people were comfortable with the staff who understood them and provided the support they needed.

Throughout our visit we saw staff were always happy and smiled which people reacted to in a positive way as they too smiled. Staff told us that people reacted to positive behaviours, which improved people's moods and wellbeing. One member of staff said, "We're here to make sure people are not only cared for but happy and do things that are fun and enjoyable."

The information sent to us by the provider stated that the people's care and support needs were reviewed regularly with the support of the staff and the person's relatives, and where appropriate health care professionals.

We wanted to find out how the service encouraged people's relatives to be involved in decisions made about their care and lifestyle. A relative said, "We visit three to four times a week and if there's anything they [staff] or we need to discuss we do it straight away. I call everyday so if there is anything, we deal with it then." Another relative said, "Since he's lived here he's matured; he's happy and does so many things which I could never have been able to do for him." This relative also told us that they were involved in regular review of care meetings and best interest meetings in relation to specific aspects of their family member's care needs.

Information was produced in an 'easy read' format, using pictorial symbols and large print to help promote people's understanding of important issues. These formats were used in people's support plans, and were

used in meetings where people planned social events and make comments or raised concerns about the service.

People's care records we viewed showed that people were encouraged to express their views about their daily life and needs. Staff told us people were supported to do this individually and using the most appropriate communication method that the person understood such as pictures, sign language and words the person associated aspects of their care needs. Records showed that people's relatives were involved in decisions made about their care. One member of staff told us that everyone using the service was different and therefore tailored their support accordingly. For instance, one person might be happy to do activities spontaneously, whilst another person would be told in advance and reminded in order for them to process the information so that they were ready to go out or take part in a social activity or outing. That showed personalised care that promoted people's wellbeing.

There was a person centred culture at the service and staff understood that people were at the heart of the service. One staff member said, "Each person has one of us [staff] supporting them so we fit in with them and do what they want to do."

The provider's no uniform policy created a positive inclusive environment. A relative confirmed that this policy had a positive effect on their family member and said, "It feels like [person's name] shares a home with friends like a house with students." Another relative said, "When [person's name] is out and about people just see them as friends not a care worker supporting someone."

The information sent to us by the provider stated that ten staff are 'Dignity Champions', and the remainder are completing the training. Dignity champions are trained staff that have pledge to challenge poor care, act as a good role model and educate those working round them to promote people's dignity and wellbeing.

Staff were trained to respect people's privacy and dignity. Staff we spoke with understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff were able to describe the level of support each person needed with their daily hygiene and personal care needs and told us how they preserved people's privacy and dignity.

One staff member told us that should the person they were supporting out in the community display behaviours that challenged then they would sensitively try to divert the person in order that their behaviour went unnoticed by the public. They told us that if appropriate they supported the person to a quieter area to ensure their privacy and dignity was maintained. That meant people could be confident that they were supported by caring staff that helped to maintain their privacy and dignity at all times.

The home was decorated to promote a homely atmosphere. People's privacy and dignity was promoted as all the bedrooms had ensuite toilets and shower facility.

Relatives told us that their family member's privacy and dignity was respected. One relative said, "[Person's name] likes the sanctuary of his room, he's got his own ensuite and that's important to him and us." Another relative told us that their family member's dignity was maintained.

Good

Is the service responsive?

Our findings

Before people moved to Heathcotes (Aylestone) their needs had been assessed by a representative of the local authority and then shared with the manager to see whether they could provide the care and support the person required. A further comprehensive 'daily living assessment' was carried out by the manager that looked at all aspects of the person's life such as social needs, aspirations, and education and employment where appropriate. Relatives of people using the service told us how their family member's lives had positively changed. People's care records showed the care and support provided by staff changed as people's lives changed. Staff shared examples of people's individual journeys since moving to the service. These included developing daily living and social skills, independence and using local amenities and social facilities and empowered to express their view, make decisions and have aspirations. This meant that people had an enhanced sense of wellbeing and exceptional quality of life.

People's records showed the person's family and health care professionals were consulted to ensure the service had all the information necessary needed to meet the person's needs. Support plans were comprehensive and regularly updated as people's needs changed, they developed new skills and were supported with their aspirations and to experience social activities. Where people lacked capacity to make certain decisions about their care needs, the manager spoke to their relative so that best interest decisions relating to care needs could be made. The manager told us that the service would use an advocate to support people where the person had no relative.

A relative told us they worked closely with the manager and staff, to ensure their family member's needs were met. Any cultural or diverse needs and beliefs where made known and taken into account when developing the support plans to ensure the person's quality of life was maintained and where possible improved. They said, "Like today, he's [person using the service] made his own breakfast; that's really good." Another relative said, "[person's name] has been away on holiday by the seaside." A third relative said, "It's because of the staff that [person's name] has been able to do new and exciting things. He's always going out and doing different things." We received similar comments from other relatives we spoke with who all felt that the manager and staff made a difference to their family member's life.

We asked people's relative's whether they felt the care their family member received was individual to their needs. One relative said, "It was a difficult decision but the best thing I did for [person's name]. I know he's happy here. He's matured into a lovely young man and does so many things, which I could never have imagined." Another relative said, "The support he gets is impressive. He's a maturing young man and that because of the staff at Heathcotes." When a third relative was asked if their family member received personalised care they said, "Without a doubt. She's happy and cared for so beautifully that makes me happy. I really hope they all grow old together it's such a lovely place for them to be."

The service had two guinea pigs. Staff told us that people using the service were supported to look after the guinea pigs and ensured there was enough food for them. A staff member said, "The residents love them and help look after them. You see they've [people using the service] grown in confidence and become responsible."

We used SOFI to observe people's lifestyle. We observed staff focused on the person they were supporting. Staff offered people choices about how they wanted to spend their time after they had managed their personal hygiene and after their meal. We saw a staff member support one person to make a cup of tea. They spoke clearly and used short sentences, which helped the person to understand what they needed to do such as putting the used tea bag in the bin.

The manager told us that they promoted a 'can do' approach to supporting people using the service which meant finding creative ways of supporting and promoting people's quality of life. That meant having a service that has good staffing levels, which is flexible and provides tailored support that promotes people's lifestyle, needs and interests, which is matched with a consistent group of staff with the skills, interests and experiences. For instance, staff offered people choices of social activities that were of interest to younger people similar to those who used the service. That meant staff treated people as individuals, respecting and encouraging lifestyles and interests that would appeal to other young people.

The manager and staff gave us examples of how people had developed with the support of staff, who were patient and took time to understand people's needs and respond to behaviours that challenge in positive way. Examples included one person who knew how to help themselves manage their behaviours that could potentially be challenging and now ate their meals in the dining room where previously they lived in isolation. Another person now only needed the support from two staff instead of three staff to help with their personal hygiene. In both instances, staff had learnt about the person as an individual, built trust and given them the appropriate level of encouragement to have a better quality of life, which also contributed to their improved physical health. Staff told us about the different things people did with the support from staff which included attending college, developing their IT skills and hobbies such as swimming and arts and crafts.

We saw people used all the lounges which suited their preferences and mood. For instance, one person was doing some craft work and another played computer games in the same lounge, whilst a third person relaxed after their shopping trip in the conservatory which had soft lighting. The service strives in continuing to develop 'person centred' care. Staff told us they observed people during a new and planned activity and recorded the impact of the activity on the person and their mood. This was a new and innovative way of gathering feedback about people's experiences, especially where the person had limited speech or unable to express themselves verbally. Staff told us they took account of the person's reactions (positive and negative) when planning new activities and how to support a person to develop new skills and experience new places and activities.

Relatives praised the staff for being committed to their family member and finding ways to enable them to enjoy new experiences that enhances their wellbeing. Staff shared a number of examples of how this creative approach was used to support people to have to live as full a life as possible and develop new skills and abilities. Two people who would not leave the sanctuary of their bedroom when they first moved to the service, one, now dines in the communal lounge with other people and with support from staff will do their laundry and help in the kitchen and the other person has been on two holidays. That showed staff were creative by using different ways to involve and empower them to express their views, which helped staff to respond accordingly to promote people's independence.

Staff told us that they understood and supported each person with their daily care and support needs. The service promoted person centred care and had their own vehicles so that staff could take people out spontaneously. Staff supported people with their self-confidence and encouraged them to develop daily living skills including taking responsibilities for household chores. For example, most people using the service were able to prepare a drink and a snack for themselves and cleaned their bedroom with the support

of staff. Some people also helped with the grocery shopping.

Before our inspection we contacted health care professionals who were involved in the care of people using the service. One professional said they found the staff were proactive and positively encouraged people to experience a better quality of life. The local authority that funds the care for some people who used the service assessed the service in July 2015 and rated it as 'good', which meant the provider was able to evidence consistent good practice in meeting the needs of people using the service.

Relatives told us they knew how to complain about the care if they needed to. One relative said, "I've got no concerns. Any of the minor concerns that were raised were dealt with." Another relative said, "Never needed to complain about anything. Even when there were new staff, the care for him [person using the service] was seamless." A third relative had high praise for all the staff and the manager and also told us about the concerns raised with the manager which were being addressed. This showed that concerns raised were listened to and acted on.

Staff told us how they recognised and acted on concerns or issues expressed by people using the service. Staff were aware of how people expressed themselves when they were unhappy because it was detailed in the support plan along with the actions staff should take to support the person. Because staff worked closely with people and understood how people communicated they would listen to them and also observe non-verbal signals. That helped staff to anticipate how to respond if something was upsetting the person. We observed this to be the case in the afternoon when one person displayed behaviours that challenged. Staff acted quickly and in a calm manner to avoid alerting other people using the service, whilst helping to keep everyone safe. That showed staff were responsive to people's needs to promote their wellbeing.

The information received from the provider prior to our inspection stated the service had received four complaints and all were resolved in line with the provider's complaint procedure.

The provider's complaints procedure was available in written and easy read formats, using pictorial symbols and large print so that people who used the service could understand. The contact details for the local advocacy service, the local authority social services department and CQC were included. The procedure was clear and described what the complainant should do if they remained dissatisfied with how their complaint was managed. Records showed that the four complaints had been thoroughly investigated and dealt with. A written response had been sent to the complaints. That meant the service managed complaints effectively.

Good

Is the service well-led?

Our findings

Relatives we spoke with had high praise for the support their family member received and how the service was run by the manager and staff. One relative said, "He's [person using the service] happy and loves being here which he sees as his home and the staff are his friends that help him." Another relative said, "He's really happy here. He's supported by the manager and staff who are more like his friends now and I sleep better knowing that." A third relative said, "[Manager's name] is really good for this place because he sees things from the residents' point of view." That showed the service had a positive culture where the care provided was centred on people using the service.

Relatives told us that that they had regular meetings and discussions about the provision of care, which enabled them to influence the support plans that provided information as to the support their family member required. One relative said, "I speak with his keyworker regularly so we know what's happening. If there's anything that concerns them [staff] we have a chat about it and if needs be they'll speak with whoever in they need to so it gets sorted out."

The manager told us that the provider carried out the annual quality assurance survey in February 2015 where the views were sought from relatives whose family members used services. The manager told us that whilst the results were reflective of all the services managed by the provider, they were made aware of specific issues that affected this service. The manager and provider representative who was visiting the service at the time of our inspection told us that all future surveys would be service specific to enable the manager to bring about improvements to the service and people's lives.

The service has a manager who was registered with Care Quality Commission. However, they no longer work for the service and has not yet cancelled their registration. We spoke with the provider representative who was visiting the service about this and advised us that the registered manager has been informed to cancel their registration.

A manager has been appointed by the provider and had been in post for two months at the time of our inspection. The manager had experience of working in health and social care sector and was completing a professional qualification in leadership and management. They were completing the provider's 'trainee home manager' training programme and were supported by the provider representative. Their training includes management responsibilities, relevant legislations and guidance that the manager must adhere to. The manager advised us of their intention to submit an application to the Care Quality Commission to become registered.

Following our inspection visit a registered manager application had been submitted. The application was successful and confirmed the service has a registered manager in post which ensured that the service is managed well.

Staff we spoke with were motivated and knew what was expected of them by the provider. Staff spoke positively about the manager who they found was supportive, empowering and provided good leadership.

One member of staff said, "[Manager's name] is a good manager and already making a difference. He's supportive to us and more importantly knows the residents well because he's worked with them." Another said, "[Manager's name] is approachable, fair and will deal with things once you tell him."

Staff we spoke with told us they were confident to raise any concerns about any aspect of the service and were aware of the provider's whistleblowing policy in the event their concerns were not addressed.

The information received from the provider prior to our inspection stated that the staff were regularly supervised, appraised and supported to also take responsibilities for their own personal development. Regular meetings provided staff with opportunities to raise issues and find resolutions and also make suggestions to bring about improvements to the service. We also found issues raised by staff at the meetings were monitored by the manager and the provider to ensure action had been taken.

Records we looked at confirmed the range of support, training, development opportunities and resources made available to staff that enabled them to develop. One member of staff was completing an access course to attain a professional qualification.

The provider's quality assurance and governance system was used effectively. The manager carried out regular audits on the premises and the quality of care provided including management of medicines. These also included checks on people's care records to ensure they were reviewed regularly and reflective of people's needs. Where any issues were identified, the manager took action to make improvements and monitored the quality of care provided.

Regular internal inspections were carried out by the provider's quality assurance team. The manager showed us the recent quality audit and the actions already taken to address the shortfalls. The manager told us that where necessary external professionals were contacted to bring about improvements. For instance, the manager was contacting the fire officer for advice to ensure that the procedures in place in the event of an emergency at night were appropriate.

The provider representative told us they supported the manager as part of their manager training programme and monitored the improvements made to address issues identified from the audit to ensure those were addressed. That demonstrated that the provider's quality assurance system was used effectively and improvements were made to the service to ensure the provider's expectations of the service in relation to quality were met.

The provider had a range of policies and procedures which were regularly reviewed and were found to reflect current legislation and good practice guidance.

We found the service worked in partnership with other agencies to ensure people who used the service received quality support that was appropriate and promoted their independence and wellbeing. Comments received from health and social care professionals we contacted prior to our inspection visit were positive in relation to the quality of care provided and the management of the service. The local authority that funds the care of some people who uses the service and monitor's the quality of care provided told us that the service was assessed in August 2015 against their own quality assurance framework criteria and was found to be 'compliant'.

Information received from the provider prior to our inspection stated that the provider, Heathcotes Care, is an accredited as a centre of excellence in NAPPI (Non Abusive Psychological and Physical Intervention) training. This is an external accreditation awarded by the British Institute of Leaning Disability (BILD), which

uses safer techniques to support people with behaviour that challenges.