

Heathcotes Care Limited

Heathcotes (Taylor View and Gilbert Lodge)

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

About the service

Heathcotes (Taylor View and Gilbert Lodge) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathcotes (Taylor View and Gilbert Lodge) provides support for up to 10 people with a learning disability and those with autistic spectrum disorder. At the time of our visit there were five people using the service.

The home is located in two houses which are located either side of a tarmac drive. Heathcotes (Taylor View and Gilbert Lodge) is registered as one location, at our last inspection the two buildings operated as separate services. However, this had been addressed by the new registered manager who had made improvements to the service and managed both homes in the same way. Documents used in care planning were replicated throughout the service and staff supported people across the service when required to do so.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's rights to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

People received personalised support based on assessed needs and preferences. Staff knew how to support people in the way that they preferred. People knew how to complain if they needed to.

People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve standards. We received positive feedback regarding the leadership and management of the service.

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

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The rating at the last inspection was Inadequate. The last inspection was a focussed inspection and only covered the Safe and Well Led domains (Report published 4 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 Good

Details are in our Good findings below

Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was Responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below

Heathcotes (Taylor View and Gilbert Lodge)

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 two inspectors and an assistant inspector.

Service and service type

Heathcotes (Taylor View and Gilbert Lodge) is a care home. People in care homes receive accommodation and nursing or personal care. 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

The inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and the local Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We assessed the information we require providers to send us at least once

annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection: We spoke with two people who used the service, six members of staff including the regional manager, registered manager, three team leaders', and a support worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding processes in place. One member of staff told us that they would escalate concerns to the manager.
- There were systems in place to record and monitor incidents, however incidents at the service had reduced since our last inspection as people were being better supported. One person told us "Staff are really supportive and prevent me from hurting myself."
- All staff had attended safeguarding training or were booked on the next available course. People told us that they felt safe living at the service because staff understood their needs.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess risk when people were admitted to the service. This was a breach of Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We saw that initial assessments had been reviewed and updated. This meant that people were assessed as to their needs, how suited they were to live at the service and if the service could offer suitable care and support.
- Risks to people's safety were assessed, recorded and updated when people's needs changed. Risk assessments had been updated and were relevant to the persons needs and supported the care planning.
- Staff spoken to had a good knowledge of people's needs and risks and could tell us about people using the service and how they were supported, kept safe and risks mitigated.

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Staff who were responsible for medicine administration had received training and were assessed as competent. Staff showed us how medicine was managed and stored and also how they were monitored and audited to ensure errors were minimised.
- There was an audit in place to check medicines including MAR (medication administration records) to ensure that all entries had been signed for and people had been given medicine.
- Medicines were received, stored and disposed of safely.

Preventing and controlling infection

At our last inspection the service was not kept clean and staff had not received training in infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- One person told us "The home is always clean and tidy." Staff told us that the service is cleaned regularly. We observed that the service was clean and in a good state of repair.
- Staff had access to personal protective equipment (PPE) and knew how and when to use this.
- Staff had received training in infection control. Information on preventing the spread of infection was available as was information on effective handwashing.

Learning lessons when things go wrong

- The registered manager had developed a form which they were going to send to people and their relatives to obtain feedback on the service. This would identify any concerns they had which could be used to make improvements to the service. It would also acknowledge what people thought that they were doing well.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence.

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 comprehensive inspection (May 2018) this key question was rated as Good. At this inspection this key question has remained the same.

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

- People's support needs were assessed and monitored. One person told us that they had written their own support plan with their key worker.
- People's needs were comprehensively assessed and regularly reviewed. Staff we spoke with were knowledgeable about the support needs of people they worked with, one staff member said, "We work as a team, all staff get on together and it is so much better for people and the staff who support them."
- Health Action Plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs.

Staff support: induction, training, skills and experience

- Staff were positive about the training they had received.
- Staff told us that they felt supported and received regular supervision meetings. They also said that they would go to the registered manager at any time and they knew they would be listened to.
- Staff had also received specialist training where it was relative to the needs of those they supported. This could be epilepsy and understanding learning disability. All staff had received training in positive behavioural support which was relevant to the needs of people using the service.

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

- People were supported to have a balanced diet and they were asked what they would like to eat and drink. They were also involved in meal preparation and washing up and encouraged to be as independent as possible.
- Support plans contained detailed information on nutrition and hydration which included what people liked to eat, what they disliked and any allergens.

Staff working with other agencies to provide consistent, effective, timely care

- People had Health Action Plans (HAP) in place which gives an overview of healthcare needs. Information was recorded about appointments with healthcare professionals when needed.
- We saw evidence of appropriate, timely referrals to health and social care professionals in people's health action plans and care plans.

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

- People had their rooms personalised, people were encouraged to have their own things in their rooms

which reflected their personal interest and preferences.

- The environment was comfortable and decorated with photos that showed people participating in activities. Artwork produced by people living in the home was on display.
- People were actively encouraged to choose the décor for communal areas. In one of the lounges one person had chosen the new wallpaper and another had chosen the colour of the paint.

Supporting people to live healthier lives, access healthcare services and support

- Support plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all the information was detailed in the support plans and staff were made aware of any changes.
- Staff understood people's healthcare needs and reacted appropriately when they recognised changes in people's health.
- We observed the service followed NICE (National Institute for Health and Care Excellence) best practice guidance for oral health. People had oral health information in their health action plans.

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.

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. All of the people using the service had a DoL's in place. We saw capacity assessments had been carried out and best interest meetings taken place which were decision specific.

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 comprehensive inspection (May 2018) this key question was rated as Good. At this inspection this key question has now remained the same.

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

- People spoke positively about the support they received from the staff, who they described as kind and caring.
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. When needed people were given appropriate reassurance and support.
- People had effective relationships with staff who provided their care and support. Staff could explain how specific things worked for each person and people reacted differently with each member of staff. This formed varied and positive relationships as staff worked with everyone in the service.

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

- People were enabled to make choices about aspects of their care where they had capacity to make a decision. People were given the opportunity to choose their meals and plan activities.
- The service supported people to maintain relationships with friends and family. Staff helped people to celebrate special occasions.
- People were taken to a variety of activities of their choosing. People were supported to go on holiday and days out. They enjoyed visiting the national space centre, chocolate factory, bowling and crazy golf. The registered manager told us that they arranged holidays even in the winter months.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner.
- Personal records about people were stored securely and only accessed by staff who understood their responsibilities to keep the information confidential.
- People were encouraged to do what they could for themselves, including cooking and cleaning. We observed one person cooking their lunch and then telling staff that they would be back to clean up when they had eaten.

Is the service responsive?

Our findings

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

At the last comprehensive inspection (May 2018) this key question was rated as Good. At this inspection this key question has now remained the same.

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 told us that staff really knew them well and knew how to meet their needs.
- One person told us "I am moving into my own flat, this is the first time in my life I will ever have had my own place." Staff told us how they had supported them to prepare for being independent.
- Care planning was comprehensive and regularly updated. This meant that care plans were relevant and amended according to changing needs.

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.

- Information was available in accessible format according to people's needs. We saw that there was information in large print and pictorial formats.
- We saw that specific culturally relevant information had also been provided in accessible format to meet the specific needs of vulnerable people and to keep them safe.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Some people went to different day centres in the local community. Staff were keen to support people to do what they were interested in and this included bowling, swimming, shopping and any local events of interest.
- We saw that care plans had been developed detailing contact with people's families and the importance of developing positive relationships
- The registered manager told us that one person did not have a very positive relationship with their family, but they had worked to support building one. This meant that the person enjoyed visits and looked forward to them.

Improving care quality in response to complaints or concerns

- At the time of our inspection there had been no complaints or concerns. The registered manager could talk through the process should there be a concern raised and we were shown a copy of the complaints policy.

- The registered manager and staff had regular discussions with families and people told us that they knew who they could complain to if they needed to.

End of life care and support

- Care plans were in place for end of life care but weren't comprehensively completed as families did not always want to discuss this with younger people. The registered manager told us that they would do some work with relatives on planning for end of life care.
- Care plans which were completed were comprehensive and held relevant information on how the person would like to be supported at the end of their life.

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 Inadequate. At this inspection this key question had improved to Good.

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

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

- The management team showed us good evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred, high quality care tailored to the needs of those living at the service. They also monitored training and development of the staff to ensure that they had training suited to the needs of those living at the service.
- Staff had their competence assessed for each aspect of their role including medication which allocated staff were trained to administer. The registered manager told us that the intention was to have all staff trained in administering medicines.
- Management empowered staff to reach their potential within both their role and the organisation. There was a cohesive approach to the staff team which meant that people worked together well which benefitted those living at the service having continuity in their care.

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 registered manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.
- The service was put into special measures at the last inspection. The feedback received had been acted upon and improvements had been made throughout the service. The new registered manager was open and honest about the challenges they faced and the actions in place to take the service forward.

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

At our last inspection the service had failed to make improvements to the service after concerns raised from their own audits. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had been in post for three months and had made improvements to the service throughout. One staff member told us, "It is so much better now, we are supported, the people using the service are so much more settled, it's like a breath of fresh air to work here now."
- The registered manager was pro-active in meeting regulatory responsibilities. Statutory notifications had been submitted when required.
- The registered manager made sure that people received good care and support by supporting the staff team and having regular contact with people using the service.

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

- The registered manager told us that they were keen to do more work around people with protected characteristics. We were told that work had been carried out to support one person to engage in more positive relationships with family which had been achieved.
- The positive support and better understanding of the needs of those using the service had reduced potentially challenging behaviours. This had allowed people to engage in activities that they enjoyed. It also allowed people to be introduced to new activities and experiences.

Continuous learning and improving care

- There was an effective system in place to check on quality and safety in the service. The registered manager had a strategy to take the service forward and had started to make improvements when recruited to the role.
- Management and staff were continually working hard to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff were keen to learn and grow in their roles.

Working in partnership with others

- We saw evidence that people were being supported to access health and social care services as required and this was monitored as to its effectiveness
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.