

Heathcotes Care Limited

Heathcotes (Glenfield)

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

We carried out our inspection on 25 and 26 May 2016. The inspection was unannounced on the first day. We returned announced on the second day.

The service provided accommodation for up to six people living with a learning disability and autistic spectrum disorder. There were six people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at Heathcotes Glenfield. Staff understood and applied the provider's policies and procedures to guide them on their responsibilities to keep people safe and to report any concerns they had regarding people's safety.

There were enough staff on duty to keep people safe and meet their individual needs. The provider had a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service.

People received their medicines as prescribed. The provider had effective protocols for their safe management.

Staff had access to effective induction and training that equipped them with the skills they required to meet people's needs.

People were not unlawfully deprived of their liberty. Staff sought people's consent before they provided care and treatment. They supported people in accordance with the Mental Capacity Act 2005.

People nutritional needs were met. Staff provided the support people required to have timely access to health care services when they needed to.

Staff supported people in a caring and compassionate manner. They treated people with dignity and respect. They were knowledgeable about the needs of the people they supported and ensured that they were involved in decisions about their care where possible.

People's care plans reflected their individual needs. Their care was provided in a person centred manner.

People had access to a variety of meaningful activities. They were supported to be part of the community.

The provider listened to feedback from people using the service, their relatives and staff and they acted on it.

Staff felt supported by the registered manager. They had easy access to the registered manager when they required guidance. The provider had effective procedures for monitoring and assessing the quality of service that people received.

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.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

Staff deployment was effective to meet the needs of people using the service.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People's nutritional needs were met.

People were not unlawfully deprived of their liberty. Staff supported people in accordance with the Mental Capacity Act 2005.

People had prompt access to relevant healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring and compassionate manner. Staff were knowledgeable about the individual needs and preferences of people using the service.

Staff respected and promoted people's dignity and human rights.

Is the service responsive?

Good ●

The service was responsive.

The provider supported people using the service and their relatives to be involved in making decisions about their care.

Staff listened to people's views and preferences and they acted on them.

Care was provided in a person centred manner.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and easily accessible.

Staff had a clear understanding of the standards expected of them. They were supported by the manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received at Heathcotes Glenfield.

Heathcotes (Glenfield)

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 checked 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.

We carried out our inspection on 25 and 26 May 2016. The inspection was unannounced on the first day. We returned announced on the second day.

The inspection was carried out by an inspector.

Before our inspection visit we reviewed information we held about the service. This included notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

Due to the complex communication needs of most people using the service, we were only able to speak to one person who used the service. We observed staff and people's interactions and how staff supported people. From our observations we could determine how staff interacted with people who use the service and how people responded to the interactions. This was so that we could understand people's experiences. We also spoke with relatives of two people who used the service, three care staff and the registered manager. We also had email and telephone contacts with other professionals who provide support to the service. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

Is the service safe?

Our findings

People were safe when they received support from staff. When we asked a person that used the service if they felt safe, they confidently replied, "Yes." A relative told us, "[Person] is safe. There's enough staff to look after them."

People were safe because staff had a good awareness of what constitute abuse, and confidently applied the provider's guidelines to report any concerns they had about people's safety. As part of staff induction and on-going development, staff received safeguarding training on how to protect people from harm. A member of staff told us that they would report any concerns they had to a team leader or the registered manager who would "fill the right forms and reports". They were confident that the team leaders and registered manager took concerns seriously. Another member of staff told us, "We feel confident to report concerns. [Registered manager] takes concerns seriously". They went on to tell us about an incident of concern which they reported to the registered manager and the actions the manager took to ensure that people were safeguarded from a re-occurrence of such incident.

We reviewed records which showed that the registered manager reminded staff of the provider's whistle-blowing policy and encouraged them to apply it promptly in order to fulfil their responsibility to keep people safe.

People using the service were supported to understand how they could keep safe when they were not at home. We reviewed a person's care plan which showed that staff supported them to have an awareness of safeguarding and how they may put themselves at risk and to manage such situations.

The provider had a positive approach to risk tasking. People's care plans included assessments of risks associated with their care and support. These included information on strategies staff had applied in the past and whether they were effective for the person using the service or not. This guided staff on how to support people safely and protect them from avoidable harm by reducing the risk. For example, we saw that staff support a person using the service to administer their own medicines. They ensured that the person had the required level of support that they needed to be independent with this aspect of their care.

There were sufficient numbers of staff to support people in a safe and person-centred manner. The registered manager determined staffing levels based on people's assessed needs. Staff told us that the staffing levels allowed them to support people to participate in their chosen activities. A member told us, "We have a floater." This is when an additional member of staff is included in the required staffing level to ensure that people had additional flexible support should they require it.

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience and as far as possible were suited to supporting the people who use the service. We reviewed staff records which showed that applicants were tested on their suitability to work with vulnerable people and on how they would uphold the provider's ethos of supporting people in a way that promoted their dignity and human right. Part of the provider's recruitment assessment was observing how applicants

interacted with the people that used the service. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines. Medicines were stored safely and securely following current guidelines. This protected people from unsafe access and potential misuse of medicines. The provider had protocols to guide staff when they administered medicines that were prescribed 'as required'. The provider's protocols had been reviewed and checked by a GP. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medication administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts. Staff followed current guidance when they completed the controlled drugs register.

Is the service effective?

Our findings

Staff received relevant training that they required to provide an effective service. We reviewed staff training records which showed that staff had undergone a range of training to enable them to meet the needs of the people that used the service. They had access to regular refresher training. Staff told us that the training that they received equipped them to fulfill the requirements of their role. Staff comments included, "Company's training is very good." "I find the refreshers helpful." "I had a really good induction. I have relevant refreshers and support from the team leaders and registered manager."

Staff also received the guidance and support that they required. They were encouraged to spend time shadowing more experienced staff before they supported people using the service. They had access to regular supervision. We saw that a staff member's request for further support to develop their skills was actioned. At the time of our inspection they were in the role of an acting team leader.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had made applications to the local authority for DoLS authorisation for people who required this. This meant that people's liberty was only deprived when it is in their best interest, and that it is done in a safe and correct way.

Staff we spoke with had a good understanding of MCA and DoLS. They supported people in accordance with the relevant legislation and guidance. They ensured that people consented to their support where possible and did not restrict people's freedom unlawfully. For example, we saw that some people who used the service used a 'handling belt'. Staff used this to guide people safely while in the community. We saw records which showed they had involved relevant professionals in assessing the suitability of the belt for people who required it. We reviewed records of people who used the belt and saw that staff supported them with it according to the guidance. This meant that it was used for lumbar support and guidance as intended. The registered manager ensured that only staff who had completed 'handling belt' training supported people who required it.

People nutritional needs were met. A person who used the service told that they liked the food. People had access to a choice of meals. They were involved in planning their meals. Staff told us that they regularly

supported people to plan their own menu. They said they did this using pictorial aids of meals, ingredients and condiments from which people made their choices. A staff member told us, "Staff will sit with service users monthly to explore their choice." We saw pictures and records of how staff used communication tools to support people with menu planning and saw that staff tailored this to the nutritional needs of each person using the service.

People were supported to maintain good health. Staff supported them to have timely access to health care services when required. Staff were knowledgeable about people and their health needs. They applied this knowledge to proactively seek professional support when they observed changes in people's health. A member of staff told us, "If anything gets noticed, we book an appointment with the doctor straightaway." We saw that staff learnt from incidents and past events to ensure that people got prompt health support when they were involved in any incidents that may affect their health. They arranged for health professionals to visit people at home when people's needs meant that they would struggle to attend appointments in the community. We also saw that staff supported people to follow professional recommendations and advice that they required to monitor their health.

Is the service caring?

Our findings

Staff supported people in a caring and compassionate manner. A person who used the service told us that staff were caring towards him. They said, "I really like this home. [Staff name] is my best mate." A relative told us, "[Person] gets the level of care he needs. I don't think it is the same as a parent but they [staff] do their best. Another relative spoke fondly of their child's key worker, they said, "We have a nice young lady, she keeps me updated and she's really lovely."

Staff we spoke with were knowledgeable about the people who used the service. From our conversation with staff and the evidence from the records we reviewed, we saw that staff that applied this knowledge when they supported a people that used the service. They knew their needs and preferences, and had to skills to support them. We observed that staff listened to people, made eye contact when communicating with people and did not appeared rushed when they provided support. They were eager to provide good quality of care to the people who used the service. A member told us that they had personal experience of supporting a relative that required care and support. They told that that they would be happy for their relative to live at Heathcotes Glenfield because of the care they delivered to people. They said, "My motto is treat people how I would want people to treat my relative."

People were involved in decisions about their care and support. Staff used various communication tools to ensure that people had the right information that they required to make choices and decisions about their care. We saw that staff tailored information to the person who was receiving it. For example, they gave one person information just prior to when they required to action it otherwise this increased their anxiety. Another person was given information well in advance to help them prepare before hand. People had their routines in pictorial format so that they understood the tasks they required in their daily routine.

The provider arranged for people to access independent advocacy services when they needed them.

Staff used their knowledge of people to develop 'communication passports' which had information on how each person liked to communicate, and how they may respond in different situations.

People were treated people with dignity and respect. Staff had good understanding of people's right to privacy and dignified care. They gave examples of ways of how they ensured that people's privacy and dignity was promoted during care delivery. A member of staff told us that they used door tags to ensure that people's privacy was respected when they received personal care support. Another staff told us that a person using the service had special shutters in their [person]'s room so that nobody could see in.

The provider stored information about people securely. Only people who had authority to access people's information had access to people's care plans and other relevant information. We reviewed which showed that the manager regularly reminded staff of their responsibility to handle people's information in a confidential manner. For example, not discussing information about people in communal areas within the home.

Relatives told us they were able to visit the home without undue restrictions. A relative told us, "They prefer if you let them know, but I can see [person] when I want to." Another relative told us, "I've never been told not to."

Is the service responsive?

Our findings

People's care plans were person-centred and focused on their individual needs. A relative told us, "Staff definitely respond to people's individuality." People and their relatives were involved in care planning. The provider supported people with additional communication needs to express their choices about their care and support. They did this by using various communication tools.

All the people that used the service had a keyworker who are mainly responsible for promoting their welfare and interests. Keyworkers were supported by a link worker. The registered manager told us that this arrangement ensured that people received consistent support because people's link worker provided seamless support in periods of their keyworker absence.

People had regular 'key worker meetings' every eight weeks. They used these meetings to review and update people's records so that they continued to reflect people's current needs and the support they required. We saw that staff involved people's relatives in their review meeting. Staff used information from the meetings to review people's support plan every three months. A relative told us, "I am normally invited to these things. It depends on if I can attend. Staff will reschedule meetings if needed." We also observed that the registered manager encouraged staff to update people's records through the day, so that people received consistent support irrespective of the staff that support them.

People were supported to maintain their interests and hobbies. Every person using the service was supported to take part in activities that were meaningful to them. They had access to activities within the service and in the wider community. A relative told us, "They take [person] places." A person using the service told us that they were going out to the local social club to play pool. They showed us the trophies they won in tournaments. They went on to tell us that they also had social visits from their friend who used another service within the organisation. They said that they chose their own activities daily. For example, they used to go to disco but now chooses to go and pay pool instead. A member of staff told us, "People have access to various activities. [Person] likes playing pool, that's his routine." Another staff said, "Activities are person centred." We observed a person that used the service enjoy an activity in the sensory garden. Staff had provided a mud patch because this person enjoyed it. People's care plans reflected their interests. One person's records showed that they enjoyed watching aeroplanes, we saw that staff ensured that this was included in the activity plan.

Staff supported people to achieve their goals. For example, we saw that staff supported a person to save for a tattoo.

Staff supported people to maintain relationship with people that mattered to them. The registered manager told us that staff had supported a person using the service to re-establish contact with their relative as this was very important to them. They provided regular support to enable this person to achieve this. Staff told us part of the responsibility of a link worker was to support people to build and maintain relationships with their family.

People that used the service were supported to make their views about any aspect of the care known at any

time. We saw records which showed that the registered manager supported staff to enable them to provide support that ensured people are able to confidently make complaints when they needed to do so. When we asked a person using the service if they could raise concerns if they were unhappy about the care they received. They replied, "Yes, I will tell[registered manager] cos you are the boss". A relative told us that they were confident to raise any concerns with the registered manager. They said, "If I've raised anything they [staff] are always happy to speak to me or contact if they need any information."

We reviewed the provider's complaints records and saw that the registered manager responded to complaints promptly in accordance with the providers complaints policy. The registered manager took account of people's feedback. For example we saw that they used this information to update people's care plans.

Is the service well-led?

Our findings

The registered manager promoted an inclusive culture that empowered staff to provide a good quality of care. We saw that the registered manager had taken on-board feedback from the commissioning authority quality assurance visits and the Care Quality Commission's inspections of other services within the organisation to drive improvements within the service. Staff told us that the registered manager had supported them to take ownership of the improvements that were required. A member of staff told us, "[Registered manager] carried people along to effect the required change." They went on to say, "We learnt from the incident concerning [person]; communication is better."

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They notified the Care Quality Commission of relevant events at the service. They carried out thorough investigations of incidents and provided feedback to staff about the outcomes of investigations.

Staff told us that they felt supported by the registered manager. They said the registered manager and team leaders supported them to meet the standards they expected of them. They did this through supervision and training.

During our inspection visit, we observed that the manager was accessible and responded to people who used the service and to staff who sought their advice or support. A staff member told us, "[Registered manager] ensures everything gets done. She follows things through."

Relatives and staff complimented the leadership of the registered manager. They told us that they felt confident to approach manager for support whenever they required it. A relative told us, "I think she is brilliant. She is good at her job. I can talk to [registered manager] as if I've known her all my life. Any concern's I've had had been sorted out." A member of staff told us, "I can tell her anything and she would normally come up with a solution. She is approachable. Staff respect her enough." Another staff said, "[Registered manager] is a good manager. She is there for me if needed."

The provider had quality assurance systems for assessing and monitoring that they provided a good quality of service. The provider's quality assurance procedures consisted of monthly 'provider visits' where managers of other homes within the organisation carried out checks and observations which included ensuring that staff promoted the values of the service and they audited all aspects of service every three months. The registered manager also monitored the quality of the service through the feedback people provided in the service's questionnaire. We saw that the registered manager developed action plans in response to people's feedback. We saw that staff had made some improvements in response to the feedback they received.

A relative told us, "It is so good to find a decent place where person is looked after well."

