Heathcotes Care Limited

Heathcotes (Mapperley 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

Overall summary

We carried out an announced inspection of the service on 17 November 2015.

At our last inspection 4 April 2014 we found the provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010. This Regulation corresponds to Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014. Following this inspection we received an action plan in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that the provider had met this breach in regulation.

Heathcotes (Mapperley Lodge) provides accommodation and personal care for up to 7 people with mental health

Summary of findings

needs, physical needs and people living with a learning disability. Accommodation is provided over three floors and a passenger lift is in place. Seven people were living at the service at the time of the inspection.

Heathcotes (Mapperley Lodge) is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post. There was also a home manager who was training to become the registered manager for the service.

Staff were aware of the safeguarding procedures in place to protect people from avoidable harm and abuse. The provider had a safe recruitment procedure in place that ensured people were cared for by suitable staff. Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. The service worked with health and social care professionals for advice and support in meeting people's needs.

CQC is required by law to monitor the operation of the Mental capacity Act 2005 (MCA.) This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. We found people's human right were protected because the MCA were understood by the home manager and staff.

People received sufficient to eat and drink and were offered food choices that met people's preferences and cultural and religious needs.

Staff were knowledgeable about people's healthcare needs and people were supported to access healthcare services to maintain their health. Staff spoke positively about working at the service. They were knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff received formal and regular support to discuss and review their learning and development needs. Staff received an induction and ongoing training that reflected the needs of the people that they cared for.

People, relatives and health and social care professionals we spoke with were positive about the care and approach of staff. Staff were found to be caring and compassionate towards people they supported.

People's preferences, routines and what was important to them had been assessed. Support was provided to enable people to pursue their interests and hobbies. People were involved in the development and review of the care and support they received.

The provider had a complaints procedure that was available for people in an appropriate format to meet their communication needs. People were supported to access independent advocacy services.

The provider had effective checks and audits in place that monitored the quality and safety of the service. People that used the service received opportunities to give their feedback about the service they received.

Summary of findings

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

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly. People received their medicines safely.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. There was sufficient staff available to meet people's needs safely.

Is the service effective?

Good

The service was effective

The Mental capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. People's human rights were protected because mental capacity assessments and best interest decisions had been appropriately completed.

People were supported to access external healthcare professionals when needed. The provider ensured people maintained a healthy and nutritious diet.

Staff received an induction and ongoing supervision and training to enable them to effectively meet people's individual needs.

Is the service caring?

Good

The service was caring

People were supported by staff who were caring and compassionate. Staff were given the information they needed to understand and support the people who used the service.

The provider had ensured people that used the service and their relatives had helpful and important information available to them such as independent advocacy and support services.

There were no restrictions on friends and relatives visiting their family. Staff asked people about their preferences and respected people's choices.

People were supported to remain independent.

Is the service responsive?

Good

The service was responsive

People's care and support was individual to their needs and staff supported people to pursue their hobbies and interests.

People were supported to contribute to their assessment and involved in reviews about the care and support they received.

People knew how to make a complaint and had information readily available to them. A complaints procedure was in place.

Summary of findings

Is the service well-led?

Good

The service was well-led

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Heathcotes (Mapperley Lodge)

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 17 November and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the local clinical commissioning group, the GP, Healthwatch, a community psychiatric nurse and two social workers for their feedback.

The inspection team consisted of two inspectors.

On the day of the inspection we spoke with five people who used the service. Due to people's communication and mental health needs their feedback about all aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received. The registered manager was not available but we spoke with the home manager, a regional manager, a team leader and three support workers. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three relatives for their feedback about the care and support their family member received.

Good

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe and confident that if they had concerns about their safety they could raise this with the staff. One person told us, "I feel safe here,it's nice." Someone else said, "If I'm worried, I just mention it to staff and they sort it."

Relatives we spoke with were positive about their family member's safety. They said that staff were well aware of people's needs and how to reduce and manage risks. Health and social care professionals equally said that people were protected from abuse because staff knew how to support people appropriately and took correct action if concerns were identified.

Staff demonstrated they understood their role and responsibility in protecting people from abuse. They were able to identify the signs of abuse and the action to be taken if they had a concern. They said they had received training on how to protect people and that there was a safeguarding policy and procedure available. Staff showed an understanding of how to de-escalate situations where people were getting into conflict with each other. A support worker told us, "If people are getting angry I persuade them to move away from each other to a quiet area and then we talk about it."

Our observations found when people showed signs of anxiety staff were calm, patient and responsive. This approach had a positive impact on people and risks were reduced. We saw from viewing records, there had been some incidents at the service when people had become anxious and agitated. This had resulted in episodes of behaviour that was challenging. The frequency of these incidents had reduced considerably over recent months. We discussed this with the home manager, and they said this was due to the staff's skills in defusing situations before they became serious.

Risks were assessed and management plans were put in place where risks were identified to inform staff of how to reduce and manage these. Relatives told us that they had been involved in discussions and decisions about how risks were managed. They also said that their family member had also been consulted as fully as possible.

Staff told us how they had information available to them which provided guidance of the action required to manage and reduce known risks. They gave good examples of how they ensured day to day risks were reduced. One support worker said, "We have good detailed information available to us about people's needs and how to support people to reduce and manage risks."

From the sample of care records we looked at, we found risk assessments and support plans had been completed to manage risks such as supporting people with their physical and mental health needs. In addition, external healthcare professionals had been involved in discussions and decisions about managing known risks. This told us that people could be assured that their individual risks were known, understood and had been planned for.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform staff of people's support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events.

The internal and external of the building including equipment were maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, there was clear signage to tell people where fire exits were. The environment was clean and tidy and well maintained.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. We received positive comments from both people that used the service and relatives we spoke with. One relative said, "Yes, the staffing levels seem okay." Another person told us, "There's always enough staff around to help and support people."

Support workers told us they felt adequate staff were rostered on duty to meet people's individual needs. Some people had needs that required them to have additional staff support. Support workers confirmed that people received the level of support they had been assessed as required.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced

Good

Is the service safe?

staff available and we found staff were competent and knowledgeable about people's individual needs. The provider had a safe recruitment procedure in place that ensured people were cared for by suitable staff.

People's dependency needs were assessed and regularly reviewed. An example was given by the home manager of how the service accommodated people's fluctuating needs. For example, if a person became unwell with their mental health the home manager ensured additional staffing was available to support the person. This told us that the service was flexible in their approach in meeting people's needs. Any shortfalls in the roster due to sickness or leave were covered by in support workers or bank staff that was employed by the provider. This provided people with consistency and continuity in the care and support they received.

People received their medicines safely and as prescribed by their GP. People told us that they received their medicines at regular times. Relatives spoken with said that they were confident their family member received their medicines safely, and were aware that these were also monitored by healthcare professionals. Healthcare professionals we spoke with said that there were no issues or concerns about the administration and management of medicines.

We observed a team leader administer medicines to people. They did this competently, following the provider's policy and procedure. They were knowledgeable about the medicines they were administering and supported people safely.

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed seven people's medicines administration records (MARs) and medicine support plans. These provided staff with the required information to ensure people received their medicines safely. We found protocols were in place for the medicines which were to be given only as required. They provided information about the reason for administration of these medicines and any cautions in their use.

A medicines policy was in place and staff training and competency assessments for medicines administration and management had been completed annually. There were effective systems in place that monitored medicines including daily and weekly audits and checks.

Good

Is the service effective?

Our findings

At our last inspection we found that the provider had not protected people against the risk of receiving care and treatment without consent. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked whether the service had taken the required action to ensure people's human rights were protected. Where concerns had been identified about restricting a person of their liberty the home manager had appropriately submitted applications to a 'supervisory body' for authorisation. The principles of the MCA were embedded throughout the service and understood by staff. Each person's support plan showed us that their capacity to make decisions had been considered, and recorded throughout. For example, one person's records stated that their ability to make decisions may be temporarily reduced if their mental health deteriorated. The records stated that if possible, the decision should be delayed until the person's mental health improved, or alternatively that a' best interest' decision should be made. Staff we spoke with showed a clear understanding about including people as fully as possible in decisions about all aspects of their lives. Records showed that staff had received MCA and DoLS training. The provider also had a policy and procedure to support staff.

People who used the service had a range of long term mental health needs. Due to people's anxieties, and behaviours associated to their mental health they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff told us that whilst they had received this training they had not needed to use restraint, as they were able to use other techniques to calm people when they were distressed. Records looked at confirmed physical restraint had not been used. Staff had available to them detailed information about how to manage behaviours that challenged. A support worker told us that one person often required medicine to manage their behaviour when they first came to the service, they said, "We can redirect [person] and use techniques to de-escalate tensions, and so they hardly need that medication." This told us that people could be assured that staff knew how to support them appropriately at times of heightened anxiety.

People were supported by staff with appropriate skills and experience, who had received training and support relevant to the needs of people who used the service. One person said that they felt staff understood their needs and how to support them. They told us, "My keyworker helps me out and asks if I'm okay." A keyworker is a named support worker who had additional responsibility for a person. Relatives told us that they found support workers to be competent. Feedback from health and social care professionals were positive. They said that staff training was good and that support workers were, "clued into signs of the person becoming unwell with their mental health needs, staff understand the signs; they know what to look for and what to do."

Staff told us they had received training during their induction period, and that they were frequently being supported to undertake new training, and updates to existing training, to ensure their knowledge stayed up to date. A staff member said, "The training helped me do my job, because I didn't know anything about mental health until I came here." Another support worker said, "The support and training is very good, we receive training internally and from external professionals."

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. The home manager also showed us

Good

Is the service effective?

the training and support plan for staff. This showed us how staff training needs were monitored and planned for in advance. Additionally, staff received opportunities to review their practice and training and development needs.

There was good verbal and written communication between the staff. The provider used a handover book to outline relevant information to the next shift. In addition, staff had a handover meeting at the beginning of each shift to pass relevant information to the next team There was also a diary of people's appointments such as dental and GP visits, this ensured all staff remembered when people's appointments were due.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. This included consideration of people's cultural and religious needs. A person told us, "We plan the meals together." Another person said, "The food is very nice" and "If I am hungry, I can always get something to eat." People were able to make drinks and snacks as they wanted. If people needed support in the kitchen, we noted staff were always on hand to assist. At lunchtime, we overhead staff offering people a choice, and taking time to explore and understand what people wanted.

We looked at the menu and found that it provided well balanced and nutritious food. Staff showed good awareness of dietary needs. A support worker told us, "People have their preferences, but we also need to encourage healthy eating including fresh vegetables, protein etc."

The staff regularly monitored people's weight, and understood what actions to take if a person's weight unexpectedly changed. The service had a good supply of fresh food, including fresh fruit. Food was stored safely and correctly, with all items labelled to show when they had been opened for example. This showed us that people had sufficient nutrition and fluids to meet their needs.

People were supported to maintain good health and have access to healthcare services. Relatives agreed that people were well supported with their healthcare needs.

From care records looked at we found people's health needs had been assessed and people received support to maintain their health and well-being. People had a 'Health Action Plan', this records information about the person's health needs, the professionals who support those needs, and their various appointments. We saw examples' of people's health action plans, these were detailed and up to date. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated the provider used best practice and guidance.

Good

Is the service caring?

Our findings

People were supported by staff that showed they were compassionate, kind, caring and treated people with dignity and respect. People spoke positively about the care and approach of staff. People told us they liked living at the service and felt staff treated them well. One person told us, “Staff are kind” and “They come when I need them.” Another person said. ”They are friendly.” Relatives we spoke with were also positive about the support workers and described them as caring and supportive. Feedback from health and social care professionals also stated that staff were kind and caring. Comments included, “There appears to be a good relationship between staff and residents and residents seem happy when I see them.”

Support workers showed a good understanding of people’s individual needs. One support worker told us, “We consider choice and listen to them [the person] at all times.” Additionally, support workers gave examples about people who used the service who had experienced discrimination whilst in the community. They told us how these situations had been managed and how they had supported people’s dignity. This demonstrated that support workers were compassionate and respectful towards the people they cared for.

We saw that people who lived at the service and the support workers got on well together and had warm, friendly and caring relationships. Support workers made people feel that they mattered. For example, we saw people were involved in conversations and discussions, and people’s responses and opinions were respected. There was laughter and appropriate banter between people that used the service and support workers. People looked relaxed within the company of support workers present.

We observed support workers talking to people who used the service in a polite and respectful manner. One support worker told us. “It’s about compassion here, everything we do has to show compassion." When talking to each other, support workers showed respect, care and understanding about the people they supported. Staff showed enthusiasm and passion when talking about their work with people who used the service. A staff member told us, “This is one of the best jobs I have ever had, all the people here have different needs, but they are all great people.”

The atmosphere in the service was calm, and we heard support workers treating people with respect and dignity, andalways offering them choices. One support worker said, “What would you like in your sandwich?” and “How many rounds of bread would you like?”

People told us they felt staff understood their needs. A person told us, “If something needs doing, I just mention it [to staff] and it’s done.” Staff gave people choice and promoted independence. For example, one support worker told us, “It’s about empowering the residents, and trying to get them back into society.”

There was evidence throughout the support plans we looked at that the support given to people was person-centred and caring. People’s needs and preferences were clearly stated. We also noted that support plans focussed on people’s strengths and independence was consistently promoted.

People who used the service, where able, told us they had been involved in their support plans. When people were not able, it was also shown in the support plans that family members had been involved to try and capture what the wishes of the person were. We saw records of monthly meetings that people who used the service had with their key worker. A keyworker is a named support worker that co-ordinates the support of an individual. These meetings consisted of a face to face discussion with the keyworker. People’s concerns, comments and goals were discussed and recorded.

We saw notices in prominent areas of the service which gave information on how to access advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. We saw evidence that one person was using an advocate to support them.

We found people’s dignity and respect was promoted by the service. One person told us, “I have privacy in my room, they [staff] don’t come in without asking.” One person’s support plan outlined a discussion about dignity. Staff had written that the person did not understand what dignity meant, so staff recorded how they explained what dignity meant to this person.

Good

Is the service caring?

Support workers understood different levels of privacy for people. One support worker told us that if a person's clothing was soiled, that the person would be discreetly asked if they would like to go to their room and from there, be supported to get changed.

There were several areas within the building that people could go to if they wanted to have some privacy, or spend time alone.

The service had a nominated 'Dignity Champion' this was a support worker who had particular interest in maintaining dignity for people who used the service. They also promoted dignity awareness to the staff team. Support workers showed a good understanding of dignity and privacy, and this was also evidenced in support plans.

Good

Is the service responsive?

Our findings

Some people were able to tell us how they spent their time, and what was important to them in the way that they were supported by staff. Some people told us that they accessed the community independently and others with staff support. People said that support workers were responsive to their needs and that they were supported with their interests and had choice and control about how they spent their time.

Relatives were positive about how their family member was supported. One relative told us their family member's behavioural needs had improved since they had been at the service. They also gave examples of how their family member had been supported to pursue activities and visit places of interest personal to them. This included regular walks and an annual holiday.

Feedback from health and social care professionals gave positive examples of how support workers had encouraged and supported people in managing their behavioural and mental health needs, comments included, "Significant improvements have been made since the placement started."

From the sample of care files we looked at we found a detailed assessment was completed before people used the service. This is important to ensure that the service can meet people's individual needs. Person centred support plans and risk plans were then developed with the person being at the focus of decisions about how their needs were met. For example, people's preferences, what was important to them, routines and their interests were recorded. This information was used by support workers to provide a responsive service that was based on people's individual needs and preferences. Support plans were regularly reviewed with the person to ensure they were up to date and reflected the person's needs.

Staff told us that information was detailed and informative and enabled them to know what was important to the person and the support they required. People who lived at the service had complex needs; we saw examples of how people had been supported to improve their health and wellbeing.

In addition to support plans and risk plans, people had person centred plans that identified the person's goals and aspirations. We saw examples of these plans that were reviewed regularly with the person. Where aspirations had been recognised, achievable goals were identified. An action plan was then developed to monitor how the goal was met. This showed the provider had a commitment in respecting and involving people in having a say about what was important to them, and how they wished to live their life and be supported.

Support workers showed understanding of different needs and interests of each of the people who used the service. People were encouraged to maintain their hobbies, and there were separate areas of the service that people could use to relax and for example to play musical instruments and play pool. During the visit, we saw some people went for an outing into the community. Others sat with support workers talking. Some people chose to stay in their rooms. One person told us they liked to play the guitar in the afternoon. At lunchtimes, we saw some people in the kitchen helping to prepare the meal.

The service provided social opportunities for people to reduce the risk of self-isolation. This included social activities and involved people accessing their local community. Additionally, people were supported to have holidays with the support of staff. We saw photographs of activities people had participated in within the last year. A weekly activity plan was developed that showed how independence was promoted and included social activities people enjoyed. Support workers recorded the activities people had participated in; this included who supported the person, the activity, comments and outcome. This told us that people received regular opportunities to pursue social activities and interests, and these were monitored to show if they were responsive and effective in meeting people's individual needs.

People chose their own decorations for their rooms. One person showed us their quilt cover and pictures. Other people told us they were pleased with their rooms and they were comfortable and to their taste.

People had access to the provider's complaints procedure; we noted that this was presented in an appropriate format for people that had communication needs. It made it clear that people could complain to the manager, provider and staff, or, if they wanted to, take their complaints to outside agencies including the local authority. This meant people could raise their concerns both inside and outside the home if they felt they needed to. People told us that if they had any issues or concerns they felt they could talk to the

Good

Is the service responsive?

support workers, most said they would be confident talking with their keyworker and they knew who the home manager was. Relatives told us that they had a good relationship with the staff and home manager and if they had any concerns they felt able to raise them.

Relatives told us that there were no restrictions about them visiting their family member. One relative told us how staff supported their family member to visit them. They said it was important for them to maintain regular contact and that the staff supported this to happen.

Good

Is the service well-led?

Our findings

The service had an open, inclusive and caring culture that focused on the needs of each individual. People that we spoke with told us they were satisfied with the service they received. Relatives were positive about how their family member was supported. Feedback from health and social care professionals were consistently positive about how people were supported and their needs managed.

Support workers spoken with were clear about the values and vision of the service. They told us that people's individual needs and strengths were identified and independence promoted. One support worker said, "If people want support to develop their independence we respect this and support the person to reach their goals." Another support worker said, "We work closely as a team to provide a safe, caring and supportive service."

Support workers were clear about their roles and responsibilities and said that they would be confident to raise any issues, concerns or suggestions. They told us about the whistle blowing policy and procedure and that they had a duty to use it if necessary. The home manager was seen to be visible and approachable to people who used the service and support workers. They engaged well with people and clearly had a good understanding of people's individual needs.

Support workers told us that they attended regular staff meetings where they felt able to raise any issues, concerns or make suggestions. One support worker told us, "Yes, I feel valued and listened to." Another told us, "I love coming to work, we share roles, work together well, it's a chilled, relaxed and happy atmosphere."

Monthly staff meetings were arranged. We saw the last three meeting records, these showed that discussions about the standards of care the provider expected. Additionally, the needs of people who used the service and the action required by support workers to meet people's ongoing needs were discussed and agreed.

People who used the service received opportunities to share their views and experience about the service they received. Regular meetings were arranged with people who used the service. We saw the last three meeting records. People were asked to comment on a variety of topics such as if they were happy living at the service, the choice of activities, food choices, staff support, if improvements to the service were required and if there were any complaints. If action was required this was recorded and reviewed at the next meeting. This told us that the provider supported people to be involved in discussions and decisions about how the service was managed and developed.

Links with the local community had been developed. People who lived at the service had complex needs and the nature of their mental health meant their needs could change very quickly. Sometimes this had impacted on the local neighbourhood. The home manager showed us complaints they had received and discussed the action they had taken to respond to these. We saw complaints had been responded to in a timely manner and appropriate action had been taken to reduce further incidents from reoccurring.

The provider had systems in place to monitor the quality of the service. This included weekly and monthly audit checks completed by the home manager and additional audits by a regional manager. For example, checks included the management of medicines, care records and accidents and incidents. Actions plans were developed from these audits where any shortfalls were identified. People's individual accidents and incidents were monitored and appropriate action had been taken to reduce further risks from reoccurring.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.