Heathcotes Care Limited

Heathcotes (Wakefield)

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

People who used the service told us "The managers are all brilliant, they always chat to me and ask me what I have been doing."

A family member of a person who used the service told us "I can't praise the managers and the staff team here enough. They have been outstanding with (relative); they made more progress with them in a short time than anyone else ever has."

Health professionals who worked with people who use the service told us "The registered manager is really good. They always make time to have a meeting with me when I come into the service, so they know what is happening with people who use the service." "The service is really pro-active; they are always suggesting and trying new ways to help people. The thing I like most about the service though is that they don't give up at the first hurdle like a lot of places do, they persevere and make a real difference to the lives of the people they support."

Staff told us, "The manager is brilliant, they get involved and their door is always open. I feel safe working here as I am supported by the manager and the rest of the staff team."

The atmosphere in the homes was warm and welcoming from the people who used the service and the staff team. The staff team worked well as a team and communicated effectively to pass on information they needed to keep everyone safe without people who used the service feeling they were being talked about, or hearing information about others which would have been inappropriate.

Staff told us that the registered manager was very visible and accessible; we saw this to be the case during the inspection. Staff understood their roles and responsibilities which meant people were able to work cohesively as they were clear about what was expected from whilst they were on duty.

Communication throughout the staff team was open and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and were supported to make positive changes to their lives and achieve their potential. The staff team were passionate about their roles and were proud of the service they provided.

The registered manager and the regional manager were committed to the continuous improvement of the service Heathcotes was providing. They understood the importance of accountability and were able to evidence that there were processes in place which assured where necessary people were held accountable for their actions. We found the home was meeting the registration requirements as a registered service provider, as they were sending in notifications to tell us when a notifiable event had occurred.

Heathcotes employed a behavioural psychologist, who had previously worked with people in the service as a community based health professional. The purpose of their appointment was to work with people who

had personality disorders which caused them to display suicidal behaviour or to harm themselves. There was a group starting which was based outside of Heathcotes in a community setting to work with an identified group to improve their self-image, allow them to understand their emotions and to prepare them for more traditional forms of counselling in the future if this was required. As part of this project there were opportunities being offered to existing staff to become involved in the group and to undertake specialist training to become skills trainers to share this valuable knowledge to other staff in the home. This showed that the registered provider was looking for ways to work in partnership with others and to offer opportunities for staff to develop and progress within the organisation.

We asked staff about the organisations visions and values, staff told us, "The vision is for us to support people to have a better quality of life." Another member of staff told us "We take people when they are at a low point, sometimes because their previous placement has broken down, and we support them to make a difference to how they live their life."

We looked at the auditing and oversight which was in place. The registered manager told us there was an auditing team who regularly visited the home and carried out extensive auditing, looking at all areas of the provision. The frequency of the visits was reliant on the score which was achieved at each visit. We reviewed the audits which had been carried out by the auditing team and found them to be extremely thorough. The external auditing team looked at all the internal audits which had been carried out by the registered manager; they also independently audited records and documents to check that the audits were accurate.

The report which was created highlighted areas of good practice and gave actions for any areas which were identified for improvement. The actions were then followed up at the next visit and via contact with the registered manager between visits for anything with a shorter deadline. The report also contained useful graphs showing the scores which had been achieved in each area by visit to allow the reader to instantly see whether there was improvement or deterioration. This meant that the registered manager and the registered provider had clear oversight of all aspects of the quality of the service being delivered and there were measures in place to ensure that all required improvements were made in a timely manner.

The health professionals we spoke with told us the registered manager and staff team at Heathcotes were proactive and dedicated. They told us they worked very well with community based health professionals and they were always made welcome when they visited people they supported at the home.

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 were trained and able to demonstrate a sound understanding of how to safeguard people from harm.

There were enough staff to safely meet the needs of the people who used the service.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable, skilled and well supported by the registered manager.

People's human rights were protected in cases where people were Deprived of their Liberty as the correct applications and authorisations had been put in place.

People's hydration and nutritional needs were being well met.

Is the service caring?

Good

The service was caring.

The staff were kind, caring and compassionate in their interactions with people who used the service.

People's privacy was maintained and their individuality was recognised and supported.

People were encouraged to be as independent as they were able.

Is the service responsive?

Good

The service was responsive.

The care plans were detailed and person centred.

People's care records were regularly and thoroughly reviewed.

There was a full programme of activities for each person who used the service based on their individual needs.

Is the service well-led?

Good

The service was well-led.

There was clear management presence in the service.

The organisations visions and values were evident in the practices we saw throughout the service.

There was robust and detailed auditing carried out internal and by an external auditing team.

Heathcotes (Wakefield)

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 26 January 2016 and was unannounced. The inspection was carried out by three adult social care inspectors over one day.

Prior to our inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed and how many were occurring. We also contacted other agencies who visit the service to monitor their standards including the Environmental Health team and the local infection control and prevention service.

During our inspection we observed how staff interacted with people who used the service, both in the home and when preparing to escort them on planned outings. We spoke with six of the people who used the service, the registered manager, the regional manager and four support workers. We spoke with two relatives of people who used the service in person and by telephone and we spoke with health professionals who work in partnership with the service. This included a senior nurse who worked with two people who used the service and the clinical psychologist who is employed by Heathcotes and works with people who use the service.

We looked at care records (including easy read care plans, and daily care notes) for six people who used the service. We reviewed how the service used the Mental Capacity Act 2005. We looked at three staff recruitment files, supervision and training records, staff rotas, minutes of meetings with staff and with people who used the service, quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents, incidents and medication audits.

Good

Is the service safe?

Our findings

The family member of a person who used the service told us "This has been a fantastic service; they have done so much for (relative). We have always felt that they were safe and well cared for here." A person who used the service said, "I am really safe here, the staff look after me."

Staff we spoke with had undertaken safeguarding training as part of their induction training and had regular refresher training. Staff had a good knowledge and understanding of safeguarding vulnerable adults and were able to explain to us the process they would need to follow to report any concerns they may have, what signs of possible abuse they would be looking for and who they would escalate their concerns to if they felt that appropriate action had not been taken.

We saw people were treated equally and fairly, where people had particular characteristics these were respected and promoted. This meant that staff were respecting people's human rights in respect of discrimination.

There were detailed robust risk assessments in place, which were decision specific. The risk assessments were rated to show whether the risk level was low, medium or high, to give staff an immediate picture of the comparable levels of perceived risks for different areas of their support. Risk assessments included topics such as accessing the community, managing finances and being allowed free access to the kitchen.

There were plans in place which identified 'triggers' for behaviour which may challenge others, the signs of potential incidents and both physical and non-physical interventions which had been identified as being suitable to meet the person's needs and keep them and others around them safe. There were detailed information leaflets for each physical intervention which was deemed appropriate in the file to allow staff to make sure that they were familiar with these in between their regular training refresher courses. Each risk assessment had a staff signing sheet which staff signed and dated to show they had read the documents.

The premises were well appointed and in good repair. On the day of our visit there was new furniture being delivered to replace bedroom furniture which had been damaged by people who used the service or was just not in keeping with the standard the home preferred. This included new beds, wardrobes and drawers for people's rooms. People who used the service did not require any specific adaptations as they were mobile and independent in their ability to move around.

There was a personal emergency evacuation plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency, for instance if there was a fire. The PEEPs were detailed, appropriate and recently completed in all the cases we saw.

Staff were aware of the organisations whistle blowing policy and knew who they would report any concerns to if they felt that they could not raise their concerns to the manager for any reason. Staff told us that they had no concerns about the service or the way in which it was run, but that they would be willing to report

issues if they felt they needed to.

There were detailed accident and incident records kept in the service. The records were filed under the name of each of the people who used the service. This allowed staff to easily see how many incidents had occurred for each person. There was also a summary of the incidents which meant the registered manager could see if there were any patterns of incidents which were occurring that may require action to be taken to reduce the frequency of their occurrence.

We saw there were adequate numbers of staff on duty to meet people's need safely and to ensure staff were available to support people to undertake activities of their choice, and to encourage people to complete their life skills tasks and maintain their personal hygiene. There was a one to one ratio of staff to people who used the service; this was increased to two to one in some cases when people accessed the community as they required a higher level of support on these occasions.

We saw that there was a robust recruitment process in place, and the registered provider made sure that all necessary pre-employment checks were carried out before people commenced their roles. The registered provider used disclosure and barring service (DBS) checks to help them to make safer recruitment decisions by checking that prospective employees were of suitable character to work with vulnerable people.

We looked at the policy and procedures which were in place for the handling of medicines. We found that the policy was robust and detailed and covered all aspects of ordering, storing, administering and disposing of medicines safely, we found that the policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines and there had been competency assessments carried out. We saw that when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medication was for and when it was likely to be needed, including what the signs were that a particular person may be in pain if they did not verbalise this.

Staff told us that they had good access to personal protective equipment including gloves and aprons. We saw that staff washed their hands regularly and encouraged the people who used the service to do the same. The service was very clean and well maintained. This meant that if any infections were present in the service they were less likely to spread.

Good

Is the service effective?

Our findings

People who used the service told us, "I have just got a new wardrobe and drawers for my room, I break things sometimes, I am going to look after these new ones though because they are so nice." And "I am going to a new group this week; it is to help me with my mood swings. I am going to talk to people about my emotions and my moods so I can understand them better and learn to control them. I am really looking forward to that."

Staff we spoke with were knowledgeable and felt they had been given the skills and knowledge they needed to support people who used the service. Staff told us they had received an in-depth induction prior to starting work for the organisation, and they received regular refresher training sessions. Staff told us they could ask for additional training they felt they needed and that this had been sourced for them when requested. We looked at the training records which showed there was an acceptable level of compliance in refresher training across the staff team and where needed training was booked to ensure all staff were brought fully up to date with their training. One member of staff told us "It is brilliant; I had training for a week before I started, and I felt the training was really good. I shadowed other staff for four shifts before I started to support people as part of the team. I was given all the skills to do the job, you can't ask for more than that."

Staff told us and records confirmed that they had supervision sessions with more senior staff every six to eight weeks. The purpose of these sessions was for staff to explore their understanding of how best to support the people who used the service, to discuss any minor concerns and to look at their own performance by gaining feedback from the senior members of staff. Staff also received an appraisal with their line manager each year to allow them to look at areas for personal development and their aspirations for progression within the organisation. One member of staff told us they had a keen interest in training and that they would like to progress to become a trainer.

There were senior members of staff working alongside the staff team, this meant they could monitor their practice without formally observing staff and could offer advice and guidance immediately which would allow staff to improve their performance and the quality of the care which was being delivered.

Staff told us and the manager confirmed that there were lots of methods of communication within the home, which included communication books, daily handovers and changes to the care records as well as constant verbal communication we saw during the inspection. For people who used the service there were regular meetings held, these had been problematic due to the varying needs of the people who used the service. The manager told us that they were experimenting with the best way of managing this, as they felt that the communication was vital, and had so far tried group meetings and more individualised meetings, they were looking at trying to arrange small groups meetings to try and gain a better forum for planning and sharing information.

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).

We saw from the care records we reviewed there were people who used the service who had been assessed as not having capacity to make decisions relating to where they lived and the care they received. In all of the cases we looked at we saw there had been appropriate assessments carried out of their mental capacity. There were records of the best interest decisions which had been made on their behalf and there were authorisations in place or in process with the relevant local authority to allow their liberty to be restricted lawfully. This meant that the people's human rights were being protected in line with the legislation.

We saw there had been consent to care gained as people who had the capacity to give consent had signed various consent forms. In cases where people did not have capacity to give their consent there was a best interest decision in their file to show that the care had been agreed in their best interests to keep them safe and well.

We saw there was a four weekly menu in place, the current menu was for the winter months and had dishes which were suited to the season, and used seasonal ingredients. The menu had been agreed with suggestions from people who used the service and was varied and the options were appropriate to the ages and tastes of the people they catered for. On the day of our inspection we saw most people had toasted sandwiches with various fillings for lunch and that there were beef burgers and salad for the evening meal. People who used the service told us there was always an alternative available if they didn't like something or just didn't fancy the meal. People told us the food was 'lovely and tasty' and that they liked to eat healthily, which the staff helped them with. Another person told us, "I am fussy with food. I will only eat the expensive beans. They make sure I get the right beans here. I like the food they give me. When I don't like what is for tea I get something else instead that I do like. I like to eat healthily and they help me with that."

There was a health plan for each person who used the service. This was presented in an easy read format and was completed by the person they concerned, with support from their keyworker if necessary. There was a consent form contained within the plan which allowed the person to specify who they were happy for staff to share information about them with and who they were not. The health plan included information about all aspects of the person's health, including likes and dislikes of food and drinks, any phobias and fears and what regular services they required access to for example dentist and opticians. Staff told us they were vigilant in monitoring people for signs they may be unwell or in pain and that they would always raise their concerns so a health professional could be contacted.

The people who used the service were independently mobile and did not require any specific adaptations to the house to meet their physical needs. There was a quiet room for people to use when they felt that they needed time out without going to their own bedroom, and there was a lock on the kitchen door as some people who used the service were not able to access the kitchen safely without a member of staff.

Good

Is the service caring?

Our findings

People who used the service told us, "I have just ordered a new desk and chair for my room, when they come I am going to go and choose a lamp that matches with my keyworker." And At Christmas I went shopping at a big shopping centre with my key worker, I bought presents for all my family. They loved their presents and said they were really nice."

All the interactions we saw between staff and people who used the service throughout the inspection were without exception kind, caring and positive. A person who used the service told us "The staff are very excellent, they keep me company and I always have one member of staff with me." "The staff are brilliant, honestly."

We saw there were some incidences of people who were displaying behaviour that challenges others and on each occasion we saw staff were immediately available. We noted staff employed non-physical distraction techniques to attempt to calm a situation in the first instance and only used physical interventions where there was an escalation of the behaviour and it was putting other people at risk of harm. Following the incidents we reviewed the behaviour management plans for the people who had been involved and found that staff had acted in accordance with the care plans and the recommendations which had been given.

Staff told us they needed to maintain professionals boundaries with the people they supported, staff told us this was not always easy due to the conditions some of the people they supported had, and how they presented themselves to staff as a result. Staff told us that for some of the people who used the service the staff team was like their family, and they needed that stability. Staff were consistent in their approach when people who used the service tested boundaries and needed to be reminded, for example when people who used the service were trying to kiss staff of the appropriate level of affection. People did not react badly to these reminders as they were consistently gentle and had become part of their everyday routine. People who used the service spoke of the staff team with affection, and the staff team spoke with pride of the achievements people had made since they came to Heathcotes.

Staff told us they had received equality and diversity training; this was confirmed by the records we reviewed. We observed an interaction between a member of staff and a person who used the service. The person was expressing their dissatisfaction about one their physical features and was saying it wasn't fair. The care worker responded kindly and reassured the person that most people would envy them for having this particular feature. This showed that staff dealt with people's differences and insecurities about those differences sensitively and in a positive manner.

We saw staff involved the people who used the service in everything they were doing, from simple things like making sure everyone in the room was involved in the conversation to talking about what individuals were doing that day, what tasks they needed to complete and the outings they wanted to plan.

We saw from people's care records that people had been put in touch with an independent advocate when they needed support to make decisions and did not have anyone who could support them. An independent

advocate is a person who supports a person who lacks capacity or may find it difficult to communicate their wishes to express themselves and exercise their right to be involved in the decision making process.

We observed that staff were careful about the content of their conversations in the communal areas and that if they needed to discuss information about a person who used the service they went into a private area where they would not be overheard. The care records for the people who used the service were stored in the dining area in a cabinet so that staff had good access to these essential records. All other information was stored in the manager's office which was locked when it was not occupied.

Staff we spoke with understood and could give us examples of how they would maintain people's dignity, for instance by making sure they were wrapped in a towel, that curtains were closed and doors secured when they were being assisted to shower or bathe. There was private time allocated on all the activity plans that we saw, however staff told us that people could have private time whenever they wanted and it was not only at these planned times. Staff told us "I always knock on people's door and wait for a response. I would never go in before they asked me to. When I am supporting people with their personal care I always make sure they are covered and that curtains and doors are closed to maintain their privacy and avoid them feeling embarrassed."

We saw from people's care records that increasing people's independence was a large part of the focus for the staff team. One person told us "I used to be bored, and staff knew I was. They managed to find me a job. I work at a shop now in the toy department, this keeps me busy." There was evidence throughout all the care records we looked at that people had been able to increase their skills and confidence and this had led to them gaining more independence. Staff told us "People are treated brilliantly; I can see people improving in their abilities to do things for themselves." Another person told us "Staff help me, they help me to write letters, or they watch a DVD with me, or we sometimes go bowling if I want to."

A health professional we spoke with who worked with some of the people who used the service told us "(Person) would not engage in any personal hygiene tasks when they came here, it was a really big problem. The staff here have worked with them and they get a shower everyday now. Staff work out how to motivate people and they are really pro-active, one person wouldn't go out at all, but they wanted things buying from the shop. The staff worked with them to realise that they could go to the shop and buy the things they wanted and to be able to choose their own things."

Good

Is the service responsive?

Our findings

People who used the service told us, "My keyworker is taking me on holiday for my birthday. I am going to Skegness, that's my favourite place, I go every year. My keyworker helps me a lot and looks after me. Last year I had a huge white birthday cake with maltesers."

We looked at the care plans for six people who used the service. We found the care plans were very detailed and person centred. There was evidence of personal likes, dislikes and preferences throughout the plans, which gave staff clear guidance on how people liked to be addressed, approached and supported. A person who used the service told us, "I sometimes get in a mood; staff help me to calm down. They know me and they know how to help. I always apologise to them when I have been in a bad mood."

There were pictorial versions of the care plans which were intended to be accessible to the people who used the service, and also to give the staff key information quickly. There was detail about whom and what was important to each person and how this was to be incorporated into their daily support plans and routines. We saw that there were individual support plans for different areas of people's support and lives, including personal hygiene, smoking safely, family contact, maintaining a healthy diet and weight and managing finances.

There were detailed assessments carried out to ensure people who were thinking about using the service would have their needs met and that they would fit in with the other people who already used the service. On the day of the inspection we saw there was a new person being admitted to the service. We saw there were already basic care plans in place due to the assessments which had been carried out and staff were given the time to read the information about the person and their needs before they arrived. This meant that staff knew how best to support this person to help them to adjust to their new surroundings.

We saw there were regular evaluations carried out of the care plans to ensure they contained current information and had been updated to reflect any changes which had been identified. We saw the reviews of care plans did result in relevant changes being made to the documentation and that staff were made aware when this had happened so they could refresh their knowledge by reading the care plan again.

We spoke with staff about the care plans, all the staff we spoke with told us they read the care plans regularly and we saw that there were staff signature sheets in each section of the care files to show when each member of staff had last read the care plans and risk assessments. We saw staff were being given time to read the care plans before they started to support people that day. This meant that not only were the care plans up to date, the manager was ensuring that staff were reading them regularly to make sure they were aware of any changes and to refresh their memory of the care and support the person needed.

We looked at the activities which people who used the service could access. We saw each person had an activity schedule, which showed the full programme of activities each person undertook each week. These activities included life skills and undertaking household tasks, going out to work, outings for meals, time with family and friends and accessing local facilities where people could enjoy bowling or swimming for

instance. The activity plans were presented in different formats to meet the needs of the person about who they were written, to ensure that people were able to access this plan and remind themselves of what they would be doing. One person told us, "It's my birthday next week, I am having a party next Friday and on Saturday I am going to the theatre." We saw during the inspection that people were able to vary their plans if they did not want to participate in a particular activity at that time. Alternatives were then offered by the staff that were supporting people.

We saw staff encouraged people who used the service to interact with other people who used the service, and that people did spend time in the communal areas for most of their time. Some of the people who used the service did not tolerate the company of other people well and there was thought given to this by the staff team. One person came into the main areas of the home only when they felt able, and another person preferred to live away from the main house and was doing well living in one of the self-contained flats, this meant that they could choose to have some company when they wanted to, but were able to have time to themselves when they needed to.

The staff we spoke with embraced the individuality of the people who used the service, and felt that supporting them to be individuals was very important. People who used the service were supported to express their personalities for example in the way they chose to dress, or the music they liked to listen to being played in the communal areas which people told us they selected.

People who used the service were supported on a one to one basis, which meant they had a member of staff allocated to them at all times. Staff communicated with the people they were supporting and consistently offered them choices throughout the day. This meant people were able to exercise their right to choice as part of their usual routine, which allowed them to gain confidence in their ability to make decisions.

We looked at the complaints and concerns file for the service. We saw that there were copies of related policies in the file which were in standard and easy read formats. The complaints which had been recorded were numbered which meant that it was easy to see how many had been received in a period of time. We saw that the small number of complaints which had been received had been fully investigated and there had been a response sent to the complainant in line with the published timescales.

We saw there was a process in place for helping people who were being admitted to or being discharged from the home. There was communication between the manager of Heathcotes and the other placement for a period before the planned transition date, to make sure that information had been given to the other service and that the person who used the service and their family knew what was happening, why it was happening and when and how it would take place. This meant that people were well prepared and were less likely to be unnecessarily anxious or upset during their transition.

Good

Is the service well-led?

Our findings

People who used the service told us "The managers are all brilliant, they always chat to me and ask me what I have been doing."

There was a registered manager in post at the time of our inspection.

A family member of a person who used the service told us "I can't praise the managers and the staff team here enough. They have been outstanding with (relative); they made more progress with them in a short time than anyone else ever has."

Health professionals who work with people who use the service told us "The registered manager is really good. They always make time to have a meeting with me when I come into the service, so they know what is happening with people who use the service." "The service is really pro-active; they are always suggesting and trying new ways to help people. The thing I like most about the service though is that they don't give up at the first hurdle like a lot of places do, they persevere and make a real difference to the lives of the people they support."

Staff told us, "The manager is brilliant, they get involved and their door is always open. I feel safe working here as I am supported by the manager and the rest of the staff team."

The atmosphere in the homes was warm and welcoming from the people who used the service and the staff team. The staff team worked well as a team and communicated effectively to pass on information they needed to keep everyone safe without people who used the service feeling they were being talked about, or hearing information about others which would have been inappropriate.

Staff told us that the registered manager was very visible and accessible; we saw this to be the case during the inspection. Staff understood their roles and responsibilities which meant people were able to work cohesively as they were clear about what was expected from whilst they were on duty.

Communication throughout the staff team was open and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and were supported to make positive changes to their lives and achieve their potential. The staff team were passionate about their roles and were proud of the service they provided.

The registered manager and the regional manager were committed to the continuous improvement of the service Heathcotes was providing and understood the importance of accountability and were able to evidence that there were processes in place which assured that where necessary people were held accountable for their actions. We found that the home was meeting the registration requirements as a registered service provider, as they were sending in notifications to tell when a notifiable event had occurred.

We were informed at inspection that Heathcotes employed a behavioural psychologist, who had previously worked with people in the service as a community based health professional. The purpose of their appointment was to work with people who had personality disorders which caused them to display suicidal behaviour or to harm themselves. There was a group starting which was based outside of Heathcotes in a community setting to work with an identified group to improve their self-image, allow them to understand their emotions and to prepare them for more traditional forms of counselling in the future if this was required. As part of this project there were opportunities being offered to existing staff to become involved in the group and to undertake specialist training to become skills trainers to share this valuable knowledge to other staff in the home. This showed that the registered provider was looking for ways to work in partnership with others and to offer opportunities for staff to develop and progress within the organisation.

We asked staff about the organisations visions and values, staff told us, "The vision is for us to support people to have a better quality of life." Another member of staff told us "We take people when they are at a low point, sometimes because their previous placement has broken down, and we support them to make a difference to how they live their life."

We looked at the auditing and oversight which was in place. The registered manager told us that there was an auditing team who regularly visited the home and carried out extensive auditing, looking at all areas of the provision. The frequency of the visits was reliant on the score which was achieved at each visit. We reviewed the audits which had been carried out by the auditing team and found them to be extremely thorough. The external auditing team looked at all the internal audits which had been carried out by the registered manager; they also independently audited records and documents to check that the audits were accurate. The report which was created highlighted areas of good practice and gave actions for any areas which were identified for improvement. The actions were then followed up at the next visit and via contact with the registered manager between visits for anything with a shorter deadline. The report also contained useful graphs showing the scores which had been achieved in each area by visit to allow the reader to instantly see whether there was improvement or deterioration. This meant that the registered manager and the registered provider had clear oversight of all aspects of the quality of the service being delivered and there were measures in place to ensure that all required improvements were made in a timely manner.

The health professionals we spoke with told us that the registered manager and staff team at Heathcotes were proactive and dedicated. They told us they worked very well with community based health professionals and they were always made welcome when they visited people they supported at the home.