

Heathcotes Care Limited

Heathcotes (Morley)

Inspection report

Bridge Street Close
Morley
Leeds
West Yorkshire
LS27 0EX

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Heathcotes (Morley) is a 15 bed specialist residential service for adults with a learning disability, autism spectrum disorder, mental illness and who may have dual diagnoses and associated complex needs. The service is split into two neighbouring homes with 24 hours support; one has seven beds and the other has eight beds.

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

Thirteen people were using the service. This is larger than current best practice guidance. However, the size of the services having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Care plans described the support people needed. These were in accessible formats and included information from external healthcare professionals.

Medicines were managed safely. People were supported and encouraged to manage their medication independently.

People's dietary needs and preferences were met and people were involved in shopping for and cooking their meals.

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

People were safely supported and protected from harm or abuse. Safeguarding systems in place supported this. Staffing levels were safe and new staff were recruited using robust procedures. Staff learnt lessons after dealing with problems.

People were empowered to live full and active lives. They had jobs if they chose to and took part in a variety of activities and were supported to maintain relationships with family and friends.

Staff were kind and caring and knew all the people and their diverse needs. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also

supported to maintain their independence.

Staff provided responsive care, adapting this as people's needs changed. People and relatives felt their feedback was welcomed and were confident any concerns would be acted on appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2019).

Why we inspected

The inspection was prompted in part due to intelligence that suggested the rating might have deteriorated. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Heathcotes (Morley)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one special advisor in restraint and Mental Capacity.

Service and service type

Heathcotes (Morley) is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, acting manager, acting team leader, team leader and two care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed in a safe and proper way. People received their medicines as prescribed and clear records were kept.
- The service ensured people's medication was regularly reviewed.
- Medicines were stored securely in an organised way to help reduce the risk of errors. However, we did speak the management around placing photographs of people on stocked boxes to minimise this. This was completed the same day of inspection. Systems were in place to ensure the prompt ordering and disposal of medicines.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.
- Regular checks and audits took place of the medicines system to ensure it continued to be managed in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that staff knew them well. One person said, "Yes they are great, they get my humour." A relative told us, "I know [name of person] is safe as they know them well and can manage their behaviours. I have no concerns at all."
- Staff were aware of their safeguarding responsibilities and would report any concerns to keep people safe.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.
- The provider had a system for analysing incidents and accidents to learn from them and prevent reoccurrence. Staff were aware of the reporting procedures for accidents and incidents.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessment documents were clear and detailed and provided clear instructions to staff on how to mitigate risk. People had been involved in discussions about risk and their safety. Staff we spoke with had a very good understanding of the people they supported and how to reduce risks.
- People were supported to take positive risks to ensure they were able to access the community and live fulfilling lives.
- The premises were safely managed and maintained to a high standard.

Staffing and recruitment

- There were enough staff deployed to ensure people received prompt care, support and regular interaction. Several people had one to one support.
- People said staff were visible and attentive to their needs. Staff said that staffing levels were maintained at a good level and they had enough time to meet people's needs. We observed this to be the case on the day of the inspection with staff providing people with supervision, interaction and companionship.
- Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable adults.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections.
- The environment was very clean and hygienic state.

Learning lessons when things go wrong

- Incidents and accidents were logged, recorded and actions taken to reduce the risk of a re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to 'niggles,' complaints and more significant incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A relative we spoke with praised the skill and knowledge of staff. They said that staff had a good understanding of their relative's needs, choices and preferences. Staff we spoke with had an in-depth knowledge of the people they were supporting.
- Staff completed training on how to support people who may exhibit behaviour considered challenging to others. A specific approach called NAPPI (Non-Abusive Physical and Psychological Interventions) was used. The provider employed dedicated NAPPI advisors who worked with staff and people who used the service to develop person centred strategies to manage challenging behaviour. Staff told us they found the training beneficial and helped to make sure they supported people in the safest way.
- We saw very clear support plans outlined a history of behaviour, known triggers and guidelines for how staff should respond in different situations. The plan included avoidance strategies, such as diversion and distraction techniques, which are used in an attempt to de-escalate situations. Restraint was used as a last resort, the type of restraint is individualised for each person and reviewed at least annually.
- Staff received a good range of support including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs. Staff received regular supervision and appraisal to support their developmental needs.
- We saw staff were encouraged and supported to complete further training to support their development.

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

- Staff supported people to plan their menus and prepare meals of their choosing. Staff encouraged people to eat a healthy diet, but they were aware of people's independence and right to choose their own preferred meals. For example, one person had expressed wanting support to move on from the service. As part of this, a personal development plan had been completed with the person to support and encourage them to budget, shop and cook for themselves. The plan included photographs of each stage to aid the person's understanding.
- One person told us, "They do help me plan my meals. I enjoy going out shopping and look at what is the best to buy. Staff help me with this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with healthcare professionals such as GPs, dieticians and district nurses. Their advice was included in people's care records.
- There was good involvement from the multidisciplinary team, and input regarding behaviour/ sensory integration.

- People received an annual health check and had hospital passports as per best practice guidance. Health action plans were in place for each person. A health action plan identifies the person's health needs, what will happen about them and who will help, and when this will be reviewed. These were regularly reviewed and updated.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and considered their preferences when arranging their care. The assessments were used to develop care plans, and these provided guidance to staff on how to support people.
- Care and support was delivered in a non- discriminatory way and respected people's individual diverse needs.
- Care and support was reviewed regularly to understand progress and make plans to support people as appropriate.
- People were involved in making everyday decisions and choices about how they wanted to live their lives. One person told us about moving on to become more independent. The provider was working with the person and outside professionals to support this.
- Both properties had Wi-Fi throughout which allowed people who used the service to complete e-learning, keep in touch with their family and friends and maintain and develop their knowledge of technology.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service had made appropriate DoLS applications for those who needed them.
- The service was acting within the legal framework of the MCA. Staff and management had a good understanding of the correct processes to follow, involving people to the maximum extent possible and ensuring best interest decisions were made where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was an exceptionally strong and visible person-centred culture, with staff going out of their way to ensure people were treated equality and fairly. A staff member told us "We have to go with what people want to do no day is the same. This is their home." We observed staff were true to this, fully dedicated to providing whatever activity, opportunity or task people wanted.
- People and relatives provided good feedback about the way they were treated. One person said of the home "I love it, it is the best home ever. Staff are lovely." Another person said "I see the staff as part of my family. All know me very, very well." A relative told us, "[name of person] is doing what they want to do with support from the staff. They respect what [name of person] wants."
- Staff had developed exceptionally strong relationships with people. Compatibility between people and staff was closely monitored. People were fully involved in decisions about new staff who were matched with people based on interests and how well they got on. One member of staff told us, "When we need staff from other services to support us we make sure they are matched with the person they are going to work with, otherwise it doesn't work."
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and joking between people and staff, with people's faces lighting up when staff entered the room. Staff sat, ate and talked with people at mealtimes, making for a positive and inclusive atmosphere.

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

- Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication methods, and how they interpreted these.
- People who used the service had access to advocacy support. An advocate is a someone who supports people to make sure their wishes and views are heard on matters that are important to them.
- Meetings were held in each of the two houses on a weekly basis, which enabled people to share their views and opinions with the support of staff. For example, where they would like to go on holiday and future activities.

Respecting and promoting people's privacy, dignity and independence

- The service was highly effective at promoting people's independence. People had made significant achievements, made possible because of the dedication and work of staff. People were encouraged to be as independent as they could be. We saw personal development plans, which showed people had worked closely with staff to develop a plan to achieve their goals. For example, one person wanted to plan for how they would move on from the service. The plan took account of the person's current abilities and provided

strategies, with timescales, on how the person would be successful at each stage.

- We saw people were supported to do their own cleaning, cooking and gardening. These were highlighted in people's individual care plans.
- We saw staff knocking on people's doors and well as respecting people's privacy and choice of having a lie in. One person said, "I get up when I want to. It's up to me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information on their health care, needs and medication requirements.
- People received person-centred care and support with their personal and social needs.
- Care plans were very individual to each person and were updated when there had been any changes and give staff clear guidance to provide people with person centred support reflecting people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood and supported.
- Staff explained information in ways people could process. Information could be issued to people, for example, in large print or picture format if required.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives.
- We spoke to one person who told us, "I see my family and they also come here." A relative told us, "I always feel welcome. They support me when I need it too. It's nice that they recognise this."

Improving care quality in response to complaints or concerns

- People and relatives said they were happy with the care provided but would not hesitate to approach the managers with any concerns. People said any minor issues or problems had been dealt with positively by the service.
- Clear complaints records were in place detailing the actions taken following any complaints. There was evidence of an open culture and clear learning from complaints and adverse events. There had been no complaints since the last inspection.

End of life care and support

- The provider had a policy and procedure for end of life care. Care plans were in place for each person, which were based on their wishes. These were in an easy to understand pictorial format and had been developed with staff support.
- The provider had completed a sensitive end of life plan, and included supporting people to complete a

bucket list of activities of their choice, and planning a funeral that reflected people's personal choices and preferences. This was evidence of a very caring approach from the care team and the organisation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team and staff promoted a friendly, homely and caring culture where people experienced good outcomes.
- People were supported with their needs, taking into consideration their age and any disability they had. Staff recognised people's changing needs, for example, illness, mobility or desire and knew when to reduce the pace or change the approach.
- The management team knew people, their needs and their relatives well. Staff told us, "The managers are really good and very approachable. We all get on so well. We work as a team."
- Staff said they felt supported by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were open and honest when things went wrong. The management team demonstrated good understanding of their responsibilities of the 'duty of candour' regulation: to act in an open and honest way when shortfalls in providing the service were identified. They knew about being required to make apologies when problems arose.
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner.
- Staff performance was managed appropriately in-line with the provider's processes. This ensured standards were maintained in the service.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

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

- Regular meetings were held to ensure everyone was involved in developing and improving the service.
- Staff were focused on developing their skills. Supervisions contained clear objectives to support staff with their continuous learning. Staff were encouraged to gain further qualifications.
- Quality assurance checks were shared with staff to include them in the running of the service and improvements.

Continuous learning and improving care; Working in partnership with others

- The provider had been granted a NAPPI Centre of Excellence award, as they demonstrated a high standard of training.
- Accidents and incidents were monitored to look for patterns and trends to learn from them and improve care. Learning was shared with relevant professionals.
- The service worked well with other organisations. They had good relationships with the local authority, healthcare services and worked with them to achieve good outcomes for people.
- The service had links with the local colleges and community centres. People were supported to attend community events where possible.