

Heathcotes Care Limited

Heathcotes (Morley)

Inspection report

Bridge Street Close
Morley
Leeds
West Yorkshire
LS27 0EX

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18 December 2018

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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 care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People and their relatives gave positive feedback about the care they received, and their experience of the service. Staff showed genuine dedication to deliver care in a person-centred way, based on people's preferences. People were observed to have good relationships with the staff and management team. Relatives told us they believed their family member had a good quality of life at Heathcotes (Morley).

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. Risk assessments were in place, which provided staff with guidance on how to maintain people's safety. The provider ensured robust recruitment procedures were in place.

Staff had received appropriate training and support to enable them to carry out their role effectively and safely. There were enough staff to meet people's needs and people's rights, privacy and dignity were maintained at all times. Staff told us they were supported by the management team and found them to be approachable. Staff received supervision and appraisal of their work performance.

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 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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider monitored the safety and quality of the service. Accidents and incidents were analysed so that lessons could be learned. The culture of the service was open and people, relatives and staff felt able to raise

concerns. More information of the findings is available within the full report.

Rating at last inspection: Requires Improvement (published 29 December 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good. If any concerning information is received 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day. We told the provider when we would be returning for the second day of inspection.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents occurred. We also reviewed information sent to us from other stakeholders for example the local authority, members of the public and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people during our inspection. We also spoke with three staff, the registered manager, who was based at one of the two houses, the home manager of the other house and the regional manager. We will refer to these as the management team in the report.

We received feedback from one health and social care professional. Following our visit, we spoke with two people's relatives by telephone.

We reviewed three people's care records including daily care records and medication administration records (MARs). We looked at documentation relating to the management of the service which included, policies and procedures, training records and staff recruitment records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes; Learning lessons when things go wrong

- The provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse.
- Staff had completed safeguarding training. Staff knew the different types of abuse, the signs and symptoms which would alert them to concerns and the action to take to refer to other agencies.
- Relatives told us they had no concerns about the service and felt their family member was safe. Comments included, "My relative is definitely safe, they have settled in there well and I know this means they are happy. When I visit my relative I feel safe there too" and "Yes, I know my relative is safe and this gives me peace of mind. I do not worry about them; I know they are well cared for."
- 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.
- The provider operated robust recruitment procedures which ensured staff were safe to work with vulnerable people.

Assessing risk, safety monitoring and management

- People were supported and protected against the risk of avoidable harm. Personalised risk assessments were in place and were regularly reviewed. Care plans identified what staff needed to do to keep people safe. During the inspection we saw that instructions in care plans were followed.
- Risks were managed in a way that supported people whilst enabling them and encouraging them to keep themselves safe. For example, one person was supported to manage their own medicines. They told us, "The staff help me with my medication and check it to make sure I've taken it."
- Regular safety checks took place to help ensure the premises and equipment were safe. Fire safety measures were in place, and people had personal emergency evacuation plans. These included their name, the level of assistance they required, how they communicated and any anxious behaviours that would need to be noted.

Staffing levels

- The regional manager told us staffing levels were based on the assessment of people's needs and commissioned funding arrangements. Several people had one to one support.
- Staff confirmed there were adequate staffing levels. People at the service had individual timetables which showed how they spent their time. For example, people attended work, college or other planned activities. Staffing levels ensured staff were available to support with transporting people to their destinations.
- Staff supported people to be involved in a range of activities, both at the service and in the local community.

Using medicines safely

- Medicines were safely stored and administered. Competency checks had been undertaken by the registered manager in relation to administration practices.
- Medication administration records (MAR) confirmed that people received medicines as prescribed. Guidance for administration of 'as required' medicines was in place for staff to follow. For example, one person experienced symptoms of anxiety; the guidance clearly explained how the person presented at these times, and how the medication could be used to support them.
- Audits and checks were carried out by the registered manager with action taken as a result of these checks.

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 clean and equipment used to support people was safe and well maintained.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience.

- People told us they thought staff were well trained and had the skills to support them. One person told us, "The staff do training to show them how to help me. They are very good, and know what they are doing."
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff had completed a comprehensive induction and training programme. Staff told us, "I have never had such a range of training available to me. We do the care certificate, it is really interesting, especially if you have no experience in care" and "I feel very positive about the provision of training. The managers know when we need updates and we get booked on."
- Staff had formal supervision and appraisal meetings to discuss their performance and training needs. Team meetings were held regularly which gave staff the opportunity to discuss and share their views.
- Staff completed training on how to support people who may exhibit challenging behaviour. 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 benefitted them, and helped to make sure they supported people in the safest way.

Supporting people to eat and drink enough with choice in 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.

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

- The premises and environment met the needs of people who used the service, was comfortable and homely in style. People's bedrooms were furnished and decorated as they wished. People's relatives told us they were happy with the way the service had encouraged and supported their family member to personalise their bedroom. One relative told us, "When I visit, I always check the bedroom of my family member. I can tell the staff look after possessions and items that are important to us." Redecoration had taken place in one of the houses, and people's views had been sought on the colour scheme and how to decorate communal areas.
- There were communal spaces available to people which allowed them to spend time alone, or in the company of others and to receive visitors.
- Both properties had Wi-Fi throughout which allowed people who used the service to complete e-learning,

keep in touch with family and friends and maintain and develop their knowledge of technology.

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

- Staff worked closely with healthcare professionals such as GPs, dieticians and district nurses. Their advice was included in care records.
- People were supported to maintain good health. 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.

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 with appropriate legal authority. 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. We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation.
- Staff had received training about the MCA. They understood the principles of the Act and how to support people to make decisions in their everyday lives. One staff member told us, "We encourage people to make decisions by offering them choices in as many aspects of their lives as possible. I would say the service is very good at ensuring people come first, and are at the heart of their care."
- People's records contained a range of decision specific capacity assessments and best interest decisions. Records we reviewed evidenced people's rights and freedoms were respected and they could choose how they wanted their care to be delivered.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- A full assessment of people's needs was completed prior to them moving into the service. Records showed involvement of health and social care professionals such as specialist nurses for people's physical and mental health needs. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- 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.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were positive and complimentary about staff who supported them. Comments included, "The staff are nice, they help me a lot when I need them to. They always ask me what would I like to do. I have a good plan in place and am working towards leaving, but not yet" and "I like the staff, they are good to me and we have a good laugh. I like going out and I like to know who will be going with me."
- Relatives told us they were happy with the service. They said their family member had settled in well, and they could see they were happy. One relative said, "My family member has a good quality of life; I would 100 per cent recommend the service. It is nice to see them happy. I think the place is brilliant."
- Our observations during both days of the inspection were that staff were warm, kind and friendly in their interactions with people. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way and we saw that people responded well.

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

- People were supported by staff to make decisions about their care. These were documented in care plans. This included how they spent their day, and goal setting for things they wanted to achieve. For example, attending clubs, work opportunities and activities based outside the service.
- 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, people had shared their views on the food they would like to have over the Christmas period, and activities they would like to see facilitated, such as a Christmas party.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person told us, "The staff knock on my bedroom door, they never just walk in. The staff always ask if I want help. I do like to do things for myself, where I can, and staff know that. Another person told us, "If I don't want to get up and I want to stay in my bedroom, then staff do not bother me. But if I need staff's help, I can ask them; they are good like that."
- 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. They had expressed wanting staff support with how to achieve their goal and maximise their independence. Areas included in the plan were finances, cooking and medication. 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.
- Relatives we spoke with told us the staff respected their family member and treated them with dignity.

One relative told us, "When I am taking my family member out for the day, I ask staff to support them with their appearance, make sure they are well presented and wearing clean clothing. This is always done; they always look smart."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care; End of life care and support

- People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, care plans included information about people's physical health and social inclusion. All areas of care planning included goals that the person had set for themselves and these were reviewed every three months. Care plans included information in an easy to understand pictorial format that was accessible for people.
- There were lots of examples of where the staff team had supported people to achieve their goals with the delivery of person-centred care. These included, supporting one person to overcome extreme anxiety they experienced when given any prior notice of events, or appointments they needed to attend. Staff had developed strategies to support the person, which were successful and enabled them to attend a music concert. In addition to this, and with staff support, the level of assistance the person had needed when they first began using the service had reduced from two staff, to one staff, and they now attended a work placement in an area of their interest. A healthcare professional involved with the person told us, "The way the service has worked with the person has resulted in a massive achievement. They have really overcome such difficulties and is now able to live a full and varied life."
- Another example included a person with an interest in the laundry; they were given the title of 'laundry manager'. They were supported by staff to complete regular checks of the area and made sure the equipment was in good working order. The person told us, "I like looking after the laundry and doing my checks."
- Relatives told us they believed their family member received care that was person centred and based around their interests. They said they had been included in the care planning and attended reviews of their relative's care. One relative told us, "My family member is very busy doing things they want to do. I cannot thank the service enough for the opportunities they have been given. They have a good quality of life." Another relative told us, "My family member is living their best life at the service. What more could I ask for."
- A healthcare professional told us staff were responsive to people's needs and delivered a good level of care. They said the service had been successful in supporting people to overcome extreme anxiety. They said, "One person had an aversion to water. This affected them massively, especially with personal care. The person now goes to the hairdresser and enjoys it." The regional manager told us the staff had used many strategies, including washing their own hair in front of the person, to help them overcome their fear of water.
- The service respected people's diverse needs and preferences. People were supported to follow their faith if they expressed a desire to do so.
- 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.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure; this included an easy read version.
- Staff understood how to manage complaints and said they reported any concerns to management.
- People and their relatives told us they knew how to make a complaint, and gave the names of people they would speak to if they had any concerns. One person told us, "If I need to speak to staff about any problems I can. I know they would help me sort anything out." A relative told us, "The registered manager is very good at sorting things. I would definitely get in touch with them if I needed to."

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- There was an open and transparent culture where people were empowered to raise concerns if they felt this was necessary. All staff told us they found the management team approachable and were confident to raise concerns or make suggestions. They also said there was a culture of learning rather than blame. For example, staff told us that following incidents, there was discussion and reflection at staff meetings.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff

- The provider had a robust assurance system in place which ensured the safety and quality of the service was monitored. The regional manager and registered manager had responsibilities to monitor performance indicators and outcomes for people. The provider monitored trends through regular reports about key areas such as accidents and incidents.

- The service met the values and principles of registering the right support and associated guidance. Current good practice encompasses the values of choice and independence, inclusion and living life as an ordinary citizen.

- Regulatory requirements had been met. The provider had made prompt notifications about events they were legally required to inform us of.

- The provider won 'Large Employer of the Year' at the Learning Unlimited National Apprenticeship Awards 2018. This was awarded in recognition of their dedication, work and commitment to developing a skilled workforce through apprenticeships.

- The registered manager and regional manager had a visible presence in the home. They knew people, their needs and their relatives well.

- People and relatives spoke positively about the regional manager, the registered manager and the home manager. Comments included, "[Name of regional manager] is always around, I can ask him anything and he likes to have a good chat. He asks how I am doing and is trying to help me move on. He is a nice person"; "[Name of home manager] is one person I can always go to if I need anything" and "I have been very impressed by [Name of registered manager], she has a very 'can do' approach and doesn't seem phased by anything. She provides a good example to staff."

- Staff told us they felt listened to. They attended regular staff meetings and told us they could speak to the management team whenever they needed to. Staff told us, "It helps when management are visible and around the service. They are part of the team and I am happy to go to them" and "The managers are very supportive. They are flexible and always put people first. They really care and want people to have a good life."

Continuous learning and improving care; Working in partnership with others

- Staff understood and shared the provider's vision and values. This was for people who used the service to experience a happy, fulfilled life and be as independent as possible.
- The provider had been granted a NAPPI Centre of Excellence award, as they demonstrated a high standard of NAPPI (Non Abusive Physical and Psychological Interventions) training in line with the requirements of the BILD Code.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. The provider operated a multi-disciplinary approach to care and ensured best practice guidance was embedded in the service provision.