

# Heathcotes Care Limited

# Heathcotes Garmsway

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Heathcotes (Whitley House) is registered to provide care and accommodation for up to 6 people with learning disabilities, autism and associated complex needs. At the time of our inspection 6 people were living there.

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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with, or who might have, mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Where interventions were used the registered manager agreed to record where lessons could be learnt to reduce the likelihood an incident would occur again.

Everyone we spoke with was positive about the service. There was a relaxed and homely atmosphere. Staff had developed caring and trusting relationships with people. The service demonstrated exceptional positive outcomes for people which reflected the principles and values of Registering the Right Support. This included; supporting people to make their own decisions and choices to maintain independence and control of their lives. Improving people's life experiences and accessing the right support at the right time to maintain positive outcomes for people's health conditions. This had a positive impact on people's wellbeing and mental health. People were offered opportunities to gain new skills and explore work and other interests.

Care plans contained detailed and relevant information about how to proactively meet people's needs. Staff were immediately informed of changes in people's needs so that care was tailored and specific to each individual.

People enjoyed a range of activities and followed their hobbies and interests. Staff took time to understand things that were important to people such as, supporting them to build and maintain friendships and family relations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information they needed and were encouraged to be involved in all aspects of their care. Staff always asked for people's consent before staff delivered care and support for them.

Systems were in place to safeguard people from abuse or harm, which included safe recruitment processes. Detailed risk assessments were in place and overall medicines were managed safely. Accidents and incidents were recorded appropriately.

Staff received regular training to enable them to deliver person centred care. This included additional training specific to people's health needs and some was sourced from external health professionals.

People were encouraged to eat a balanced and nutritious diet, whilst respecting their own food choices. Staff supported people with their eating and drinking by creating an inclusive environment.

People, their relatives and staff spoke positively about the management team. They were confident about raising concerns and that they would be addressed immediately. Staff felt supported and valued by them.

Checks were in place to maintain safety and drive improvements at the service. The management team had a proactive approach and were keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Outstanding ☆

The service was exceptionally 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 Garmsway

## 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

This inspection was carried out by two inspectors.

#### Service and service type

Heathcotes (Whitley House) is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A trainee manager was responsible for the day to day running of the service with support from the registered manager. They were to take over the registered manager's position when their probationary period had ended. We have referred to the trainee manager as 'manager' throughout this report.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with the registered manager for the service, the manager and the area manager who was supporting with the inspection.

We reviewed a range of documents. This included three people's care plans and medicine records. We looked at three staff files including training and supervision, and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

Following the inspection we spoke with two care workers and a team leader to gather their feedback. We also contacted three relatives.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks and to be as independent as possible.
- When accidents or incidents occurred, learning was shared with staff to improve knowledge and prevent the likelihood something would go wrong in the future.

Using medicines safely

- Staff managed medicines safely. The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour. There was evidence to demonstrate medication reviews had been requested to support reducing these medicines and adopting in their place, alternative less restrictive techniques.

Staffing and recruitment

- Safe recruitment processes were in place.
- Appropriate numbers of staff were on shift to ensure people's needs were consistently met. The manager had contingency plans in place to cover shifts should there be absences at short notice or the need for additional staff when people's needs changed. One member of staff advised, "Occasionally we have been short staffed. We pull together as a team, we don't use agency as we share staff from other homes (owned by the provider) when needed. This works out well and keeps consistency for people."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff received training in this area and knew how to protect people from abuse or harm.
- People we spoke with felt safe and that staff were supportive towards them. One person told us, "Everyone is treated well."

The environment was managed safely.

- Staff were trained and effectively used an approach called positive behaviour support (PBS). This is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. PBS helps staff understand the reason for behaviour, so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
- Where behavioural incidents occurred, staff reflected to support learning and identify where changes to support could be made to improve people's own skills or communication, develop effective strategies and

understand the meaning of the behaviour. Records were not always made to evidence such learning. The managers we spoke with agreed to develop their recording systems in future.

#### Preventing and controlling infection

- Cleaning and infection prevention and control practices were in place. All areas of the service were clean, and people were supported to keep their rooms tidy.



# 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.

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

- People's needs were assessed and continually reviewed with support from health professionals when needed. One relative told us, "All staff keep in touch with me. I'm confident [name] is looked after and I have no worries."
- Staff were skilled and had awareness of how to use best practice guidance to enable good outcomes for people, this improved their quality of life. For example; Staff consistently applied effective proactive strategies to prevent behaviours that may challenge the service. Where reactive strategies were needed, including restrictive interventions they did so effectively and safely as a last resort.

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

- People's needs around nutrition were met. People's choices in relation to food and drink had been considered. Additional support plans were in place when monitoring was required and these included recommendations from health professionals. Menus were planned in consultation with people and based on their preferences. Where people required support with meals, staff encouraged them to participate and use their skills to remain independent.
- Measures were in place to monitor people's weight and nutritional intake to identify any concerns and take action to resolve them.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and skilled to carry out their role competently and professionally. The registered manager had systems in place to monitor which staff required refresher training. Staff felt supervisions were supportive; these encouraged self-reflective practices which encouraged learning and self-development.
- Staff completed a comprehensive induction and training package to prepare them for their role. One member of staff felt their training was 'spot on' and said "It's pretty good to be fair, some of the best training I've had and worked for a few care companies. I'm enrolled for autism, epilepsy and dementia training."

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

- People had access to health care professionals and staff contacted them for advice and guidance. One relative told us, "We have an annual meeting with the GP about [name] blood test. They [staff] tell me what's happening. We will discuss what's needed with the doctor, it is good, and I know the social worker will be there." Staff told us how they worked to make people's experiences positive, this had improved people's attendance to healthcare appointments.

- Profiles were in place which summarised people's likes, preferences and things that were important to them. This was shared with other care settings such as hospital, so people had awareness of individuals needs and preferences. Best practice was followed to ensure people received annual health checks.

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

- People did not have free access to all areas of communal space, such as the kitchen and a small lounge area. The managers we spoke with agreed to consider access to kitchen facilities and review risk assessments, so everyone had opportunities to prepare their own drinks, meals and snacks. They also advised they had bought a TV for the small lounge to provide further space for people to use.
- Some improvements had been made since our last inspection. These included; new flooring, improvements to en-suite and communal bathroom areas, changes to the layout which no longer included a self-contained flat and secure outside garden with seating for people to enjoy.
- The premises were designed to provide a homely environment for people.
- People were happy with the décor of their bedrooms, which included personal items such as family photographs, memorabilia and items linked to people's hobbies and interests. Where possible people had chosen their own décor for their bedrooms or been involved with redecorating them.

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.

- We found the provider had submitted applications under MCA and DoLS to the supervisory body for authorisation. The registered manager monitored and reviewed authorised applications.
- Staff involved people in making decisions about their care and knew how to ensure decisions were made in people's best interests. We discussed the importance of ensuring input from relatives and professionals was sought and recorded 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

- People were treated with kindness and compassion by staff. Staff told us, "They [people] are like part of our family, we treat them the same as we would our own families." Mutual hobbies, interests and likes had been considered when selecting keyworkers for people. Staff had time to read care plans and knew people's life histories and interests, this helped them to engage people and build meaningful relationships.
- People's equality, diversity and human rights were respected. Staff knew how to uphold people's rights and championed them to ensure people received the right services and were not discriminated against.
- People's religious needs were explored during initial assessments and recorded. One person was supported to attend church every Sunday and this was recorded in their care plan.

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

- Regular meetings were held where staff supported people to express their views. Suggestions were taken on board and improvements made, these included; changes to food options and input into staff interviews. People were encouraged to be involved in their care and support planning.
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community.
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were empowered to be as independent as possible. For example, people were encouraged to visit the local pub, go for walks in local areas, access community-based groups and consider work experience placements. One relative told us how their loved one's previous two placements had not been suitable. They had moved into Heathcotes (Whitley House) and settled. They told us, "The carers knew him here and he has settled."
- Staff described how they supported people to maintain their dignity. One member of staff advised, "We make sure people are dressed appropriately, encourage them to respect themselves and enjoy themselves bearing in mind care planning and making them aware of risks in certain places."
- We observed respectful language being used by staff and saw them knocking on people's doors before entering their rooms. One relative told us, "They are very caring, they are all very good, and I am very grateful to them."

# 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care records were extremely personalised to a high standard and reflected each person's individual needs. This meant staff had up to date knowledge of changes in people's needs. These were recorded, analysed and plans put in place which enabled staff to provide consistent and effective holistic support, at any one time.
- People were empowered to make choices, take control of their lives and be as independent as they could be. People took part in the recruitment process by interviewing staff and finding out about their likes and hobbies. The management team allocated keyworkers taking this information into consideration, which supported proactive and trusting relationships. One member of staff advised, "Residents are really involved, we encourage them to be as much as possible. We discuss what they do and don't like and their routines to support them to access other activities or events."
- Staff took time to support people's emotional well-being and mental health. One person told us, "Staff treat you well. If your feeling down, they know how to care for you." People were encouraged to independently contact the community mental health services should they need them, we saw evidence that people felt comfortable to do this. This undoubtedly had a positive impact on people's confidence and long-term rehabilitation.
- Staff supported people to actively take part in residents' meetings and have their say to drive improvements in the service. One person told us, "Staff support me to get to different places I would not go to on my own. I've been to two shows, [name of holiday park] and holidays away to different places."
- The service worked tirelessly to improve people's life experiences with exceptional results. Compliments about the service included two health and social care professionals that were 'impressed' with one residents progress, they had sent their feedback in an email to the service; "The progress made since [name] has been with you is nothing short of amazing. Your care plans and risk assessments could not be faulted and there was clear evidence of how the commissioned package is being used. There is no doubt you have enriched [name] life massively and [name] is the best we have ever seen them." This demonstrated staff took time to understand people's individual histories, goals and aspirations which helped people to live fulfilling lives.

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.

- The service identified, recorded, shared and met the information and communication needs of people

with a disability. The provider had considered people's communication preferences such as the use of adapted Makaton or sign language and different methods of communication such as whiteboards for people to plan their days. Alternative formats for documentation were offered to people such as large print documents.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and to take part in activities that are socially and currently relevant to them

- Staff's knowledge about people and the care planning in place, supported people to feel safe and comfortable in their home environment which minimised any social isolation. Staff engaged people in a variety of activities and events. They looked for opportunities specific to people's interests and asked them if they would like to attend. These included a variety of external events run by charities that one person enjoyed attending. One to one support was in place for each individual as and when required throughout the day.
- People were supported by staff that had invested time getting to know them exceptionally well. Staff spoke passionately about how they worked with people's different characters to support them. This included recognising when people may not be themselves or having a difficult day. Staff were proactive in allowing them space to prevent anxieties or behaviours that may challenge. In addition, staff respected people's personal space, routines and promoted people to try new experiences. People felt supported to make their own decisions and liaised with other residents about choosing different events to attend. One person told us they had supported another resident with some reading as they were unable to communicate verbally. They told us, "I understand them well and we get on so I often help [name]." A member of staff told us they supported another person to attend their home or visit their relative when they wanted to. This showed that staff had an awareness of people's development in terms of being socially inclusive and maintaining good relations with other residents or their family.

Improving care quality in response to complaints or concerns

- People were comfortable raising concerns with staff or management and were confident these would be addressed.
- People were listened to and that the registered manager did their best to address any issues they had raised. The manager had recorded concerns and complaints and responded to them in line with their own policies.
- The manager had a proactive approach to complaints. They gathered feedback from those involved to analyse lessons learnt. Staff told us the manager encouraged them to raise any concerns or issues. One member of staff advised, "The manager is extremely supportive, I would speak to them about anything professionally or personally."

End of life care and support

- The provider worked with people during the review process to explore their views and wishes. People were supported to make decisions about their preferences for end of life care.
- Staff were aware of good practice and guidance in end of life care and told us how they had respected people's religious beliefs and preferences. One member of staff said, "We do regular assessments to ask people what they would like to happen every 12 months. We do keep monitoring and if people advise anything different we make a note in the file."

# 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 our last inspection in August 2017 this key question was rated as requires improvement. At this inspection this key question had improved to good. 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 provider promoted positive culture within the service which demonstrated good outcomes for people. For example, some people had moved away and then returned to their home at Heathcotes (Whitley House). Staff knew them extremely well and were able to improve their outlook, build their confidence and encourage social interactions which improved their well-being and quality of life.
- Records in some areas would benefit from including additional detail. For example, the duration of any interventions or restrictions to support behaviour management and action plans to show lessons learnt overall. The provider took measures to improve some documentation during the inspection.
- Staff spoke positively about the service and told us they felt supported by the management team. One staff member told us, "[Name of manager] is brilliant, one of the best managers I've had. Very supportive and when I've had a difficult day personally or professionally she checks on me the day after to see I'm alright."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with people and stakeholders.

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

- The registered manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was continually reviewed and improved upon to ensure standards were maintained.
- The registered manager had shared all relevant incidents or concerns through their internal processes and externally to the local authority or CQC as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff understood their roles and responsibilities. Staff inductions covered the values, roles and expectations of staff depending on their position. Staff told us they enjoyed working at the service and could describe the values they worked towards. The registered manager was accountable for their staff and understood their regulatory responsibilities.
- The provider obtained feedback from people and their relatives or representatives, through satisfaction surveys, resident's meetings and during one to one time. Feedback was reviewed, and actions taken to improve the service.
- New improved audits were being rolled out across the organisation and were aligned to CQC's key lines of

enquiry - safe, effective, caring, responsive and well-led. Action plans clearly demonstrated where actions had been taken to improve service delivery.