Heathcotes Care Limited

Heathcotes (Morley)

Inspection report

Bridge Street Close
Morley
Leeds
West Yorkshire
LS27 0EX

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07 September 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out the inspection of Heathcote's Morley on 1, 7 and 13 September 2017. At the time of our inspection there were 14 people using the service. This was an unannounced first inspection of the service.

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

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff had been recruited in a safe way and had appropriate background checks done on them. Staff were provided in enough numbers to meet the needs of the people who used the service. Staff had a good knowledge of people who used the service and their personal preferences.

People were supported in a respectful and dignified way. People and their relatives expressed their comments around how they were supported. People were involved in the care planning process and were aware of their plans.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

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.

Staff had not always have an understanding of Mental Capacity Act 2005. We saw documentation that showed people had been referred for a Deprivation of Liberty Safeguards (DoLS) when it was believed they had capacity.

People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

People who used the service had access to a wide range of activities and leisure opportunities and were

encouraged to participate in activities and hobbies that they had enjoyed prior to accessing the service. A wide range of activities were provided and included involvement and use of the local and wider community based facilities.

The provider used questionnaires to obtain regular feedback from relatives, staff and stakeholders about their experience of the service.

Staff told us they enjoyed working at the service and felt supported by the management team. Quality assurance processes were in place and regularly carried out by both the provider and the registered manager to monitor and improve the quality of the service. However the audit process had not identified issues we raised with the provider during the inspection.

Feedback was sought from people who used the service through regular 'resident meetings'. This information was analysed and action plans produced when needed.

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 knew how to keep people safe and were aware how to report any concerns they had.

Medicines were administered, stored and recorded appropriately and people were not rushed with their medicines.

Staff were recruited in a safe way. There was sufficient numbers of staff on duty to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not always worked in line with the Mental Capacity Act 2005. Records showed people were not always involved in decisions around their life.

People had their needs assessed prior to coming to the service.

Staff completed a range of training specific to the needs of the people they supported. Training was updated regularly.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were treated with respect and staff worked to protect their dignity.

People told us they were involved in their care planning.

We saw people's independence was respected and encouraged by staff.

Is the service responsive?

Good

The service was responsive.

Care records contained people's preferences, likes and dislikes. Records were written in a person centred way and were very detailed.

We saw a complaints procedure was in place but people told us they had no reason to complain.

People had access to a range of activities that they wished to complete. Staff worked with people to identify what they wanted to do.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had audits in place however these had not always identified concerns we raised during inspection.

The service had a registered manager in place.

The service actively involved people, relatives and stakeholders in the service and asked their opinion in order to learn any lessons and improve the service provision.

Heathcotes (Morley)

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.

The inspection took place on 1, 7 and 13 September 2017 and the inspection was unannounced. This was the first inspection since the service opened in 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and three staff files. We spoke with one person who used the service, two relatives and three support workers as well as the registered manager, home manager and regional manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "Yes, I like all of the staff, I feel safe here" and, "Staff always try to help us." Relatives of people who used the service we spoke with commented, "We all feel my brother is safe there. Staff look out for them all" and, "Staff know how to keep [Brothers name] safe."

Staff were able to describe to us how they would protect people from abuse and the signs people may present that might indicate they were being subjected to abuse. Training records we saw confirmed staff had received training in how to protect people from harm. The service user guide also clearly detailed in written and pictorial formats what abuse might be and what people or staff should do if they suspected abuse.

The registered manager and regional manager used a staffing tool to ensure there were the correct levels of staffing in place to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs, with the majority of people being seen to be supported on an individual basis. Staff told us there was enough staff on duty and this afforded them the flexibility should people wish to change an activity or do something spontaneously. Staffing of the service was 24 hours a day, so waking staff were present to support people during the night. The registered manager and regional manager told us how they worked closely with the provider to support any staff absence. When a staff member was absent from work through sickness, rotas showed these duties had been supported by other members of staff who worked for the registered provider's group of homes. Relatives and staff told us there were always sufficient members of staff on duty at any time to meet the needs of people and our observations confirmed this.

People's safety was secured by the provider's recruitment policies and practices. Staff with whom we spoke described the recruitment process and told us relevant checks were carried out on their suitability to work with vulnerable people. Staff told us they were required to provide two references and to secure a Disclosure and Barring Service (DBS) check before starting work. All the staff details we looked at included references and DBS information. The DBS checks a person's criminal background for cautions or convictions.

We observed all medicines were administered by staff. We saw information in the form of body maps existed to direct care staff where to apply creams. Each person's medicines were stored in a locked cabinet within a locked room in the service. We looked at people's Medicine Administration Records (MARs) and reviewed records for the receipt, administration and disposal of medicines and checked medicines to account for them. We found records were complete.

The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor. Our scrutiny of the MARs and our observations of the administration of medicines demonstrated medicines to be administered as necessary. Some medicines had been prescribed on an 'As required basis' (PRN). PRN protocols were present to help staff consistently decide when and under what conditions the medicine should be administered. We saw blank PRN protocol sheets existed and the provider's medicine policy required the production of a protocol for

each medicine. Staff were able to tell us when they would administer PRN medicines safely.

We completed a tour of the premises as part of our inspection. We inspected people's bedrooms, bath and shower rooms, the laundry, kitchen and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. People had Personal Emergency Evacuation Plans (PEEPS's) in place to guide staff as to action to be taken during an emergency. During our inspection we found all fire escapes were kept clear of obstructions. We saw upstairs windows had tamper-proof opening restrictors in place. We saw radiators were covered to protect people from injury of hot surfaces. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant. We saw Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of people who used the service.

Accidents and incidents involving people and staff were recorded on a computerised system, investigated and the registered manager and area manager reviewed and put appropriate measures in place to reduce such incidents. This enabled the area manager to look for trends and take action immediately. We saw that prompt action had been taken following accidents and support plans had been updated. The service used restraint to protect people during periods of behaviour that challenged. Staff had received specific training in restraint and each occasion was recorded and investigated to make sure it was as least restricting as possible.

People at times exhibited behaviours which challenged the service. The provider had ensured staff were trained to be proactive in their response to ensure people were empowered to make their own choices whilst keeping them safe. Care plans we saw recorded the most successful approach to reduce anxiety and prevent any escalation of behaviours. This ensured people received consistent support in this area. They told us the service had a positive approach to risk ensuring people's independence could be promoted and gave an example of one person wishing to access the community independently and how this had been planned for and supported. Staff explained the person now accessed the local community. Records seen confirmed this process. Risk assessments were clear in their identification of how dangerous areas of risk might be. We did not find any areas of risk that had not been identified and planned against. Risk assessments were regularly reviewed.

Requires Improvement

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. They took time to allow people to make decisions. Relatives told us staff supported their loved ones to make small daily decisions and they were involved in this process.

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 so that they can 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 one person had a DoLS authorisation in place. We saw documentation to show people had been referred for a DoLS. However at the point of referral this had not always been done appropriately. For example, one person had a capacity assessment that indicated they had capacity for a specific area of their life. We then found they had been referred for a DoLS for reasons which included that same area of their life where they had capacity. This meant staff at the service had referred someone to be lawfully deprived of their libertiy despite them having capacity. The DoLS was then granted which meant a further capacity assessment was completed by the local authority which deemed the person not to have capacity.

Further capacity assessments for other people had been filled out incorrectly. For example one assessment we saw asked the assessor the question, 'Does the service user lack capacity?' This was answered 'Yes' but then followed up with a statement which said the service user had capacity but it was not in their best interest. We mentioned this to the registered manager and regional manager who told us their policy indicated anyone with over eight hours one to one support a day, should be referred for a DoLS. However, we viewed the policy and the paperwork supporting the policy and saw this meant if someone lacked capacity, one of the forms in which they could be deprived of their liberty was through constant supervision of eight hours a day). This showed us the staff team had a lack of understanding around the MCA as they were not assuming or respecting people's capacity to make their own decisions. The regional manager agreed they would have a discussion with the person about their restrictions and document any agreement. We found this happened following the days of inspection. Also they agreed to improve the understanding of staff in the service around MCA and DoLS.

People who used the service were positive about the care and support they received and told us staff supported them to develop new skills. Relatives we spoke with told us, "He [Brother] used to exhibit some behaviour's which prevented him from going out. Now staff have worked with him and he does a lot more for himself. It's great to see." Another said, "Staff seem well trained and know what they are doing. They really know [My nephew] well and so can support him better."

People received effective support from staff who were well trained and kept their skills up to date. Staff told us that in addition to the mandatory training set by the provider (this is a list of training all staff had to complete) for example, infection control, moving and handling, food hygiene and safeguarding, they also received specialist training in areas specific to the needs of the people who used the service. This included restraint training. Restraint training shows staff how to safely restrain someone in a way that does not cause injury to the person's or staff. The service used Non-Abusive Psychological and Physical Intervention (NAPPI) training. NAPPI specialise in British Institute of Learning Disabilities (BILD) Accredited Managing Challenging Behaviour training, with an emphasis on the approaches of Positive Behaviour Support. We saw a copy of the staff training matrix that identified when staff training was due for update in the next three years. The service had a comprehensive induction and training process in place with trainers also spending time in the service supporting staff practice. Staff also received spot checks to judge their level of competence in areas such as medicines administration and recording. Probationary staff received a full induction and were supported and mentored by senior experienced staff. New staff completed the care certificate. This is a nationally recognised certificate to introduce new staff to the care sector.

Staff were supported by regular team meetings, supervision and appraisal and staff commented, "Staff need to be supported as well, but that's when the managers are good." And "Yes I get regular support, and they [The managers] are always there if you need them." The staff team were further supported by experienced staff that had lead roles in different areas for example quality assurance. These individuals spent time in services observing, auditing and supporting staff to develop their practice. This showed us the service had people who specialised in different areas of their role to enhance the knowledge of the staff team.

People who used the service told us they enjoyed their meals and participated in regular meetings to plan their meals and ensure their nutritional needs were appropriately supported. People were supported to eat healthy balanced meals and staff encouraged the importance of good nutrition and hydration. We saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. Where appropriate we saw fully completed charts to record people's fluid and food intake. Staff had a good knowledge of people's nutritional needs and their likes and dislikes in terms of food.

We asked the regional manager about advocacy. Our discussion showed all people currently receiving care were able to be supported by family and friends when their care needs were being established or reviewed. The regional manager told us that any people who may be coming to the service without anyone to support them would be offered the services of an independent advocate.

We saw evidence in written records staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, specialist nurses, speech and language therapists and dentists. Care plans were clearly indexed to allow staff to easily access other health care professionals written advice.

There was evidence the provider was continually assessing the needs of people who used the service to ensure the environment and equipment supported them, for example people had hinged doors that could be removed in the event someone locked themselves in a room. Restraint was used in the service to protect those who presented physically challenging behaviour from themselves and those around them. We saw these were individually recorded and monitored every month. Restraint was always reviewed to see if there were other ways to support the person in a less restricting way. Records showed us restraint was a regular practice in the service, although most people had reduced use of restraint the longer they lived at the service through better support techniques and improved lifestyle.

Good

Is the service caring?

Our findings

People told us that care staff promoted their individual needs and well-being in a respectful way and that staff were kind and considerate. People commented, "I let the staff into my room when they knock" and, "They ask what I want to do."

Relatives we spoke with told us, "Every person at the home is an individual. [Person's name] is treated as an individual and we are happy with how he's been doing. [Person's name] is well known by all the staff and they know what he likes." Another told us, "We are contacted by the home on a regular basis to keep us updated. I know my family are involved in the reviews. They all [staff] seem to know him very well."

Survey results collected by the service included questionnaires returned by five relatives from May 2017. 100% of these were rated good or excellent for the way people who used the service were supported by staff and 100% rated good or excellent for how well staff knew people. Three stakeholders also returned their comments, including 100% rated good or excellent for service user appearance and friendly manner from staff. A stakeholder is someone who is not employed by the service but carries an interest in how it's run.

During the inspection we observed a calm and comfortable atmosphere throughout the service. We found that a person centred approach was considered with people who had difficulty communicating their needs verbally. For example, we observed staff using intensive interaction with one person throughout the day. (Intensive Interaction is a practical approach to interacting with people with learning disabilities and, or autism spectrum disorder who do not find it easy communicating or socialising). We saw this happen on a one staff member to one person basis to identify and work towards a person's goals.

People had health action plans which had been updated following visits to their GP or attendance at an outpatient appointment. We noted that one person's plan translated what different sounds and actions meant to them. In addition, people had an accident and emergency grab sheet that went with them if they were admitted to hospital in an emergency. The grab sheet provided hospital staff with information that the person would be unable to share. This showed continuation of care being provided for a consistent approach.

The registered manager, regional manager and home manager, along with staff, knew people well and were able to describe people's individual likes and preferences for their delivery of care, as well as their personalities and personal qualities. Staff were also observed throughout both days of the inspection, asking people what they would like to do and how they would like to be supported. Care plans we looked at showed people who used the service had been involved with planning their care and support. Meetings had been held where the person's care needs had been discussed and their input was recorded.

People who used the service without family were supported to access external advocates. The regional manager was also clear about where external advocates could be accessed and in which circumstances they may be used for example, if there was a conflict between people using the service and their relatives about their preferences for care delivery.

Good

Is the service responsive?

Our findings

The registered manager told us communication systems worked very well and had contributed to the development of positive relationships where families were confident to raise any queries with them. Comments included, "I can visit anytime and there have never been any restrictions. They always keep us up to date with what's going on."

The care plans we looked at showed people's needs were assessed by the registered manager prior to moving into the service to ensure their needs could be met. Transitions took place over a planned period of time, so that people had the opportunity to be introduced to the service and to meet staff and peers before moving in.

We saw that the information in the assessment documents helped develop care plans, which identified people's preferred routines and how they needed to be supported with their care. People's care plans were also based on positive behaviour support. (Positive behaviour support is a way of improving the quality of life and reducing challenging behaviour in people with autism and learning disabilities). Care plans contained detailed information, for example, on how staff could recognise signs when people were settled and happy or starting to become anxious and any potential triggers which could escalate behaviours that challenged. One person's care documentation showed they had a goal of getting their own flat. They were currently learning identified skills in order to look after themselves, for example cooking and cleaning. This showed us people's needs were being met.

There was evidence the service continued to involve people in making decisions about their lives and empowering them. People regularly had meetings with staff and managers as we saw the area manager had a regular presence in the service and people knew who they were. Regular house meetings were held to gain people's views about the service and support received. People had discussed the option of pets for people to look after; this is something the service had in place at the time of inspection. We saw chickens and rabbits in the garden.

Activities were tailored to each person's preferences. For example watching DVD's, bike riding, attending the cinema, trampolining, playing the drums or attending college. People were asked what they wanted to do during the day. Some people enjoyed staying at the service and some people liked to go to a day centre. If people changed their minds there were no restrictions as there were enough staff on duty to make sure people were able to do what they wished. The service looked after chickens and rabbits and people were encouraged to be involved in the support of the animals and took an active role. Family members told us there were lots of activities to do and people could get involved with many things.

A complaints policy was available to ensure people's concerns could be listened to and addressed. People told us they knew how to make a complaint and were confident any raised would be followed up when required in line with the registered provider's policy. People who used the service told us, "I would tell staff," and "Staff always help us to sort things out if there is something wrong." No complaints had been received by the service in the past 12 months. When we asked relatives if they knew how to raise complaints they told

us they did, but never had any reason to do so. They explained that as well as key staff contacting them regularly to discuss their family member, the service also sent out relative surveys to ask their opinion on the service. We looked at these surveys and found the vast majority of questions, relatives had answered good or excellent to all aspects of the care their family member received. This showed us relatives were involved and regularly asked their opinions on the service.

Requires Improvement

Is the service well-led?

Our findings

Staff told us that they found the registered manager, regional manager and service manager approachable, supportive and knowledgeable and said they could go to them at any time. One staff member told us, "They are all very good. We often go to them for small things and they are always willing to help." Another told us, "We get good communication from the managers. If we had a problem we could go straight to them and I am sure they would help. I have confidence they know what they are doing." Prior to inspection we contacted the commissioning team at the local authority who told us they had no large concerns and were working closely with the service.

A quality assurance system was seen to be in place. This consisted of the registered manager and service manager completing audits throughout the service on a regular basis. This was further supported by a system driven by the provider which consisted of the regional manager completing a monthly audit of the service. Following this, a visit from a quality assurance representative took place, who then completed a further audit of the service. The results were then compared and action plans developed to address any shortfalls. Results from each audit were shared with the staff team and detailed in the monthly meetings to show how the service was performing. Similarly the collated results and feedback from surveys completed by people who used the service, their relatives and staff were also shared within the team meetings. However we found that the audit systems had not identified the issues we raised around staffs understanding of Mental Capacity Act 2005 and how these processes were executed within the service. This showed us audits were not always identifying concerns.

We found that although the registered manager was in the process of deregistering, strategies were in place to ensure that they were still regularly involved in the service by service managers and regional managers. The registered manager was aware of the CQC guidance of 'Registering the Right Support '(CQC's policy on registration and variations to registration for providers supporting people with learning disabilities). They understood the principles of the guidance and their obligation to submit notifications to the CQC. The service had identified and recruited a new manager for the service who was to be registered with the CQC.

Relatives and members of staff told us that the events such as parties, to which they were invited, offered them good opportunities to speak with each other and staff on a more informal basis. They said this was good for building up relationships. People who lived at the service had opportunity to attend house meetings where they had a say about how the service was run. Meeting minutes were taken, and any issues raised where placed on an action plan to be looked into and completed where possible. Any issues raised were fed back to people at the following meeting.

The registered manager told us how people were encouraged to be part of their local community and gave an example of how people visited local amenities and services. During the inspection we observed some people going to college while others wanted to go to the shops. This not only promoted people's confidence but also their understanding of the community and how to conduct themselves in them.

Regular staff team meetings were held with the service manager and registered manager. Staff were

expected to attend all meetings while on shift. Topics discussed included quality assurance, training and development and health and safety.

The regional and registered managers attended managers meetings where information they submitted to the provider on a weekly basis was analysed and the findings discussed, so lessons could be learnt and actions implemented to reduce further occurrences where possible. They told us the management meetings were also used to share good practice and keep up to date with changes in legislation. For example one meeting discussed levels of accidents and incidents and identified the trends and how to address these. The regional manager also received regular emails documenting updates from CQC, and local commissioners of services, to ensure up to date information was available.

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on safeguarding, infection control and guidance, least restrictive practice and behaviour support. Staff spoken with were aware that policies were available and where they could be located when needed.

We reviewed the accident and incident records held in the service and found that the service had notified the Care Quality Commission (CQC) of notifiable incidents as required.