

Heathcotes Care Limited

# Heathcotes (Wakefield)

## Inspection report

Belle Vue Road  
Wakefield  
West Yorkshire  
WF1 5NF

Tel: 01924249175  
Website: [www.heathcotes.net](http://www.heathcotes.net)

Date of inspection visit:  
18 October 2022  
19 October 2022

Date of publication:  
15 November 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Heathcotes (Wakefield) is a residential care home providing personal to 18 people living with a learning disability at the time of the inspection. The service has two houses known as Agbrigg House and Sandal House. Each house can accommodate up to 8 people. The service also has 4 individual flats where people live semi-independently. The service can support up to 20 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

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

The service was designed to support people living in two eight bedded homes and four individual flats which promoted people's independence. People had access to outside space, and this had been designed to meet their needs. People were supported to maintain a clean home with assistance from the staff team. People received their medicines as prescribed.

### Right Care

People received support from staff who knew them well and understood their needs and considered their preferences. Staff interacted well with people and had a caring and respectful approach.

We found healthcare professionals had been referred to appropriately and staff ensured their advice was followed.

### Right Culture

People were supported to lead lives that were person-centred and inclusive. People were involved in planning their support and deciding how they wanted staff to support them to meet their outcomes and achieve their goals.

Overarching governance systems included a series of audits which checked areas such as medication management, infection control and care planning. Action plans were used to develop and improve the service.

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 requires improvement (published 1 February 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes (Wakefield) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 (Wakefield)

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Heathcoats (Wakefield) is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heathcotes (Wakefield) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We spoke with 6 staff including the registered manager, regional manager and support workers. We reviewed 3 people's care records, multiple medicines records and 3 staff recruitment records. We looked at a variety of management records.

#### After the inspection

We spoke by telephone with 3 relatives of people who used the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to robustly follow infection prevention and control procedures. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider ensured people maintained contact with their family and friends and they were welcome to visit the home.

### Staffing and recruitment

- We observed staff interacting with people and found there were enough staff available to support people to meet their needs and take part in social interests.
- The provider had a recruitment system in place which enabled them to recruit people safely. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding and knew what actions to take to keep people safe. One staff member said, "I feel people here are safe. I have never had to whistle blow. I, one hundred percent, feel comfortable to complain if I needed to."
- People told us they felt happy and safe living at the service and knew who to talk to if they felt unsafe.

#### Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and appropriately managed to keep people safe.
- Risk assessments included keeping safe in the community, risks in relation to health conditions and positive behaviour strategies.
- Staff were knowledgeable about people's risk assessments and supported people in line with them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Using medicines safely

- People received their medicines as prescribed and were supported in a safe way.
- The registered manager completed medication audits and identified any concerns which were actioned appropriately and in a timely way.
- Medicines were stored safely, and temperatures were taken daily and recorded for the medication room and fridge.
- Some people were prescribed medicines on an 'as and when required' basis (PRN). PRN protocols were in place and clearly explained how and when the medicine should be administered.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were individually monitored and analysed to identify trends. The registered manager then guided staff in implementing different approaches to minimise reoccurring patterns.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found systems were not robust enough to ensure care was designed to meet people's individual needs and preferences. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported by staff who knew them well and supported them in a person-centred way.
- Relatives we spoke with were complimentary about the service and the support their family member received. They thought support was appropriate and that staff facilitated people to be the centre of their own care and as independent as possible.
- We observed staff supporting people and found they were caring and considerate and assisted people to make their own choices.
- There were 4 flats available on site, for people to develop independent living skills. This was a good opportunity for some people to live semi-independently but still had support from staff in line with their assessed needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's support plans and information throughout the service were written in an accessible format.
- Care plans detailed how to communicate effectively with people. For example, one care plan stated not to use too much detail when communicating with them as this could confuse the person.

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 culturally relevant to them

- Staff were committed to explore different possibilities with people such as finding voluntary work and to explore new social and recreational interests.

- People had schedules in place of activities they had expressed an interest in. These helped people focus on what activity they were doing that day and how they needed to plan for it.
- The service had developed scrapbooks to capture activities that took place. These included trips away, birthday celebrations, holidays, picnics as well as fundraising events.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people and their relatives felt comfortable raising concerns.
- Complaints were documented and demonstrated what action had been taken and the outcome. Complaints were used to develop the service.

#### End of life care and support

- At the time of our inspection no one was in receipt of end of life care.
- Support plans included end of life care documents which included people's preferences and wishes in respect of end of life care. These had been written in a respectful way and involved consultation with people and other people involved in the person's life, such as family members.

# 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 we rated this key question requires improvement. At this inspection the rating has changed 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 management team and staff showed a passion to support people to meet their outcomes and enjoy a life they had chosen.
- During our inspection we saw people living busy lives that they had chosen. People were occupied and empowered to achieve their outcomes. One person was moving out of one of the houses in to a self-contained flat on site and staff were positively engaging with the person to ensure the move was successful.
- People and their relatives were happy with the support they or their family member received. On relative said, "Staff seem fine and they are definitely caring, and I am confident they would take action and sort things out if there was a problem."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, a service manager and team leaders. The team understood their roles and were aware of their regulatory duties.
- People and their relatives felt the management team and staff were very approachable. One relative said, "I often chat with staff about [relative], they are very informative and know [relative] well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in the service and had regular meetings both as a group and individually to discuss their support. Meeting minutes were available in an accessible format.
- People and their families and friends took part in a satisfaction survey which was completed on an annual basis. We saw positive results from the last survey.
- Systems were in place to monitor the quality of the service. We saw audits took place on a regular basis.
- Action plans were used to address issues and make improvements to the service where needed.

Working in partnership with others

- The provider could evidence they worked in partnership with others to ensure people received timely and appropriate care and support.