

Heathcotes Care Limited

Heathcotes (Whitley)

Inspection report

Whitley Farm Cottages
Doncaster Road
Whitley Bridge
North Yorkshire
DN14 0HZ

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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 (Whitley) is a residential care home for people with autism, learning disabilities, mental health needs, physical disability or sensory impairment.

The premises are in a rural location on the outskirts of the village of Whitley. The main building has eight bedrooms on the ground and upper floor, each with en-suite facilities. A one bedroomed self-contained flat is separate to the main house. The premises have communal areas and secure outside space people to use.

Services for people with learning disabilities and or autism are supported

The service was registered to provide support to up to nine people and there were nine people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the environment had been made as homely as possible, there were communal spaces such as two separate lounges and two outdoor areas so people could access space when needed. Staff empowered people to live their lives as they had chosen and achieve their aspirations, such as to travel independently on public transport. The provider was continually looking to improve people's life skills, choice, control and involvement in the community, including through work opportunities.

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

The provider encouraged a person-centred approach to explore people's specific needs and best to support them. The staff team communicated well with each other to plan and deliver the best outcomes for people. People were supported to build independent living skills and work in the community. Activities and events considered each person's needs and supported social inclusion and choice.

Staff described a family atmosphere within the home. People were encouraged to maintain relationships with friends and relatives, people used digital means of communication when relatives were unable to visit. People trusted staff that knew and understood them. Staff were aware of risks to people and how to respond to them. Staff supported people to express themselves through a variety of different communication methods including sign language.

The area manager was in charge of the day to day running of this service to ensure it was well-led. The new manager had completed their induction programme. They were in the process of awaiting documentation before submitting an application to register with CQC. Staff morale was good at the time of this inspection, considering the management changes in progress. Staff were keen to build positive relations with their new manager and support them to settle into the service. This showed they supported the visions and values of the service to provide a consistent and positive approach to provide the best quality of service for people.

The service demonstrated 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. People's life experiences were improved by staff accessing the right support at the right time, to maintain positive outcomes for people's health conditions. The service ensured people's rights were upheld and advocated on their behalf when necessary. This meant people received timely care and support from health professionals and other agencies, which had a positive impact on their lives.

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. People and their relatives or representatives were fully involved in all aspects of their care. People's aspirations were considered, and goals set to achieve them. Staff were committed to improving people's experiences, explore their capabilities and help them to build new life skills. Staff knew the importance of asking for people's consent before delivering care and support to them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (Published 9 September 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heathcotes (Whitley)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Heathcotes (Whitley) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the CQC. The area manager was managing the day to day running of the service. At the time of this inspection the new manager had just completed their induction and had started the process to apply to register with CQC. This means that when registered 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the area manager, team leader and three care workers.

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

After the inspection

We received further information from the provider. We spoke with one health professional, contacted one person's representative and one relative about their experience of 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 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Staff could describe different types of abuse and knew how to report them internally and to external agencies.
- The provider regularly reviewed safeguarding policies and procedures. This guidance supported staff to record, report and manage any incidents appropriately.

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

- Risk assessments provided guidance to staff to minimise risks to people's safety and well-being. Positive risk taking was encouraged to empower people to be as independent as they could be. These were regularly reviewed and updated with people.
- Accidents and incidents were fully recorded and analysed. The provider had good oversight of this area and shared lessons learnt with staff to improve practices and prevent repeat incidents.
- Staff were trained to use positive behaviour support (PBS). 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.

Staffing and recruitment

- Recruitment processes were thorough and safe. Risk assessments were in place if needed, to ensure staff were suitable to work within a care environment.
- There were enough staff to safely meet people's needs. Staffing levels were reviewed on a daily basis to meet people's changing needs. For example, one person required additional support from staff at short notice. The provider had accessed staff from other services to support at short notice and made plans for additional shifts to be covered by regular staff.
- Contingency plans were in place to cover staff absences. The area manager advised on the whole these were effective and they also stepped in to support staff on shift as and when this was needed.

Using medicines safely; Preventing and controlling infection

- Staff managed medicines safely. The provider had awareness of the initiatives in place to stop the over-use of medication to manage people's behaviour. Medication reviews had been regularly completed to support the reduction of these medicines.
- Infection prevention and control practices were effective. The home was clean, and both the premises and equipment were well maintained to ensure people's safety. People were supported or prompted to maintain their rooms.
- The kitchen had been adapted to ensure potential risks were managed. Some people used the kitchen

area to prepare meals and drinks on their own, whilst others required staff supervision and support to maintain their own safety whilst building new life skills.

- The premises and equipment were regularly checked to maintain safety.

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 physical, mental and emotional needs were fully assessed. Their views and preferences were recorded.
- Effective behaviour support strategies were in place. Changes were closely monitored and analysed to continually improve practices and minimise the use of restraint. Staff had worked with health professionals to improve one person's wellbeing and encourage positive outcomes for them during activities. This meant there were significantly less interventions needed to manage their behaviours.
- Processes were continually reviewed to adapt and improve practices. For example, the provider had reviewed and was introducing new positive behaviour support planning in line with the current best practice guidelines to improve outcomes for people.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction based on nationally recognised standards of practice. They shadowed a more experienced member of the team until they were confident to work alone and had opportunities to gain further qualifications to support their role.
- Staff received regular training to support them in their role. This included training specific to people's health conditions, such as epilepsy.
- Regular competency checks identified where further support or training may be needed.

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

- People were encouraged to eat healthy nutritious diets. Regular snacks and drinks were encouraged throughout the day.
- Staff supported people prepare their own meals. This included planning meals they would like to cook and shopping for the ingredients.
- Staff highlighted any concerns in relation to people's nutritional intake. Where concerns were identified people's food and drink intake was monitored and recorded. Staff made appropriate referrals to other health professionals, such as speech and language therapists when needed.

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

- Staff worked alongside health professionals to provide effective care to people. Records showed advice had been sought from dieticians to safely plan and encourage weight loss where this was a cause of concern for one person's health and wellbeing.
- People received annual health checks and medicine reviews in line with best practice guidance.

- Oral health care plans were in place and people had access to dentists should they need them. Initial assessments included detailed information about how regularly they should be supported to brush their teeth and type toothbrush and toothpaste preferred.
- A comprehensive document was used to share information when transitioning between services. This included communication tips and pictorial formats which reflected people's individual needs and preferences to encourage a consistent approach.

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

- People were supported to decorate and furnish their rooms in line with their likes and colour preferences.
- People had access to different areas should they need space to relax when they became anxious. This included a sensory room; two communal lounges; garden space with a trampoline.

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.

- People were involved in making decisions about their care. The provider ensured people's best interests were considered and worked to minimise the use of restrictions. The views of others such as, representatives and health professionals were recorded.
- The provider had records to advise whether people required applications to be submitted under MCA and DoLS for authorisation. The provider monitored and reviewed any applications.

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's equality and diversity needs were understood and respected. People's initial assessments detailed any religious or cultural beliefs.
- Staff received regular training to refresh their knowledge of equality and diversity. Staff were aware that each person was an individual and adapted the way they worked to support them.
- Staff were aware of the equality and diversity policies in place and knew how to access them.

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

- Staff encouraged people to be involved in their care planning and reviews of their care. People's input was recorded clearly in their care records and staff respected people's choice when they chose not to engage in the process.
- Staff consulted people about all decisions affecting them. Records showed some people enjoyed being involved and felt confident expressing their views.
- People's views were actively sought. This included through use of satisfaction surveys, regular meetings and informal discussions.

Respecting and promoting people's privacy, dignity and independence

- Staff could describe how they protected people's privacy and dignity. One member of staff advised, "We knock on doors before entering. We always have a blanket ready to wrap around people when needed."
- People were encouraged to live as independently as possible. Staff worked with people to increase their independence. For example, one person had gradually built skills and awareness of road safety and their finances to then be able to access the community alone.
- Staff received regular observations which include dignity related topics. For example, records about how staff show kindness, compassion and respect to people.

Is the service responsive?

Our findings

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

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

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

- People received person-centred support from staff that understood their needs. Care plans included information about people's background, preferences and how they liked to be supported. This enable staff to work with individuals consistently to build trusting relationships.
- People had choice and control in all aspects of their care and support. During reviews and meetings people were supported to express their views and have meaningful conversations.
- The provider celebrated achievements both staff and people living at the service had accomplished. These were discussed during meetings and people or other staff could put forward nominations for 'employee of the month.'

Meeting people's communication needs

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

- People received information in a format they could understand. For example, pictorial and large print.
- People's preferences in relation to communication needs was clearly recorded in care plans. People were supported when needed to use technology to communicate digitally with their friends and relatives.
- Transitioning documents for when people accessed support from outside the service also included detailed information to ensure a consistent approach.

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

- People had meetings with their keyworkers to develop 'personal development plans'. This identified people's abilities now, what they wanted to achieve and set a plan of how to achieve each goal. For example, one person had never travelled on public transport before. Staff worked with them travelling on trains together to build their confidence and educate them on how to adapt their behaviour to public settings. This progressed to travelling alone to different towns and places of interest to them.
- The provider encouraged group discussions to explore and progress to events on a larger scale. For example, train rides and outings to different places where everyone chose to participate.
- People had access to educational activities and staff supported them to build life skills. This included cooking, managing finances and road safety awareness.
- People had opportunities to work as volunteers at local centres or shops if they wished to do so. Some people had chosen to work as volunteers for local charities.

- Activities and events were scheduled daily to ensure people were integrated as part of the local and wider community. Staff told us, "As a group/home we all get along and know each other. We have tea and meals together and even activities as group now. [Names of two residents] went on carousel and had hot dogs and drinks together, this was a big thing for them."
- Staff kept in regular contact with families to provide them with updates and details of any significant events. Staff also supported people to regularly contact families maintained good social skills and family connections. Visitors were welcomed to visit the service at any time.

Improving care quality in response to complaints or concerns

- People had access to policies and procedures in their preferred format. Where people required additional support to understand this process, staff spent one to one time with them using pictorial or other formats to explain the process and support them to raise any concerns if needed.
- Records showed the provider dealt with complaints in line with their policies and procedures. They acknowledged any concerns, empathised and gave full written explanations where necessary. They also offered a meeting to the complainants and apologised when this was needed. The whole process was very open and transparent.

End of life care and support

- The provider supported people, their relatives and/or representatives to explore and record their wishes for end of life care. People who were unable to verbally express their wishes were consulted and where possible their views interpreted through non-verbal communication. One person had written their own end of life care plan to express their wishes and preferences.
- Peoples religious and cultural beliefs were considered and explored during this process.
- Staff could describe what good end of life care should look like. One member of staff advised, "It's about considering their wishes, making them comfortable and pain free. Just being there for them."

Is the service well-led?

Our findings

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

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

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

- The service adopted a person-centred approach to meet all aspects of people's needs. Processes were continually reviewed to drive improvements and keep up to date with current guidelines.
- Staff knew people well and empowered them to engage and achieve the best outcomes. These were both individually and inclusively with other people.
- Staff described the service as being homely and they felt part of a bigger family. Comments included, "I love my job. People get involved as well and we have a really good laugh between us" and, "I care about the people we support. I research their health conditions to support them to achieve the best they can."

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; Continuous learning and improving care; Working in partnership with others

- The provider had researched and worked with other organisations to improve their positive behaviour support programme in line with best practice guidance. Staff were encouraged to look at how they could change people's patterns of learnt behaviour. One person's records showed a considerable reduction in that the regularity of behaviours had reduced. Staff were constantly reviewing each incident to look for themes and ways to continually reduce them.
- Staff were encouraged to share their knowledge and experiences and make suggestions for improvement. For example, one person's behaviours had been monitored closely and staff discussed what works well and not so well. Staff suggested this person would benefit from a larger amount of personal space in their room and in communal areas. Health professionals had been consulted and risk assessments changed to reflect personalised guidance. This significantly reduced behavioural incidents for this person and identified it was appropriate to source a new more spacious placement for them.
- The provider ensured they met their duty of candour to be open and transparent when things go wrong. They informed relatives and/or representatives when incidents occurred and kept them up to date with any progress or outcomes as a result of internal investigations or safeguarding incidents.

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

- The registered manager had resigned their position four weeks prior to our inspection. The new manager had not yet submitted an application to register with CQC. They were in the process of awaiting checks before commencing this process.

- Staff were not always fully aware of the visions and values of the service. The provider advised although these were an integral part of the induction process, refreshers would be discussed during team meetings and supervisions.
- Audits and daily checks were regularly completed to ensure the service was well maintained, safe and improvements actioned. The wider organisation shared best practice and lessons learnt to improve knowledge and practice.

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

- The provider was passionate about ensuring people, relatives and staff were involved with the running of the service. Communications were engaging and helped to improve people's experiences. For example, emails or telephone calls to health and social care professionals, satisfaction surveys, meetings and daily handovers.
- Documentation was regularly reviewed and analysed by staff and the wider management team to identify themes, re-assess if needed and update records to accurately reflect people's changing needs.
- Staff were proud to work for the service. They felt able to make suggestions for improvement and felt valued for their contribution. One member of staff advised, "The atmosphere is good. I walk in and say morning, and everyone replies. All staff are happy. We feel valued and staff take on board delegation, we respect each other."