

Heathcotes Care Limited

# Heathcotes (Mapperley Lodge)

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 18 December 2017. The inspection was announced.

Heathcotes (Mapperley Lodge) 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.

Heathcotes (Mapperley Lodge) accommodates seven people living with mental health needs and or learning disabilities and an autistic spectrum disorder. On the day of our inspection seven people were living at the service.

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

At our last inspection in November 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager in place at the time of our inspection. 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 remained safe because they were supported by staff who knew how to recognise abuse and understood their role and responsibility in protecting them from avoidable harm. Risks in relation to people's needs including the environment were assessed, planned and monitored. There were sufficient staff employed to support people. People received their prescribed medicines safely. People lived in a clean, hygienic service. Staff supported people effectively during periods of anxiety that affected their mood and behaviour. Accidents and incidents were reported, monitored and reviewed to consider the action required to reduce further reoccurrence.

People continued to receive an effective service because their needs were assessed and understood by staff. Staff received an appropriate induction, ongoing training and supervision that supported them to meet people's needs effectively. People's dietary needs had been assessed and planned for and they received a choice of meals and drinks. Some improvements were required to ensure there was sufficient food stocks at all times. Systems were in place to share relevant information with other organisations to ensure people's needs were known and understood. People were supported to access healthcare services and their health needs had been assessed and were monitored. The premise met people's needs. 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 support this practice. Applications had been made when required to the Deprivation of Liberty Safeguards supervisory body.

People continued to receive good care. Staff were kind, caring and showed empathy and respect. Independence was promoted and staff had a good understanding of people's diverse needs, preferences, routines and personal histories. People were supported to access independent advocacy service when required.

People continued to receive a responsive service. People who used the service were involved as fully as possible in their care and support. People's received opportunities to be supported with activities, interests and hobbies of their choice. Support plans focussed on their individual needs. People's communication needs had been assessed and planned for. People had access to the registered provider's complaints procedure. People's end of life wishes had been discussed with them.

The service continued to be well-led. There was an open and transparent culture in the service where people were listened to and staff were valued. People who used the service, relatives, staff and external professionals spoke positively about the registered manager. There were systems in place to monitor the quality of the service and make improvements 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Heathcotes (Mapperley Lodge)

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 18 December 2017 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety. The inspection team consisted of two inspectors.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners of adult social care services (who fund the care package provided for people) of the service and external health and social care professionals for their views about the service. We received feedback from a social worker and a community psychiatric nurse.

On the day of the inspection we spoke with three people who used the service. Due to people's mental health needs their feedback about all aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received.

During the inspection we spoke with the registered manager, regional manager, team leader and two support workers. We looked at all or parts of the care records of three people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting

minutes, policies and procedures and arrangements for managing complaints.

After the inspection we contacted four people's relatives, for their feedback about the care and support their family member received.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "I like living here, it's a nice place, yes I feel safe, there's always staff around." Relatives were confident their family member was supported to remain safe. One relative said, "I have no concerns about safety. It's the best place [name of family member] has ever lived."

Information shared by external professionals was positive about how staff supported people. Comments included, "There is a professional approach, any safeguardings the incidents have always been recorded in an effective manner."

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination and harassment. One staff member said, "I have done safeguarding training a few months ago. I would report to the manager, you (Care Quality Commission) or even the police."

The registered provider had safeguarding policies and procedures in place to guide practice. From our records we were aware safeguarding issues had been appropriately reported and responded to. Records also confirmed staff had received appropriate safeguarding training to support their knowledge and understanding. Information was available to people who used the service, visitors and staff of how to report any safeguarding concerns about abuse, bullying or harassment. This told us that people had been informed of their rights, empowering them to report any safeguarding concerns.

Observations of people who used the service indicated they were comfortable and relaxed within the company of staff. Interaction and exchanges of communication were positive, people were jovial and smiling suggesting they felt safe.

People could be assured safe staff recruitment practices were followed. Staff told us about the checks that were completed before they commenced their role. From viewing staff files this confirmed what staff had told us. A criminal record check, proof of identity and reference checks had all been completed. This meant as far as possible, people were protected from staff who were unsuitable to provide care and support.

Risks associated with people's needs such as health related conditions, mobility needs, safety in the community and behaviours, had been assessed and planned for. This information provided staff with guidance on how to effectively and safely support people. Staff told us they had sufficient detailed and up to date information about how to support people safely.

Some people had restrictions placed upon them such as requiring staff to support them to access the community for safety reasons. People told us they did not feel they had any undue restrictions placed upon them. If they required staff support to go out this was provided. Staff confirmed this to be correct. People had access to all parts of the service and those people who smoked were able to access the smoking area at any time.

People were living in a safe environment where health and safety checks were completed on a regular basis to minimise any risks. These checks were completed on the internal and external environment and premises, including equipment and fire safety. We found these checks were up to date and equipment seen was appropriate and in working order.

Due to people's mental health needs their mood and behaviour could be variable. Relatives were positive their family member's behaviours that could be challenging, were understood and well managed by staff. One relative said, "Staff understand [name of family member's] mental health needs and how to support them to keep safe when they're not well."

People's care records included information for staff about how to support people with their anxiety and behaviour. This was found to be very informative. We found staff were knowledgeable about people's needs related to their behaviour and were able to easily explain how they supported people. Staff were given training in relation to responding to behaviour using less restrictive methods and were able to explain what this meant, such as using diversional techniques.

People told us there were sufficient staff available to meet their needs. One person said, "There's always staff around." Relatives were positive about staffing levels. One relative said, "The staff ratio to people is marvellous, it makes such a difference."

Staff told us there were sufficient staff available to support people. The registered manager told us how staff were deployed and said the staff rota was flexible, dependent if people required additional support, in particular if they were unwell with their mental health needs. We looked at the staff rota and saw it matched the staffing provided on the day of our inspection.

People could be assured their prescribed medicines were managed appropriately. People told us they received their medicines safely, in their preferred manner and at the same time each day.

A staff member told us about the process for ordering, receiving and returning unused medicines to the pharmacy. They also advised of the audits and checks in place to monitor the management of medicines and these systems followed best practice guidance and were found to be up to date. Staff records confirmed they had received appropriate medicines training including competency assessments. The registered provider had a medicine policy and procedure to support staff

We observed people received their medicines safely. We found information available for staff about how people preferred to take their medicines. This included any medicines prescribed to be taken as and when required such as pain relief and anxiety was detailed and informative. A sample stock check of medicines found two out of three medicines were correct. The third appeared to be a recording issue that the senior staff member said they would check. Body maps were not used to inform staff of where topical creams should be applied. The registered manager said they would implement this immediately. We found recent changes to some people's medicines had not been documented in all care records. This however, did not have an impact on people's safety and the registered manager said they would ensure all records were updated immediately.

People lived in an environment that was clean and hygienic. Staff were aware of the importance of infection control measures to reduce the risk of cross contamination and had received infection control training. Cleaning schedules demonstrated staff were completing cleaning tasks as required. Cleaning materials were stored safely and staff had an infection and control policy and procedure that reflected best practice guidance to support them.



Staff were aware of their responsibility to respond to any incident or accident any concerns or incidents were discussed at staff handover meetings and communicated with the manager. Records confirmed incidents were investigated to help prevent them from happening again.

# Is the service effective?

## Our findings

People received care and support based on their holistic needs and the registered provider supported the registered manager with providing latest social care research and best practice guidance. The registered manager told us they received updates from the Care Quality Commission, they attended local authority care home forums and used the National Institute for Health and Care Excellence guidance to keep their knowledge and awareness up to date. The regional manager gave an example of recently attending a local authority workshop about governance and information sharing.

People could be assured their diverse needs including consideration of the protected characteristics under the Equality Act was assessed and planned for. This meant people's needs and lifestyle preferences were known, understood and respected by staff. People living at the service represented a diverse community and practiced some cultural lifestyle preferences. The registered manager told us when they recruited staff; they ensured they appointed staff from similar diverse backgrounds for added support and understanding of people's diverse needs.

From viewing people's care records we found people's needs and choices had been assessed and planned for. Care and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. An example of this was people were encouraged to lead active lives, where positive risk taking was supported.

People could be assured they were supported by staff that had received an appropriate induction, ongoing training and support to enable them to provide effective care and support. One person who used the service described staff, "I like them they're alright and they know me." Relatives were positive about the skill of staff in relation to understanding and responding effectively to their family member's needs. One relative said, "The staff know [name of relative] so well and can pick up on the early signs of when their mental health has changed." Another relative said, "I feel the staff are experienced and well trained it shows in how they support people."

Staff were positive about the induction they received and ongoing training and support. One staff member said, "The training and support is good and you can go to the manager or team leader as often as you need to." This staff member added, "We have regular staff meetings, anything that needs addressing gets done straight the way. I want to progress in my job and feel I'll be supported to do so."

Records confirmed staff had completed an appropriate induction when they commenced their employment and received ongoing training to refresh their knowledge and skills. The staff training record demonstrated staff had received appropriate training for the needs of people who used the service, this included mental health awareness, substance abuse, autism awareness, and epilepsy and diabetes awareness.

People received a choice of meals that met their nutritional needs and preferences. One person who used the service said, "The food is good, you get a choice, I go food shopping with the staff." Another person said, "It's fresh food here it's good." Relatives were positive about the meals provided. One relative said, "I've seen

the meal on a Sunday when I've visited and they are tremendous. [Name of family member] needed to increase their weight when they first came and they have, they are much healthier."

People's nutritional needs had been assessed and planned for and staff were found to be knowledgeable about these. Some people had been prescribed food supplements due to a lack of food intake affecting their health. We saw these were available and records confirmed they had been provided as prescribed. People had access to the kitchen and we saw people made themselves drinks. A menu was available that had been developed with people and was based on their dietary needs, preferences, religious and cultural needs. We found food stocks were stored appropriately but on the day of our inspection the food stocks were very low. The registered manager said food shopping was due the following day. We were concerned that the food stocks should be better managed to ensure there were sufficient foods available at all times. The registered manager said they would review the management of food to address this issue.

There were records in place to ensure people had information about their care when they moved between different services such as the hospital. Staff completed 'traffic light assessments for people with a learning disability' to provide information about the person's care needs to be used in the event of an emergency admission to hospital.

People were supported with their healthcare needs and to access primary and specialist health care services. One person told us how staff supported them to attend their GP, dentist and optician. Relatives were positive their family member was well supported with all health needs. One relative said, "Staff respond quickly to any health problems and get it sorted." Another relative said, "Staff monitor both physical and mental health needs very well."

People's care records confirmed staff worked well with a variety of external healthcare professionals to meet people's health needs and outcomes effectively.

People had sufficient space and facilities to support their privacy. There was a choice of communal areas and a seating area and smoking shelter in the garden. Some people showed us their bedrooms that were found to be appropriately furnished and reflected their individual needs and wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Throughout the inspection we observed staff gained people's consent before providing support. Staff used effective communication and listening skills and activity included people in discussions and decisions. People told us they felt valued, consulted and listened to. One person said, "I like living here, I get choices, I can have a cigarette when I want and go out every day."

Relatives were positive their family member was involved in their care. One relative said, "[name of family member] is included as fully as possible in all areas of their life, I'm confident of that, we (family) are also consulted and involved."

Where a person lacked mental capacity to consent to a particular decision relatives gave examples of how they had been involved in best interest decisions along with external professionals. People's care records conformed what we were told. Records also conformed people's fluctuating capacity was also considered and planned for.

Staff were aware of the principles of MCA and DoLS and told us they had received training in these areas. The registered provider had an MCA and DoLS policy and procedure to support staff.

The registered manager had submitted DoLS applications for assessment to the supervisory body where required. Where an authorisation had been granted, information was in people's care records to inform staff. At the time of our inspection no person had an authorisation with conditions.

People's mental health needs could affect their mood and behaviour and they required support from staff to manage this effectively. Staff had received appropriate training in physical intervention; the registered provider had a restraint policy and procedure to support staff that was based on best practice guidance. Staff were clear about the use of restraint as being the less restrictive option and told us how they used diversional techniques as a method to effectively support people. Where physical intervention was used this was low level and staff were able to describe this to us.

## Is the service caring?

### Our findings

People who used the service were positive about the staff that they described as "Nice", "kind" and "alright." Relatives spoke highly of the caring and supportive approach of staff. One relative said, "The staff are very friendly, I'm well informed about how [name of family member] is, the care doesn't stop with them but goes to me too." Another relative said, "I can't fault the staff at all, they have a lot of empathy, they show great care and understanding and are kind and gentle."

We received positive feedback from external professionals who described the staff as professional and welcoming. One professional said, "Staff are mindful of the cultures of different clients. Staff are able to manage very challenging behaviours of clients in a kind, compassionate and imaginative manner."

Staff spoke fondly about the people who used the service and positively about their work, showing a commitment and interest in what they did. We observed staff treated people with respect and as equals and they showed an interest in what people were doing and had to say.

Staff showed an understanding of people's needs, preferences and what was important to them. We saw staff responded quickly to people's request to go out or if their anxiety increased. Staff were on hand and provided reassurance, time to talk things through or used distraction techniques that had a positive impact on the person.

We asked staff how they met the needs of people who identified themselves as being lesbian, gay, bisexual or transgender [LGBT]. Staff told us they provided care and support that was based on a person's individual needs and preferences. The registered manager said the service had a commitment in treating all people equally and without prejudice and discrimination. We noted the provider had a cross gender support policy, this confirmed their commitment in supporting and respecting people's differences.

Staff told us and relatives agreed that due to people's mental health needs, they could sometimes lack motivation to engage in meaningful activities. However, staff had weekly one to one meetings with people to explore, discuss and plan what activities they would like to do the following week. This provided some structure and routine to people's lives, if people chose not to engage or chose a different activity this was respected and acted upon. This meant people had choice and control in how they spent their time.

The service had information about independent advocacy services. This was provided in an appropriate and accessible format to support people's communication needs. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are different types of advocates and at the time of our inspection the registered manager said there was no person being supported by an advocate.

People were involved as fully as possible in discussions and decisions about their care and support. We saw examples of people's care records where they had signed documents as a method to demonstrate they had been consulted and involved. People also told us they had house meetings where they discussed menus,

activities and anything affecting themselves or the service. Records confirmed what we were told.

People told us they found staff to be respectful about their privacy and dignity and how staff supported them to develop their independence. One person said, "Staff help me to do things around the house. I help them with the shopping." Relatives were positive their family member had their privacy and dignity respected. One relative said, "The staff are excellent, they have a calming influence and show great respect at all times."

Staff gave examples of how they supported and encouraged people to help cook meals. A staff member told us they respected people's privacy by, "Knocking on people's bedroom doors and not just walking in, not rushing people but allowing people to take their time to do things."

People's information was stored securely and managed in line with the Data Protection Act. Staff demonstrated an understanding of the importance of respecting confidentiality. Relatives told us there were no restrictions on visiting their family member and said staff were welcoming when they visited.

## Is the service responsive?

### Our findings

People received care and support that was personalised and responsive. People who used the service told us they were happy with the service they received and how staff supported them with their preferences and routines. Relatives were complimentary of how staff had developed a good understanding of their relative's needs and said the care and support provided was, "Responsive" "effective" and "individual."

Feedback from external professionals was positive about the service people received. One professional said, "Staff are well aware of each individual's needs and have a good understanding of mental health, strategies to manage these needs and involve community led services for any multi-agency working."

People's care records included a pre-assessment and transition plan (this is a plan developed to support a person moving to the service), this information was used to develop support plans that informed staff of people's support needs. This included information about people's physical and mental health needs, likes, preferences and routines. This information was reviewed on a regular basis and the person and their relative were involved as fully as possible to ensure information reflected people's current needs. We identified some examples where people had experienced some changes with their support needs but their support plans did not fully reflect this. We discussed this with the registered manager and immediate action was taken to update this information.

Staff said they felt they had sufficient information about people's needs. Care records confirmed people's diverse needs, including their religious and cultural needs and preferences of how they wished to be supported, had been discussed with them. An example of this was how a person required specific support with their hair care and how they sometimes chose a particular diet, these were both based on the person's cultural background that was important to them. Staff were aware of this and provided appropriate support.

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People had communication care plans to advise staff of their communication needs and we observed staff used effective communication and listening skills. The provider had ensured information was made available for people in accessible information such as easy read to support people's communication and sensory needs.

Social inclusion was very much promoted and people had access to information about local attractions and events. Relatives were positive their family member was provided with opportunities to access the community and to participate in activities and hobbies of their choice. One relative said, "[Name of family member] is supported with all sorts of things, they go out all over the place."

Some people had been supported to have a holiday of their choice during the year. Records and photographs confirmed activities people had participated in and these included day trips to places such as places of interest, the seaside, park and celebrations such as birthdays. One person had regular visits to the

gym; a staff member said how this person showed an interest in swimming for the first time and was supported to do this. Records confirmed what we were told. One person had a great fondness of budgies and had one of their own they cared for. People had access to an activity room that provided them with the use of an additional television, computer, music, some musical instruments and a pool table.

On the day of our inspection visit two people were supported on a day trip with two staff. One person was supported by a staff member to go shopping, another person accessed the community independently and three people remained at the service doing activities of their choice that included watching films and listening to music.

People had access to the complaints procedure that was presented in an easy read format to support with communication needs. One person told us they felt confident to talk with the staff if they had any concerns and they knew who the registered manager was. Relatives told us they had not had cause to make a complaint but felt confident to do so and was positive that the registered manager would act upon anything raised.

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and in accordance with the complaint procedure having been thoroughly investigated and resolved.

Whilst there was no person at the end of their life; some discussions had been had with people about their wishes such as funeral arrangements.



## Is the service well-led?

### Our findings

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.

Relatives spoke highly of the registered manager. One relative said, "The manager is excellent, very knowledgeable, they have a wonderful manner, and keeps me informed about things."

Positive feedback about the registered manager's leadership style was received from external professionals. One professional said, "When I do go there (service) it is always a pleasure. The manager there has always been extremely well organised with his care plans, correspondence and resident files. He has always been transparent with his paperwork." Another professional said, "I have been very impressed by this service, staff have worked well with secondary mental health services in a collaborative manner."

Staff were equally positive about the registered manager. One staff member said, "The manager has an open door policy, they are very approachable, supportive and well organised." Another staff member said, "It's a well-led service, I feel comfortable to raise any concerns, there is good communication the manager listens to us."

The registered manager told us they used staff meetings, one to one supervision meetings and observations to assure themselves staff were appropriately supported to provide effective care and support.

The provider had a clear set of values and vision for the service and this information was clearly displayed within the service and in the service user guide and statement of purpose. This meant people were well informed about what they could expect from the service. This included empowering people to be equal and active citizens in the community and to develop their independence and be supported to manage their mental health needs.

The service had submitted the notifications to the Care Quality Commission that they were required to do. Policies and procedures were in place that were based on best practice and reflected relevant legislation where required. The ratings for the last inspection were on display in the home and available on the provider's website.

As part of the registered provider's internal quality assurance checks, annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in April 2017 and the outcome was positive comments were received, with no action required.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements

and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits and any areas that identified improvement action, a plan was developed with timescales and who was responsible. This told us the registered manager and registered provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.