

Heathcotes Care Limited

Heathcotes (Knollbeck)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Heathcotes (Knollbeck) is registered to provide accommodation for up to six people who require personal care. The home provides a service for people who have a learning disability. At the time of the inspection there were six people living in the home.

The last inspection took place in July 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

Systems were in place to manage risks to people living at the home and to keep them safe. All the people, professionals and staff we spoke with said they thought Heathcotes (Knollbeck) was safe. Staff had completed training in how to protect people from harm and abuse and understood the different forms and potential signs of abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people living at the home. Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The registered manager and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices and these were respected and actioned by staff.

People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff.

People had regular routine access to health and social care professionals where necessary. People attended health checks with a GP and had access to other medical services to ensure their health needs were met. Professionals told us there was appropriate communication between the service and themselves.

People had a choice of how they spent their time and the activities they undertook. Meals, snacks and drinks

were chosen by people, which they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted upon. Some people were actively involved in meal preparation.

The service had clear complaint systems and people had regular opportunities to discuss how they felt about the service.

People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported. Professionals told us they were kept informed of changes to people's support plans and were regularly invited to review meetings.

There was an effective quality assurance system in place to monitor key areas such as medicines, safeguarding concerns, accidents, incidents and staffing issues. People were consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Heathcotes (Knollbeck)

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.

This inspection took place on 19 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the 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 used this information to plan the inspection.

During the inspection we spoke with three people who lived at Heathcotes (Knollbeck). We also spoke with the registered manager, five members of care staff and the regional manager. After the inspection we spoke two healthcare professionals but were unsuccessful in contacting relatives.

We reviewed three people's care records including their medicines administration records. We looked at four staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service continued to protect people from avoidable harm and abuse.

People told us they felt safe living at Heathcotes (Knollbeck). One person said, "I really like it here, staff are nice." Another person said, "I feel very safe here." Professionals involved in people's care told us that people were safe living in the service. One professional told us, "I have no concerns about people's safety." Another said, "I believe people are safe there." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

We saw there were up to date risk assessments for staff to follow. This meant people remained safe and that their care and support could be appropriately delivered whilst at home and when they were assisted in the community. We saw examples of risk assessments, which included moving and handling, eating and drinking, assistance with medicines and being safe when out in the community. Personal evacuation plans were in place for each person in the event of an emergency occurring. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

Staff sought to understand the cause of people's behaviour. Detailed, clear recording of incidents was used to identify patterns. The results were analysed and used to change practice and reduce the triggers to behaviour that put people at risk. For example, staff were mindful of potential triggers which might cause people to exhibit behaviours which were challenging to staff and other people.

We saw four staff files and they provided evidence that there continued to be an effective recruitment and selection process in place. Staff had completed an application form, provided references, proof of identity and had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS).

Staff told us that the number of staff available to support people continued to be appropriate to the needs of the people using the service. Staff and the registered manager said the staffing levels were under constant review dependent on the needs of people using the service. Staff told us that there were always enough staff to cover shifts where other staff were unavailable.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert) and no one was prescribed medicine which required additional storage for safety purposes. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. Thorough medicine checks occurred to check stock balances and ensure people had received their medicines.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Professionals told us they were happy with the knowledge of the staff team. One said, "The manager and staff are all very good and know the people well."

Staff confirmed the induction, training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. We saw that training to meet people's specific needs had been completed in areas such as first aid, infection control, manual handling and safeguarding. A member of care staff told us, "As part of my induction I shadowed experienced members of staff, which helped me to get to know the needs of the people here."

Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. Staff told us they felt able to make suggestions about extra training or raise concerns during these sessions. Records demonstrated that supervision sessions were used as a way to address practice issues and ensure that staff worked in accordance with the policies in place at the service.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us, and records confirmed that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence.

Any support people required to maintain healthy nutrition and hydration was set out within their care records. Our observations confirmed that people were given the practical support they needed to prepare and eat their meals. Care was taken to ensure people's independence at meal times was encouraged. There were menus in place which had been devised in consultation with people who lived at Heathcotes (Knollbeck). We observed people being supported to make choices about their meals, drinks and snacks during our visit.

People accessed healthcare services as required and received on-going healthcare support and reviews. For example, people also had access to regular six monthly dental checks. We also saw records of annual health

reviews with GP services.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. Staff knew people's histories and backgrounds, the kindness exhibited by all staff and management enabled trusting relationships to be built with people. Professional's feedback included, "I have no doubt people receive a good level of care."

Staff relationships with people who used the service were strong, caring and supportive. The atmosphere at the service was relaxed and friendly. People were free to move around their accommodation unimpeded and to have quiet time by themselves when they wanted it.

Staff were seen to be motivated to provide the best and most suitable support to people they worked with. People were shown patience and respect; staff were not rushed, were focused and spent time on an individual basis with each person. People who lived at Heathcotes (Knollbeck) were treated with care and dignity. For example, we saw how well staff eased the anxiety of one person who exhibited challenging behaviours because of their anxiety levels. It was clear that staff understood the person very well, and were able to calm them in a way that did not escalate their anxiety.

We observed that people were encouraged by staff to remain as independent as possible and participate in tasks such as making drinks or preparing meals. Care records made clear what tasks people needed support with and what they could do for themselves. This reduced the risk of people being over supported which could have a negative impact on their independence and retention of life skills.

Professionals told us that they continued to be involved in the planning of people's care. They confirmed they were involved in meetings regarding people's care and in reviewing their care records when appropriate. They also confirmed they were involved in the process of making best interest decisions which the person was unable to make for themselves. Records we reviewed supported this.

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. During our inspection one person was being visited by an advocate.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'outstanding'. At this inspection we have judged that the rating remains 'outstanding'.

At our last inspection we found the responsiveness of the service was outstanding. At this inspection we found staff continued to encourage people to maintain their interest in life and enjoy social engagement with others. The rating remains 'Outstanding'.

Everyone had a care plan that was personal to them and their individual needs and wishes. Care plans gave staff information about the help people needed, including how and when they liked to be supported. Information we read in people's care plans mirrored the information people had shared with us.

People and professionals told us staff were extremely responsive to people's emotional and social needs. One professional told us, "Previous placements had broken down because they didn't settle and as such displayed challenging behaviours. The proactive approach by staff has minimised the level of challenging behaviour and [person] is very settled."

People's needs were assessed before they moved to the home to make sure staff were able to meet their needs, expectations and there would be compatibility with other people who lived at Heathcotes (Knollbeck). The regional manager told us, "This phase is never rushed, it's important that people are given time to learn about the service, other people and staff and what we have to offer." They went on to tell us that this approach would be used when two new additional bedrooms, which were in the final stages of completion, became available.

People were supported to be involved in the running of the home. The registered manager explained how people liked to be involved in the recruitment process for new staff. People met prospective staff when they visited the home. When they left the registered manager asked people if they thought they would make a good staff member. People had other input regarding the home. For example, one person told us, "I am a big Liverpool fan and I have decorated my bedroom in their football colours."

People were supported to take part in activities and occupy their time. Staff supported people to take part in group activities and to provide social stimulation on a one to one basis. Agreed activities, for groups and individuals were recorded on board and prominently displayed. The garden had been developed to accommodate a fish pond, vegetable garden, rabbits and chickens. These were tended to and managed by people who lived at Heathcotes (Knollbeck). One person told us, "I like feeding the chickens; they give us beautiful fresh eggs." Another person said, "We are having a sports day and barbeque soon, I'm looking forward to it as I think I'm going to win a race."

People felt able to share any concerns or complaints because there was an open and responsive atmosphere in the home. Where complaints had been made these had been fully investigated and responded to. Where investigations had highlighted shortfalls in the service apologies had been offered to

the complainant. People did not raise any complaints but said they would talk with staff if they weren't happy. One person said, "I've nothing to complain about but I would complain if there was." The registered manager explained how they had introduced a system to record all concerns however small so any trends and patterns could be identified.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

There continued to be a registered manager in post. 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. The registered manager was supported by senior care staff and support workers to ensure care and support for people was well coordinated and delivered.

Staff spoke positively about the registered manager. One staff member told us, "[Registered manager] is really good. They're approachable, supportive and available." Staff also said there was an open and positive culture at Heathcotes (Knollbeck). One staff member commented, "Communication is very good and clear. We get good handovers and daily updates."

People, professionals and staff told us the registered manager was approachable and listened to what they had to say. People knew who the registered manager was and told us that they could talk to them at any time. One professional said, "The staff communicate well with us and keep us up to date about any changes. The registered manager is very proactive" We observed that people were listened to by staff who reacted to their needs and wishes in an attentive manner.

Staff told us they had plenty of opportunities to provide feedback about the service. Staff meetings were held monthly. Meetings were scheduled at such times to allow night staff to attend. Issues covered included staff training, activities and care records. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time. Minutes of staff meetings were taken so staff not on duty could read them later. Staff views were also sought via an annual survey.

The registered manager carried out a regular programme of audits to assess and monitor the quality of the service. Examples of audits included; medicines, staff training, care planning and finances, Where any shortfalls were identified records demonstrated that these were acted upon promptly. The provider also had a dedicated audit team which periodically assessed every aspect of the service in line with CQC expectations.

Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that they found the process useful and provided an opportunity to discuss work related issues.

The regional manager told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective

way.