Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Heathcotes (Aylestone)

128 Lutterworth Road, Aylestone, Leicester, LE2 8PG

Date of Inspection: 29 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heathcotes Care Limited
Registered Manager	Ms. Jacqueline Belinda Harris
Overview of the service	Heathcotes Aylestone provides accommodation and support for up to seven adults with complex needs. There was a new manager in post at Heathcotes Aylestone who told us they had begun to prepare their registration application to the Care Quality Commission. The current registered manager, Jacqueline Belinda Harris, was overseeing the operation of the service pending the outcome of the new registration application.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We were unable able to speak with people using the service because they had limited verbal communication skills. We contacted relatives of two of the people using the service to ask them for their views. We spoke with the manager and regional manager, as well as with three of the support workers employed at Heathcotes Aylestone. We also reviewed records, including the care and support plans, for two people.

Staff were familiar with people's individual needs and preferences. They were able to communicate effectively with people using the service and involved them in making choices and decisions.

Support plans were well detailed and gave relevant and useful information to help ensure that people received the care and support they needed.

Staff understood the potential risks to the safety and wellbeing of the people using the service and would take action if they had any concerns about a person's safety.

Arrangements for the safekeeping and administration of medication were reliable.

Sufficient staff were available to help provide the support and care people required.

There were arrangements in place to help monitor the quality of the service and to secure improvements, when needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People using the service were supported to help them understand the care and treatment choices available to them as much as possible. Staff communicated with the people they supported in a friendly and courteous manner. It was clear that they understood people's preferred methods of communication, including non verbal communication. When we spoke with staff they were able to describe to us the subtleties of some people's communication and showed that they had developed a good knowledge of people's likes and dislikes.

Each person had a communication folder and we were shown examples of these. They included pictures, symbols and words and staff described how they used these to inform and involve people in making decisions.

People were supported in promoting their independence and community involvement. Each person had an individual timetable which showed how they spent their time and what activities they participated. Staff we spoke with also told us about the range of activities they supported people to participate in. These included attending college, shopping, travel, socialising and household tasks.

People privacy and dignity and was respected. When discussing people's individual circumstances we noted staff did this in private to avoid being overheard. Each person had their own bedroom with en suite toilet and showering facilities. Staff supported people with their personal care routines, when required. This all helped to protect people's privacy and dignity.

The bedrooms we saw were comfortably furnished and were decorated with people's own belongings and objects that reflected their individual interests. This showed people's interests and preferences had been taken into account.

People's age, sex, culture, disability and communication was taken into account in the way the service was provided. When we spoke with the relative of one of the people using the

service they commented that many of the staff were of a similar age group to the people using the service and they felt this helped to ensure that due regard was given to people's age. They told us that their relative was always dressed in clothing that was suitable for their age and supported to take part in activities that were age appropriate, including shopping and music.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we looked at the support plans and records for two people using the service. This information was comprehensive and up to date. It described people's specific needs and explained how these were to be supported, with information about people's preferred routines, their likes and dislikes. Because there was detailed and accurate written information in place this helped to protect people from the risks of receiving care or treatment that was inappropriate or unsafe.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been completed to help identify any potential risks to people's safety or welfare and to develop strategies for minimising these. These assessments enabled people to access amenities within their local community, and to take part in activities within the home, with support in place to help manage any identified risks.

There were arrangements in place to deal with foreseeable emergencies. The records we saw included emergency grab sheets which would be used if an urgent situation occurred, such as an unexpected admission to hospital. The information on these grab sheets was useful, including information about people's medical history, medication and communication skills. Individual emergency evacuation plans were also in place for each person using the service, explaining what support each person required.

The Deprivation of Liberty Safeguarding (DoLS) were only used when it was considered to be in the person's best interest. At the time of our inspection no one using the service was the subject of a DoLS authorisation. We reviewed the records of a person who had previously been the subject of a DoLS application and authorisation. When this person's circumstances changed the provider and the local authority followed the correct process to confirm that DoLS was no longer applicable. This showed that the provider understood the legal requirements that apply when a person does not have the capacity to consent.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our discussions with staff they demonstrated an understanding of the types of risk that the people they supported may be vulnerable to. They were able to explain to us the steps they took to help keep people safe and the types of situations they were alert to. All confirmed that if they had any concerns about the wellbeing or safety of a person using the service they would take action and raise their concerns.

Staff were aware of the provider's whistle blowing policy and knew where they could find a written copy of this document, should they need to refer to it. All understood that if they needed to escalate any concerns about the service they could do this through the whistle blowing route.

When we spoke with staff working at Heathcotes Aylestone we asked them about the systems that were in place relating to the use of restraint. All confirmed that care plans gave details of the types of circumstances that may necessitate the use of restraint and, if so, what techniques were to be used. Staff had received training in restraint techniques and in NAPPI (Non Abusive Psychological and Physical Intervention). This provided staff with knowledge and techniques to assist them to take a person centred approach when supporting people who had significant behavioural challenges.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. Requests for people's prescription medication were made in good time to ensure that sufficient stocks were available. The medication administration records (MAR) showed that people's medication supplies were available when needed.

Appropriate arrangements were in place in relation to the recording of medicine. MAR charts showed that medication was given reliably. The provider's policy was for two staff to observe the administering process and both sign to confirm this. The MAR charts showed two signatures were used. When we spoke with staff they confirmed that the senior member of staff dealt with administering and the second member of staff signed to confirm that they had observed.

Medicines were kept safely. All medication was stored in a locked cupboard and the keys to this were kept securely in a safe. Administration of medication was dealt with in the office, which meant that there was only occasional need to take medication to other parts of the building.

Medicines were safely administered. We spoke with one of the senior members of staff who was responsible for administration of medication. All staff involved in this task had completed medication training, which included the manager of the service observing their practice to ensure competency. A daily audit of medication was completed. This involved all medication being checked and counted to ensure that all was accounted for. The manager carried out a monthly audit of medication records and stocks. This showed that there were arrangements in place to help monitor that the medication arrangements were safe and effective.

Medicines were disposed of appropriately. When any medicines were no longer needed they were separated from the main stock, details for the reasons for disposal recorded and were collected by the pharmacist.

A medication policy was in place and easily available to all staff for reading and reference. A staff signature sheet indicated that staff had recently read this document.

During our inspection the provider informed us that new medication arrangements were about to be introduced. A new pharmacy service would be providing all prescription medication in a monitored dosage system which was able to accommodate liquid and solid oral medications. The provider had chosen this system with a view to assuring medication arrangements across all locations.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All of the people using the service required a minimum of one member of staff to support them during the daytime. The manager explained that the staff rota was organised to ensure that there were sufficient members of staff available to meet people's individual planned activities and routines. When we spoke with staff they confirmed that sufficient numbers of staff were available to provide the necessary levels of support. There was always a senior member of staff on shift.

The provider did not use agency staff. There were four Heathcotes services in a relative close proximity of each other. When additional staff were needed to cover absences such as annual leave or sickness, this was sourced from within the local staff teams.

During our inspection we observed that people using the service had staff readily available to them. People were supported by staff members in the communal areas and receiving support with the tasks they needed. Throughout the day people came and went from the building, with their support staff, as they went about their daily routines. When we spoke with relatives of people using the service they confirmed that they were satisfied with the staffing arrangements.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff had not yet been asked formally for their views about the care and treatment provided. The provider carried out an annual satisfaction survey in April of each year, across all Heathcotes locations. The first satisfaction survey for Heathcotes Aylestone was about to be carried out.

The manager explained various informal mechanisms had helped her to gather views about the service so far. Regular staff meetings were held. There was usually frequent contact and regular dialogue with the relatives of people using the service as these placement arrangements were all fairly new. People using the service had a meeting every eight weeks with their key worker. Notes of these meetings showed that people were asked for their views on the service and asked whether there were things they would like to change. Actions were recorded in written notes and progress followed up at the next meeting. This showed that people were being given an opportunity and support to express their views about the care and support they received at Heathcotes Aylestone.

When we spoke with relatives of people using the service they confirmed that they felt able to raise any concerns should they have any. One relative told us that they had had the occasion to raise a small query with the manager and this had been dealt with promptly and effectively.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Assessments and support plans had been completed by the manager of the service. Seniors and support workers contributed to the daily records and to the review of these plans.

The provider completed regular audits of the service to assess and monitor the quality of it. A regional manager visited the home on a monthly basis to complete an audit and the manager of the home was responsible for delivering an action plan in response to this. We saw copies of these audits and action plans. This showed that these checks were carried out on a regular basis, were comprehensive and arrangements were in place to ensure any necessary improvements were acted upon.

The provider took account of complaints and comments to improve the service. No formal complaints had been made since the service began operating. The manager discussed with us that some small issues had been raised verbally and addressed as they arose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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