

Heathcotes Care Limited

# Heathcotes (Kirklands)

## Inspection report

Kirklands  
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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

Heathcotes (Kirklands) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathcotes (Kirklands) is an adult service providing support for up to six people living with a learning disability or autistic spectrum disorder, mental health and physical disabilities in one adapted building.

This inspection took place on 1 and 8 November 2017 and was unannounced. Our last inspection took place on 23 November 2015 when the service was overall rated as 'Good' but rated 'Requires Improvement' in the Well-led domain. At this inspection we found the service remained 'Good' overall and was now rated 'Good' in all domains.

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

Staff had undergone safeguarding training and had access to policies and guidance to enable them to safeguard people from abuse.

People had detailed and comprehensive risk assessments in place which were actively reviewed with them to ensure they remained up-to-date and relevant. Staff understood how to respond to emergencies when they arose.

A high level of staffing had been maintained for the number of people who used the service. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People received their medicines safely from trained staff who were provided with relevant guidance about the administration of people's medicines.

Staff received a comprehensive induction to their role. People were supported by staff who were offered a range of training opportunities relevant to their role to ensure they could support people effectively. Staff were well supported within their role through the supervision process.

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 supported this practice.

People were encouraged to eat a balanced diet and healthy eating was promoted. People were encouraged where possible to be independent in the kitchen.

Staff we spoke with were knowledgeable about people's healthcare needs and people received professional support when required.

Staff were observed to be respectful of people's wishes. People's needs in relation to their privacy and dignity had been met.

People were provided with a pre-assessment prior to moving into the service. People had support making their personalised plans.

People were able to access a range of activities both on-site and in the community. People were encouraged to retain or develop their levels of independence.

There was a clearly defined management structure and staff understood their roles and responsibilities. There was an open and transparent culture within the service.

People had been involved in quality assurance processes and their feedback had been used to make improvements to the service. People's complaints were investigated, responded to and any required actions taken.

Various aspects of the service were audited regularly. The results of audits had been used to improve the quality of the service people received.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.  There was an open and transparent culture within the service.  There was a clearly defined management structure for the service which was well-led by the registered manager.  Processes were in place to audit and monitor the quality of the service provided and to drive service improvement for people.	<b>Good</b> ●

# Heathcotes (Kirklands)

## 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 1 and 8 November 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience specialised in working with people with a learning disability.

Before the inspection, we looked at any information we held about the service. This included any notifications, complaints, whistleblowing or safeguarding information sent to CQC. We also contacted the safeguarding and commissioning teams at Leeds City Council prior to 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.

During the inspection, we spoke to the registered manager, senior care worker and three staff members. We also spoke with three people who lived at the service and two relatives on the phone.

We looked around the home and viewed a variety of documentation and records. This included four staff files, four care records, nine Medication Administration Records, policies and procedures and audit documentation.

## Is the service safe?

### Our findings

At the last comprehensive inspection, we found the service was safe and rated them Good. At this inspection, we found the service continued to be safe.

People and their relatives told us the service was safe. One person said, "I feel safe here." Other comments included, "It's a good home" and, "They are safe there, but have some independence." People told us they received their medicines on time and that there were sufficient staff to meet their needs.

The provider required staff to undertake face to face safeguarding training upon starting their role, which they then updated annually, this was confirmed by records. Staff we spoke with demonstrated their understanding of the safeguarding process and their role and responsibility to protect people from the risk of abuse. Staff had access to both the provider's safeguarding policies and the multi-agency safeguarding procedures. The registered manager had made numerous safeguarding referrals to the local authority to safeguard people and appropriate measures had been taken to ensure the person's safety.

People had detailed and comprehensive risk assessments in place which were actively reviewed with them to ensure they remained up to date and relevant.. This covered risks to the person in relation to: their physical health, mental health, medicines, social, community and transport. Other specific areas of risk for people were identified and assessed. For example, cycling and smoking.

We walked around the service and found the environment mostly clean and tidy and free from clutter. Due to the large staff presence in the service and people being encouraged to be more independent and tidy up after themselves we saw little of concern around infection control. We spoke with staff who had a good understanding of cleanliness and hygiene. The service had a number of cleaning products stored appropriately for the daily cleaning of the service.

The service had a business continuity plan, which outlined how incidents would be managed to ensure people's safety. Staff completed daily health and safety checks and records showed relevant safety checks had been completed in relation to gas, electrics, water and asbestos. The provider had ensured the premises and service were secure and safe for people. Staff documented and reported any accidents or incidents which the registered manager then reviewed and monitored to reduce the risk of future repetition for people.

The provider had assessed the staffing requirements for the service. The registered manager told us the service was staffed so there was one member of staff on duty for each person who used the service or two members of staff to support some people when they went into the community. Our observations and the staffing rota supported that there were sufficient numbers of experienced staff to meet people's' needs.

Staff told us and records confirmed they had undergone robust recruitment checks as part of their application for their post. We could see people were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

Systems were in place for the safe management of medicines. Medicines were stored safely and there were daily checks on the room temperature and the fridge where medicines were stored to ensure they were within a normal, safe range. Some prescription medicines are controlled under the Misuse of Drugs Act 1971; these medicines are called controlled drugs or medicines. Appropriate storage was in place for controlled medicines.

When staff administered medicines, they checked the person was ready to take their medicines and that they knew what they were taking. Staff then signed the Medicine Administration Records (MARs) once they had administered the medicine.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and rated them Good. At this inspection, we found the service continued to be effective.

People felt staff had the correct skills to assist them effectively. They told us their consent was sought for their care. People were satisfied with the quality of the food provided. Their comments included, "I like the food, I can ask for things I like" and "I like what I get to eat." People felt well supported with their health care needs.

Staff told us and records confirmed they had received an induction after they started their role with the provider, this included a period of time spent shadowing more experienced members of staff in order to familiarise them with their role and responsibilities. New staff undertook the Care Certificate, which is the industry standard induction for staff new to care. This showed us staff received a comprehensive induction to their role.

Staff all undertook the provider's mandatory training, which included areas such as: moving and handling, challenging behaviour awareness, and health and safety. Staff also completed restraint training. Restraint training showed staff how to safely restrain someone in a way that would not cause injury to the person or staff. Records demonstrated staff were either up-to-date with their required training or were booked to attend courses. We concluded people were supported by staff who were offered a broad range of training opportunities, relevant to their role to ensure they could support people effectively.

Staff told us felt supported with their work; records confirmed they received regular supervision. In addition, staff received an annual appraisal of their work. This showed us staff were well supported within their role through the supervision process.

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.

We checked whether the service was working within the principles of the MCA. Records demonstrated that where staff had identified people might lack the capacity to make a specific decision, they had contacted professionals and completed a mental capacity assessment and best interest decision on the person's behalf. This had ensured people's treatment was provided in accordance with legislation and guidance.

Staff supported people with their meals to ensure their nutritional needs were met. People were involved with decisions around what food they wanted. People were weighed regularly, with their agreement, to enable staff to monitor if they remained at a healthy weight and to identify if any action was required.

People's level of independence in the kitchen was assessed and people were encouraged to be independent where possible. Some people prepared their own meals during the week with staff support instead of having the hot meal provided. People had access to foods to prepare themselves breakfast and an evening snack. People had access to facilities to make themselves hot and cold drinks. Staff told us they gave people opportunity to support themselves if they were hungry. This showed us people were encouraged where possible to be independent in the kitchen.

People had healthcare files in place which contained a 'health action plan', detailing what the person's healthcare needs were and how these were to be met. Records showed people had seen health professionals, which included psychiatrists, GP's, social workers, dentists and opticians. Staff we spoke with were knowledgeable about people's healthcare needs and people's care records contained any relevant guidance required by staff to ensure their healthcare needs could be met effectively.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and rated them Good. At this inspection, we found the service continued to be caring.

People told us the staff were caring and respected their privacy. A person told us "Staff are always with us. They help me." Relatives told us they believed their family member was cared for at the service. People told us they were involved in decisions about their care.

Staff told us when they started working at the service, they had spent time reading each person's care records in order to familiarise themselves with the person's history. They told us they then spent time chatting with people and getting to know them. Staff said, "People have a lot going on so we need to know them well" and, "We get to spend a lot of time with people so we can have a chat and really get to know them."

Staff were observed to interact with people politely and appropriately to the situation. For example, we observed a number of interactions between people who used the service and staff and saw staff were supportive and caring on all occasions. Although staff were assigned to support a particular individual, they acknowledged other people as they moved about the service. This included the registered manager who made a point of greeting all the people individually when they arrived.

The registered manager told us some staff needed guidance on how to interact with people when they first started their role, in terms of tone and manner. They provided an example of how a person had expressed a concern about the quality of a staff member's interactions with them; this was then addressed with the staff member to ensure they understood how the person wanted them to interact with them and what they had done previously wasn't the most effective way to work with that person. People were able to provide staff with feedback on their relationships with them and this information was used as an opportunity to support staff with their development within their role.

People and their relatives told us they were involved in the planning of their care. Whilst all the people we spoke with confirmed they had been involved in their care planning meetings, relatives told us, "We are told how they are getting on. We have been involved in the care planning" and, "I attend the care planning meetings." People also confirmed they were asked about changes to the service and what their views on changes were. Once a year there was a survey for people who used the service to offer their opinion on different aspects of the service they received.

Staff told us they were always mindful of the need to uphold people's privacy and dignity. Staff were observed to knock and only enter a person's bedroom with their permission. We observed staff spoke in private with people about any issues they wished to discuss. Staff were careful not to speak with other staff about issues in front of people.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and rated them Good. At this inspection, we found the service continued to be responsive.

People were provided with a comprehensive pre-assessment before moving into the service. The registered manager assessed the person's needs and spoke with them, their relatives and professionals involved in their care in order to gain an understanding of what support the person required. The assessment also involved assessing the person's compatibility to live with the people already living there.

Each person had a 'pen picture', which provided key information about the person. Although the service did not use agency staff, this provided staff with a brief overview of the person, which was useful, for example, when new staff were familiarising themselves with peoples' care needs.

People had support plans that had been discussed and agreed with them. Within each support plan it was identified what the person's identified support need was, their aims and objectives and an action plan detailing how they would be met. Each person had a staff member allocated as their 'keyworker' who reviewed their support plans to ensure they remained relevant and up-to-date. The review demonstrated how people were being supported to achieve their personal aims and objectives. For example, one aim for a person was to improve their karate, records showed staff had supported and encouraged them with this goal.

People's support plans detailed their mental health needs. There was guidance for staff about what signs would indicate the person was coping, proactive strategies to maintain the person's well-being, as well as signs which would indicate the person was becoming unwell and early intervention strategies. Information was also included about the signs which may indicate the person was in crisis and the actions for staff to take. Staff told us about the details included in these care records and how they acted in line with the care plans. People also had behaviour support plans, which identified which triggers were more likely to cause a person's behaviours. This showed us staff had access to clear and individualised guidance in relation to meeting each person's mental health needs.

Staff received a full handover when they started their shift. This ensured they were kept informed of people's welfare, mental state, any specific risks to people and any appointments people required support to attend. Staff used the shift handover and team meetings as opportunities to highlight any issues or behaviours they had observed and to discuss any actions that were required to be taken or strategies to manage the situation for people. Staff shift handovers and staff meetings were an effective method of updating staff about people and sharing information.

People were offered a range of activities both within the service and in the local community. People had their own personal activity interests they were supported to access. People were consulted about their hobbies and interests and activities were planned in response to their feedback. Staff told us, "We try to find out what people want to do and we support them as much as we can to get them to do it" and, "I ask people

what is it you want?." At the time of our inspection, activities included planning holidays, visits to art galleries, visits to Butterfly World and going to see horses.

Staff documented in people's records the activities they participated in, so there was clear evidence for each person and a record of why they had not attended any planned activities. People's needs for stimulation were met in varied ways that responded to their individual interests and preferences.

People were supported to maintain relationships with their families or people who were important to them where they wished to do so. People's wishes regarding who they wished to maintain contact with were respected.

People told us they knew how to make a complaint if they needed to. They said their views of the service had been sought and most of those spoken with felt listened to. Records showed that where complaints had been received, they had been investigated, responded to and any relevant actions taken on behalf of people.

## Is the service well-led?

### Our findings

At the last inspection we rated this domain requires improvement as there was no registered manager in place. At this inspection we found the service was 'Well-led' and had a registered manager in place.

People told us there was open communication within the service from staff. Most people we spoke with felt the service was well managed. Their comments included, "The management team are good" and "Generally okay."

The provider's statement of purpose outlined the aims of the service as being to provide 'recovery focused support, based on a culture of valuing and enabling the individual to achieve their outcomes in a safe and open environment.' Staff told us they learnt about the provider's values during their induction. Staff were observed to uphold these values in the way in which they supported people with their care.

There was an open and transparent culture within the service. Providers are required by law to notify the Care Quality Commission (CQC) of significant events that occur in care settings. This allows the CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation.

There were regular staff meetings to provide staff with the opportunity to express their views. Staff told us they had provided feedback about the existing staff shift handovers, which records confirmed. In meeting records staff had been asked for their views and these had been acted upon.

People's views of the service were sought through regular review meetings and through an annual survey. We saw the results of the last survey which included five responses from people who used the service. We saw the vast majority of survey results indicated people were very happy overall with the service they received. For example, people were happy with staff friendliness, liked who they lived with, the food and felt staff did listen to them. This showed us processes were in place to enable people to raise concerns. People's relatives, professionals and staff were also asked to complete an annual quality control questionnaire to seek their feedback on the service provided. The last survey was published in June 2017 and demonstrated what actions had been taken in response to peoples' feedback.

Staff were required to read the provider's policies and to sign to say they had done so; revised policies were also circulated for staff to review. The provider ensured staff were kept updated and informed regarding the policies and procedures that governed the provision of people's care.

The management team comprised of the registered manager, senior care staff and an area manager. Each staff shift was led either by one of the senior care staff or by an experienced member of staff who was allocated as the 'shift lead'. Their duty was to allocate responsibilities for staff during the shift and to lead the staff team. This ensured staff had clear guidance about where to seek support and leadership during the shift. This showed us there was a clearly defined management structure and staff understood their roles and responsibilities.

Staff and people told us the service was well-led. Their comments included, "The manager was very approachable " and "The staff are very approachable. We raised an issue with the manager and they sorted it." They also commented "They are a good leader; I trust them" and, "They know what they are doing. I have known them for a while now."

The provider told us they supported the registered manager in their role through regular visits and support telephone calls. In addition they provided the registered manager with supervision on a regular basis. The registered manager and provider both completed audits of the service on a monthly basis. This ensured the provider had oversight of the quality of the service in addition to the registered manager. The audits reviewed areas such as incidents, complaints, safeguarding's, staffing, and training. Records demonstrated actions required as a result of these audits had been completed. For example, one person's risk assessment required more detail, an end of life plan to be completed and the next staff meeting was overdue. We saw the required actions had already taken place.

Other areas of the service audited included medicines, finances and health and safety. Staff told us if any issues were identified within their daily health and safety checks then these were passed to the maintenance team to be addressed for people. The provider's medicines arrangements were audited internally.