

Heathcotes Care Limited

Heathcotes (Sawley)

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

This inspection visit took place on the 20 May 2016 and was unannounced. At our previous inspection on the 23 May 2013 the service was meeting the regulations that we checked.

Heathcotes (Sawley) provides accommodation and personal care support for up to six people with a learning disability and autistic spectrum disorders between the ages of 18 to 65. There were six people who used the service at the time of our visit.

There was 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.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. Staff knew how to respond to incidents if the registered manager was not in the service. People told us and we saw there were sufficient staff available to support them. Medicines were managed safely and people were supported to take their medicine as needed.

People were treated with dignity and respect and had their choices acted on. The staff worked in partnership with people when supporting them. People confirmed that staff supported them in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

People were enabled by staff to maintain choice and independence and were supported to develop life skills to enable them to live more independently. People were supported to develop and maintain hobbies and interests within the local community to promote equality and integration.

The staff team actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 was safe.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective

People made decisions in relation to their care and were supported by staff who were trained to meet their needs. People were supported to eat and drink enough to maintain their health and staff monitored people to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence and autonomy. People were supported to maintain their privacy and dignity and to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints

policy was accessible to people and they were supported to raise any concerns.

Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service, to enable the provider to identify and make improvements where needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

Good ●

Heathcotes (Sawley)

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 was 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 visit took place on 20 May 2016. This was an unannounced inspection. The inspection team consisted of one inspector.

The provider completed a 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. As part of our planning, we reviewed the information in the PIR and other information we hold about the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with five people who used the service; we observed how staff interacted with people. We spoke with five care staff and two regional managers. The registered manager was not available on the day of our visit. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I always feel safe with the staff." Another person told us, "The staff are nice." We saw that people had a good relationship with staff. We observed a lot of banter between people that used the service and the staff and this showed us that people felt relaxed with the staff team.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to the manager or whoever was in charge." Staff confirmed that they were aware of the local safeguarding procedure and we saw that information was accessible to them. We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff told us that when people demonstrated behaviours that put themselves or others at risk of harm, a Non Abusive Psychological and Physical Intervention (NAPPI) method was used to support people. Staff we spoke with had a good understanding of how to support people to manage their behaviours and protect them and others from harm. We saw from records of incidents that physical intervention was only used when other techniques such as distraction and redirection had not worked. Detailed information was recorded that demonstrated that any physical intervention undertaken was managed safely and in the least restrictive way.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

We saw that people's needs were being met by the staff. The numbers of staff supporting each person was determined by their assessed needs. For example some people required one to one support when at home and two staff to support them when accessing the community. One person required two staff to support them throughout the day. We saw that this level of support was provided and the staff worked well as a team rotating the support provided to individuals at varying periods throughout the day. We saw that where risks had been identified people were only supported by staff of the same gender to reduce incidents of

inappropriate behaviour.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that people were supported by staff trained to administer medicines. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with said the staff met their needs. One person told us, "The staff support me to do things and help me to learn new things." Staff told us and we saw that they received the training they needed to care for people. One member of staff told us, "We have a lot of training that's relevant to the people we support and mandatory training as well, like safeguarding and first aid." Another member of staff said, "We have supervision every month and staff meetings every month as well." We saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We have regular supervision and we all work as one team." This showed us that staff were supported to meet people's needs.

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 people 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 saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. We saw that staff explained what they were doing and sought people's consent before they provided them with support. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. For example one person wanted a bath and requested that a particular member of staff supported them. This member of staff was not available to support them at that time, so the person waited for this member of staff and their wishes were respected.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The operations manager confirmed they had made DoLS applications for three people that used the service and staff spoken with were clear on the reasons why these had applications had been made.

People were supported to maintain their nutritional health and were supported to follow a healthy balanced diet. We saw that where needed people were supported to maintain diets that were specific to their needs with guidance from health care professionals as needed. A member of staff confirmed that people were supported to do their food shopping, which was based on meals they enjoyed and that met their dietary needs.

We saw that people accessed health services and appointments were recorded to demonstrate this. The person's capacity to consent to treatment, their method of communication and the level of support they required was recorded. This ensured people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. One person told us, "I get on well with the staff and they are helping me to be independent."

We saw that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication. People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and relax at home in their preferred way. We saw that people's right to privacy was observed. For example we saw that some people preferred to spend time in their bedrooms and staff respected this. This empowered people to have a voice and to realise their potential, enabling them to lead a life that was based on their choices and interests.

We saw that staff enabled people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

Each person was assigned a key worker whose role was to coordinate their support and ensure the person's care plans were kept up to date to reflect their current strengths and support needs. One person told us, "My keyworker sorts out trips and holidays with me and they go through my care file with me to check I agree with everything." We saw that staff supported and encouraged people to care for themselves and promoted them to gain independence. For example two people were able to go out to the local shops alone.

People told us that they were supported to maintain relationships with significant people who were important to them. We saw that one person was supported to telephone their relative during our visit. Another person was supported to keep in contact with close friends who also came to visit them. Information in people's care plans demonstrated that people were supported to maintain contact with their family and friends.

Is the service responsive?

Our findings

People told us they were involved with reviewing their care and confirmed that the support provided to them met their needs as an individual. We saw that people received continuity in the support they received because they were supported by a regular team of staff that knew and understood them. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated that they knew people well. For example, one staff member told us how a person liked to listen to music and the person confirmed this with us. Staff used information they had about people to provide good interactions. We saw staff talked to people about their friends and family and also about things they had done and liked doing. We saw that people went out to undertake a variety of activities with staff during our visit.

People were supported to take an active role in decisions regarding the local and wider community. For example we saw that non biased information regarding the EU referendum was available in an easy read format, to assist people's understanding and support them to use their right to vote.

People were supported to plan holidays of their choice. One person confirmed that they were going on a cruise. They told us, "I have never been on a cruise before, so this time I am going for just a few days to make sure I like it, and then I am going on a longer cruise." Another person showed us a holiday brochure and told us that staff were supporting them in choosing a holiday destination.

People's views were sought on a regular basis through weekly meetings. One person told us, "We have a meeting every Sunday after dinner and talk about what meals we want, we take it in turns to choose different things and we talk about lots of things, like holidays and going out and making sure everyone is happy." We looked at the minutes of some meetings and saw that people were encouraged to express their views and discuss any concerns they had.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. One person said, "If I wasn't happy about something, I would tell my keyworker or the manager." Staff told us that any complaints or concerns made to them would be reported to the manager. A complaints procedure was in place and this included a pictorial format to support people to raise any concerns they had. A system was in place to record the complaints received. We saw that complaints were addressed in a timely way and included the actions taken and outcome.

Is the service well-led?

Our findings

People confirmed that they were supported to be part of the local and wider community. One person told us, "I go to creative arts classes." Another person confirmed that they enjoyed fishing and had a fishing licence to enable them to go fishing when they wanted to." We saw that people were encouraged to go out and experience community activities.

People's views were also sought on a regular basis through weekly meetings and annual satisfaction surveys. The regional managers confirmed that information from the surveys was audited to provide an overall result. Any areas where improvements were needed were referred back for the registered manager to address.

People that used the service were clear who the registered manager was and told us they liked the manager. Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. One member of staff said, "We all work really well together and the manager is very supportive."

Staff we spoke with told us they were happy to raise concerns and were aware of the whistle blowing procedure. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, "We all know about whistleblowing and I would raise any concerns with the manager." We saw there was a whistleblowing procedure in place. This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks and health and safety checks were undertaken. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service and the staff team.

Staff recorded incidents and accidents and the registered manager sent these to the provider's head of quality and training who analysed these for any patterns and trends, this was to ensure actions could be taken as needed. For example any patterns regarding the amount of a support a person required to manage their behaviour was fed back to the NAPPI advisor who then visited the service to observe practice and provide additional support to staff. This demonstrated that systems were in place to monitor the service and enable improvements to be made as needed.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.