

Heathcotes Care Limited

Heathcotes (Basford)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 31 January 2018. The inspection was unannounced.

Heathcotes (Basford) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

At the last inspection, in February 2016 the service was rated overall as 'Good'. At this inspection we found that the service remained 'Good'.

Since our last inspection there had been a change of registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a staff team who understood their role and responsibilities to protect them from abuse and avoidable harm. The registered provider had systems, policies and processes to support staff in safeguarding people. Staff had received appropriate safeguarding training.

Risks to people's safety, including the environment had been assessed and were monitored and reviewed. Some concerns were identified with staffing levels and action was taken to improve this with immediate effect.

People's medicines were managed safely. Not all night staff had received medicines training, whilst there was a plan to manage this action was taken to resolve this issue. Following our inspection the registered manager confirmed night staff that had not received medicines training, were enrolled to complete this as a matter of priority. The service was clean and hygienic and staff had received training in the prevention and control of infections and a policy and procedure was available to support staff.

People's needs had been appropriately assessed and staff had information of the support people required to effectively manage their needs. Staff had received an appropriate induction and support. Some gaps were

found in staff training, this had been already identified in some areas and training booked. Immediate action was taken to arrange for staff to receive refresher training where required.

People received a choice of meals and drinks and their dietary needs were known and understood by staff. People were supported to access primary and specialist health services to monitor their health needs. Staff worked with external healthcare professionals to secure good outcomes for people. The internal and external environment was appropriate for people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by a staff team that knew them well; staff were caring and provided a person centred approach. Independence was promoted, dignity and privacy respected and people were involved in their care and support. People had access to independent advocacy information should they have required this support.

Staff supported people with their interests and hobbies and people contributed to planning the care and support they received. People's communication needs had been assessed and planned for. The provider's complaints procedure had been made available for people and was presented in an appropriate format. People's end of life wishes had been discussed with them.

People, relatives and staff were positive about the leadership of the service. People received opportunities to share their experience about the service they received. Systems and processes were in place to monitor the quality and safety of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Heathcotes (Basford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 31 January 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require provider's to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information that we held about the service such as the last inspection report, notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund people's care) of the service.

On the day of the inspection we spoke with three people who used the service and one visiting professional. Not all people who used the service were able to fully express their views about the service they received. We therefore observed staff engagement with people in providing care and support in communal areas of the service, to help us understand the experience of people.

During the inspection we spoke with the registered manager, the regional manager, a team leader and two care staff. We looked at all or parts of the care records of five people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff, deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

After the inspection we contacted two people's relatives to seek their views about the service their family

member received.

Is the service safe?

Our findings

The registered provider had systems and processes to protect people from abuse and avoidable harm. People living at the service felt safe. One person said, "I feel safe living here, not like my old place (referring to their previous placement)." Relatives were confident their family member was cared for safely. One relative said, "[Name of family member] would say if they felt unsafe about anything, I have no concerns at all about safety."

Staff were able to tell us of their role and responsibilities and the action they would take if they suspected any form of abuse. Staff had received safeguarding adults training and had policies and procedures to inform practice; this included a whistle-blowing policy. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Risks associated with people's needs and safety had been assessed, monitored and reviewed. People told us they felt they had no undue restrictions placed upon them. One person smoked and they told us and observations confirmed, they were supported to have a cigarette when they chose. Relatives were positive any risks were known and understood by staff and managed safely.

Staff had the required information to manage any known risks. Some people experienced periods of high anxiety associated with their mental health needs that could affect their mood and behaviour. Staff had received training in positive behavioural support and accredited training in physical intervention. This ensured least restrictive practice was known and understood by staff. Staff gave good examples of diversional techniques used as a method to reduce people's anxiety.

Risks associated with the internal and external environment had also been assessed and systems were in place to regularly check safety such as fire and evacuation procedures.

Some concerns were identified with staffing levels and immediate action was taken to increase the amount of staff on duty. People who used the service required staff support to access the community due to their level of needs. However, people told us the staffing levels sometimes impacted on their ability to go out when they wished. Staff confirmed this to be correct and said due to an increase in some people's physical needs, this had impacted on staff's availability. The regional manager agreed to increase staffing with immediate effect and following our inspection provided us with a staff roster that confirmed the increase had been made as discussed and agreed.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal record checks and employment history.

People received their prescribed medicines safely. We found the medicines systems were organised and people were receiving their medicines when they should. Staff had the required information about how to administer people's medicines. We did a sample stock check of medicines and found these to be correct.

Records confirmed staff had received appropriate training and checks to ensure they were administering medicines safely. There were systems and processes in place to audit medicines and action was taken if shortfalls in practice were identified.

The service was found to be clean and infection prevention and control measures were known and understood by staff. Staff received appropriate training to guide practice and had available an infection control policy and procedure. Staff told us what cleaning they completed, we reviewed the cleaning schedules and found some tasks completed were not recorded. The night cleaning schedule showed two nights prior to our inspection, staff had not completed the cleaning schedule. The registered manager told us they would review the schedules and speak with staff.

The registered provider had systems and processes in place to effectively manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again. The registered manager was responsible for reporting accidents and incidents to senior managers to show what action had been taken to mitigate further risks. This meant there was continued oversight at all management levels.

Is the service effective?

Our findings

People who used the service and relatives told us that they were involved in their assessment as fully as possible and found staff knowledgeable and competent. One relative said, "All the staff are very good, they understand [name of family member] and are supportive."

People had an assessment of their needs before they moved to the service. This was based on their holistic needs to enable staff to fully understand what people's needs and wishes were in relation to their physical, mental and emotional health and well-being. The registered provider supported the registered manager with providing latest research and best practice guidance relevant to people's needs. The registered manager also told us they researched any areas they felt they required additional knowledge to support people.

The assessment of people's diverse needs including the protected characteristics under the Equality Act was considered. People's support plans included information about people's diverse needs and the support required to respect their lifestyle choices and preferences.

Staff were positive about the induction, training and support they received. One staff member said, "I completed an induction and did shadow shifts, I've done lots of training and it's been really helpful." Another staff member said, "We have refresher training and regular meetings to meet with the manager to discuss our work, any problems and can ask for any additional training if we feel we need it." Staff were found to be knowledgeable about people's needs and the action required to ensure people received effective care and support to manage their physical and mental health and well-being.

When reviewing the staff training plan, we saw some staff had not received refresher training at the required time. The registered manager showed us documentation to confirm training had been booked, however refresher first aid training was still required for some staff. The regional manager booked this training before we completed the inspection and confirmed when staff would receive this. The registered manager was aware of the importance of ensuring all staff received training in accordance to the provider's training policy and said this oversight would not occur again.

People told us they received a choice of meals and drinks. One person said, "I can have snacks and drinks when I want, I can help myself. Sometimes I'll help with cooking." People told us they were involved in the planning of meals and we saw they received choices of meals and drinks during the inspection. We found adequate food stocks and these were stored and managed appropriately.

Assessments had been completed with regard to nutritional needs and consideration to religious and cultural needs in menu planning. One person had a preference for a particular diet and this was known and understood by staff and the menu confirmed this person's choice was provided. Staff were familiar with the nutritional requirements of people.

Systems were in place to ensure information was available to other clinicians in the event of a person

requiring medical treatment. Staff completed 'traffic light assessments for people with a learning disability' to provide information about the person's care needs to be used in the event of an emergency admission to hospital.

People told us they were supported with their health needs. Relatives were confident staff supported their family member appropriately with any known health conditions and took action when people's health deteriorated. One relative said, "They (staff) are always on top of any health needs."

Staff had detailed and up to date information about people's health conditions. This meant people could be assured staff were aware of their needs and the support required to manage these effectively.

The internal and external environment was designed to meet people's individual needs and preferences. People had large bedrooms with en-suites which were decorated and furnished to reflect their individual interests and preferences. Where people required specific equipment such as a hoist or specialist bed these were in place and available. People had access to a pleasant and secure garden and courtyard.

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

Some staff demonstrated a limited understanding about MCA and DoLS even though they had received training and the provider had a policy to support and inform staff practice. However, staff were clear about the importance of including and consulting with people as fully as possible in decisions about their care and support. The registered manager said they would discuss the MCA and DoLS in staff meetings as a method to enhance staff's understanding.

Where people lacked mental capacity to consent to specific decisions such as managing their money, best interest decisions had been made and documented. The management team told us decisions were made with the involvement of relevant others such as relatives; however this was not always clearly recorded.

The registered manager had submitted DoLS applications for assessment to the supervisory body where required. Where authorisations had been granted information was in people's care records to inform staff.

Is the service caring?

Our findings

People who used the service and relatives spoke positively about the staff who they described as being caring and supportive. One person said, "I like the staff they're good to me, they help and listen to me." A relative said, "I have great respect for the staff they are really nice and treat [name of family member] with thoughtfulness, genuine care and respect."

The provider had a clear set of values and standards they expected staff to adhere to when supporting people. This included promoting independence, social inclusion and respecting people. Staff had received training in equality and diversity, person centred approaches to support and communication. Staff were aware of the provider's values and their role and responsibility in meeting standards of care expected of them.

We observed staff to be kind and compassionate when supporting people, they were patient and considered in their approach when interacting with people. The registered manager used observations of staff practice and discussions in staff meetings and supervision meetings, to assure themselves staff maintained the expected good standards of care.

The atmosphere of the home was relaxed and calm. We observed how staff supported people at time of increased anxiety and agitation, staff were supportive and gave reassurance and this approach was seen to have a positive response.

Staff spoke positively and respectfully about the people they supported, clearly demonstrating a good understanding of people's preferences, personal histories, routines and what was important to them. We asked staff what they would need to consider if caring for a person who identified themselves as being lesbian, gay, bisexual or transgender [LGBT]. Staff demonstrated they respected people's personal lifestyle choices and how people should be treated equally without prejudice or discrimination.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are two different types of advocates lay advocates and Independent Mental Capacity Advocates. An example was given of one person who had an independent advocate that supported them.

People received opportunities to express their views about the care and support they received. One person said, "I'm fully involved in saying how I want my support. I'm getting better with my independence, staff support me in the community but I get space and time to be by myself." Another person said, "We have monthly meetings with the staff and talk about how we are and about activities." This demonstrated people were treated as equals and respected.

People told us they found staff to be respectful. One person said, "The staff knock on my door, they respect my privacy." People's support plans were focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support

Staff were able to explain to us the principles of good care and on display was information about how staff should demonstrate dignity at all times. This meant people were aware of the standards of care they could expect from staff. The importance of confidentiality was understood by staff.

Is the service responsive?

Our findings

People who used the service and relatives where appropriate, received opportunities to contribute to the planning of their or their family member's care. A relative said, "I'm confident [name of family member] is involved as much as they can be in decisions. Their mental health and behaviour can impact on this but this doesn't stop staff trying to keep them involved." Another relative said, "Communication is good, I'm involved as much as I want to be."

The registered manager told us they had reviewed people's support plans with them. This ensured staff had sufficient information to enable them to provide a personalised service, dependent on each person's individual needs, wishes and preferences. Staff told us the registered manager had developed people's support plans to ensure they were appropriately detailed. One staff member said, "Support plans and other documentation is better, more detailed and supportive."

People were supported with activities, hobbies and interests. On the day of our inspection two people were supported by staff to go out separately with a member of staff. This was to support them with shopping, banking and having lunch out. On return people showed their purchases to staff who showed interest and asked questions. Another person remained in the home and spent their time colouring which staff said was their favourite pastime and occasionally watching the television.

Two other people remained at home and chose to spend their time in their room. Staff were observed to regularly check people were comfortable and spent time chatting to them. The registered manager said due to some people's mental health needs this sometimes impacted on their motivation to participate in activities. The registered manager was aware of the risk of self-isolation and said staff regularly encouraged people to spend time in the communal areas. Records confirmed what we were told.

External entertainers also visited and provided activities such as music and exercise and staff had identified people that normally chose to remain in their room participated in these activities. The registered manager said they had plans to increase the frequency and variety of external entertainers. This was in particular for the people who were more reluctant to leave the home, to further develop their interests and social opportunities.

The registered manager told us they were aware of their responsibilities in relation to, The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had been assessed and planned for.

A complaints policy and procedure was in place, this was displayed and presented appropriately for people and discussed in 'resident meetings'. People told us they felt they could talk to staff if they had any concerns and knew who the registered manager was. Relatives told us they had not been required to make a complaint but felt confident if they did action would be taken to resolve any concerns.

The complaints log showed complaints made were recorded and responded to in accordance with the provider's complaint policy and procedure.

People's end of life wishes had been discussed with them.

Is the service well-led?

Our findings

The registered manager at the time of our inspection had been registered for three months and this was their first registered manager position. They told us they felt well supported by the regional manager and senior management team. To support them in their role they regularly attended internal management meetings where they learnt from experienced registered managers within the organisation.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and relatives spoke highly of the registered manager. Comments included, "(Manager) is really nice, I like them, they spend time with me." And, "(Manager) keeps in contact with us, I think they are knowledgeable and supportive."

Staff were equally complimentary of the registered manager's leadership. One staff member said, "I feel very well supported by the manager, they've started to make improvements. All documentation is much better, they're always at the end of the phone if they're not here." Another staff member said, "The manager is well organised, very caring and will help provide care if needed, you can approach them about anything and they sort things out."

Staff talked positively about their enjoyment for their work. One staff member said, "I love working here because it's homely, I understand there are professional boundaries but it's like a family."

As part of the registered provider's internal quality assurance checks annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in 2017.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. The registered provider had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display in the home and available on the provider's website.