

Heathcotes Care Limited

Heathcotes (Sawley)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 (Sawley) is a residential care home that provides accommodation and personal care support for up to six people between the ages of 18 to 65 with a learning disability and associated conditions. 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. There were six people who used the service at the time of our visit.

At our last inspection on the 20 May 2016 we rated the service good. At this inspection we found the evidence continued to support the overall rating of good but improvements were needed to ensure all recruitment checks were thoroughly explored. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The registered manager had overlooked recruitment information received for one staff member. They took immediate action to address this at the time of the inspection. Staff understood how to protect people from harm and their responsibilities to raise concerns and record safety incidents. Risks to people were managed to reduce potential hazards. Enough staff were available to support people. Where people required support to take their medicines; this was provided in a safe way. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective support. Staff had the knowledge they needed to provide effective care and support was delivered in line with good practice guidance. People's physical health was monitored and they were supported to access healthcare services. People's dietary needs and preferences were met. People are 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 continued to receive support that was caring by staff who knew them well. People were involved in making decisions about their care and their privacy, dignity and independence was respected and promoted.

People continued to receive support that was responsive to their individual needs. People were consulted regarding their preferences and interests and these were incorporated into their support plan to ensure they were supported to lead the life they wanted to. People were supported to be as independent as they could be and assistive technology and accessible information was in place to support people in achieving this. The support people received was reviewed with them to ensure it remained relevant. People knew how to raise any concerns or complaints, and these were responded to in a timely manner.

The service continued to be well led. The registered manager understood their roles and responsibilities and the staff worked well as a team to enable people to be supported in their preferred way. People, staff and

visiting professionals were encouraged to give feedback, and their views were acted on to develop the service. The provider worked in partnership with other agencies and systems were in place to drive ongoing improvements.

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.

Is the service safe?

Requires Improvement 

The service has deteriorated to Requires Improvement

When information had been disclosed during recruitment this was not always explored and assessed to ensure safe working practices were maintained. 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 in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences.

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 (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 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 comprehensive unannounced inspection took place on the 12 June 2018 and was undertaken by two inspectors.

Heathcotes Sawley met 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.

The inspection was informed by 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. We also reviewed information we held about the service. This included information from the local authority and statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

We spoke with three people who used the service and observed how staff interacted with people. We spoke with one person's relative by telephone following the inspection visit. We spoke with the registered manager, the regional manager and four care staff. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two 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, such as their quality monitoring audits.

Is the service safe?

Our findings

Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. The provider checked staff's suitability to deliver personal care before they started work. However we saw that improvements were needed to the practices in place to ensure any information recorded on Disclosure and Barring Service (DBS) checks were explored. The DBS is a national agency that keeps records of criminal convictions. We saw no record was in place to demonstrate that the registered manager had discussed information on a staff member's DBS with them and the registered manager confirmed they had overlooked this. This member of staff also had an eleven year gap in their employment history that had not been explored by the registered manager. Although the registered manager took immediate action to address this, we could not be assured that the practices in place ensured thorough recruitment checks were undertaken.

There were enough staff available to support people with their daily activities. Throughout the day people were supported to go out as they wished. For example, everyone undertook activities within the community with their staff support. One person went to the local shop and then went for a walk. Another person went shopping in Nottingham with their staff support. A relative told us, "[Name] has their own routine and they don't like to go too far from home. The staff are aware of this and take them out to the local shops and for walks in the local area which they enjoy." On the day of the inspection the person was supported by staff to follow this routine. Upon their return they told us, "I bought a meal deal and we went for a walk down to the canal."

Staff confirmed and we saw the staffing levels were sufficient to meet everyone's needs. One member of staff told us, "There are enough staff. Everyone has gone out today to wherever they want to go with their staff support."

People told us they liked the staff and our observations throughout the day demonstrated that they were relaxed with the staff that supported them. We saw that people were supported to walk around their home freely. A relative told us they felt their relations were safe with the staff that supported them. They said, "[Name] gets on with all the staff and they know how to support them if they get upset or frustrated." Staff were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe. One member of staff told us, "If someone was behaving out of character it could be a sign something was bothering them and I would report it to the manager." We saw from minutes of team meetings that the registered manager discussed the safeguarding procedure with staff to check and assess their understanding and competence. There were safeguarding procedures in place and when needed, concerns had been raised by the registered manager and safeguarding referrals made. This was in line with the provider's procedures.

When people demonstrated behaviours that may put them or others at risk, the staff had received training on how to support them in the least restrictive way. Where incidents had occurred detailed records were in

place to demonstrate the support the person received and these had been analysed to look at how the person could be supported to reduce these behaviours. For example, clear information was recorded to guide staff on the support one person needed when they became anxious. This included ensuring two staff supported and redirected them to take part in activities that the person found relaxing and calming. Staff we spoke with were clear on the procedure to follow to support this person in the least restrictive way.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans were updated at regular intervals and provided information on the level of support the person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's needs and provided staff with guidance on the support the person needed.

We saw that people's needs had been assessed and risk assessments were in place which included the actions needed to reduce any identified risks. We saw that actions guided the staff on how to minimise these risk, whilst supporting the person to maintain as much choice and independence as possible. Discussions with staff showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised. Records were in place, to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

Medicines continued to be managed safely. We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Staff told us they had undertaken training and received competency checks and records seen confirmed this. All of the people that used the service required staff support to take their medicine. Medicine administration records were kept and we saw that staff signed when people had taken their medicine. We checked some medicines against the stock balance and they corresponded. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff supported people to keep their home clean. We saw that cleaning products were stored securely. A cleaning schedule was in place and staff were allocated tasks on a daily basis to ensure good hygiene standards were maintained. The registered manager and provider used this information to complete audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required. We saw that no actions were required at the time of our report.

We saw that continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager to look for any patterns or trends; to enable them to take action as needed.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service to ensure they could be met. Support plans had been developed from these initial assessments and reviewed to ensure the staff team continued to meet people's changing needs. Relatives told us they were happy with the support their relation received from the staff team. A relative told us, "I am very happy with the care [Name] gets."

We saw that new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. One member of staff told us "I hadn't worked in care before I started here. My induction was good. I spent five days reading people's care plans and shadowed other staff. I have just completed the care certificate."

Staff continued to receive training to develop their skills and understanding. One member of staff told us, "There is a lot of training provided. It's face to face so we get the chance to ask questions and discuss things. Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff told us, "I get one to one meetings with the manager or team leader every two to three months but I can go to the manager at any time if I need to discuss something."

People were supported to choose their food and drink, and were assisted to consider a balanced diet. Meals were planned taking into account people's preferences. None of the people that used the service required a specialist diets. One person required support at meal times as they were at risk of choking. The person required their food to be cut up and prompts to slow down when eating. We saw that staff followed this plan when they supported the person to eat their breakfast.

Each person had a health action plan which provided staff with information about their health needs. A hospital passport was also in place that was used when people attended hospital appointments. This provided healthcare professionals with information about the person's health care needs, their method of communication and their capacity to understand and make decisions regarding their healthcare.

The staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. This was to ensure people's needs were met and information was provided to them in an accessible format that met their communication needs. We saw referrals were made when needed to healthcare professionals to assist people with their changing needs.

People were routinely supported to see health care professionals such as, doctors, opticians, dentists and chiropodists; to ensure they maintained good health. Relatives confirmed that they were supported to be involved in their relations healthcare appointments if they wished to. One relative told us, "The staff will always keep me up to date regarding appointments or if [Name] isn't well they contact me."

The home had been adapted to ensure regulations were met such as fire safety; this included a fire alarm panel and fire fighting equipment to eliminate compartmental fires. All of the people living at the home were independently mobile and did not require any aids to support their mobility. People were enabled to communicate their needs and preferences through the use of pictorial information and using objects of reference. For example when one person was supported to go out, the staff were guided to use environmental cues such as coat and shoes to help them understand.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager confirmed that all of the people that used the service lacked the capacity to make some decisions. We saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received which included accessing the community.

All of the people that used the service had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made. One person's approval was due for review and the relevant paperwork had been sent to the authorising body for this review to take place. Staff continued to support the person in their best interests whilst awaiting the outcome of their review. Staff told us they were provided with training to support their understanding around the Act. One member of staff said, "We support people to make their own decisions about what they want to do. We know people's routines and preferences so that does help us to support them." We saw that people were supported as needed to make choices throughout the day, such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve.

Is the service caring?

Our findings

A positive and caring approach was provided by the staff team. We saw staff supporting people with their planned activities. People told us they liked the staff and we saw that staff communicated effectively with them. People's communication methods were recorded in their support plans, and alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be, by enabling them to communicate their preferences and wishes. This supported people to be in control of their daily lives.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that none of the people were currently being supported by an independent advocate at the time of our inspection.

Staff had a good understanding of people's needs and we saw they supported them with dignity and respect. For example we saw that people were supported in a discreet way to manage their personal care needs.

People were supported to maintain relationships that were important to them. For example we saw one person was supported to speak to their relative through the internet on the day of inspection. 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 they were supported to maintain contact with their family and friends. A relative told us, "[Name] now has a tablet which is great as they can chat to me and see me at the same time. They love it and it means in-between visits they can contact me. "

Is the service responsive?

Our findings

Staff demonstrated that they knew people well. For example they were able to tell us how people liked to spend their day and knew about their interests, likes and dislikes. The registered manager and the staff team ensured people's social inclusion by promoting purposeful recreational and social opportunities. For example one person used their local gym several times a week.

Each person's daily activities were based on their interests and choices. For example one person enjoyed completing jigsaws and we saw they were supported to do this. They also liked to listen to their music and showed us their collection of music. Another person due to their mental health had periods where they would isolate themselves and spend long periods of time in bed. Staff we spoke with had a clear understanding of this person's needs and told us how they encouraged and supported this person. We saw that this worked well as the person was encouraged to go out for lunch on the day of the inspection.

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them such as pictures and photographs and by the use of objects of reference.

People were supported to achieve their goals. For example we saw that people were supported to plan holiday destinations of their choice. People were also supported to plan their longer term goals. For example one person was working towards independent living within the community and we saw they were supported to achieve this through daily activities such as preparing their own meals and other daily living activities.

We saw, and relatives confirmed, that support plans were developed with the person and these were detailed, personalised and up to date. One relative told us, "I am fully involved in [Name's] reviews and kept up to date with any changes."

A complaints procedure was in place and this was included in the information given to people and their representatives when they started using the service. However this information did not contain details of the Local Authority or Local Government Ombudsman; where complaints could be escalated to if not resolved at provider level. The regional manager confirmed they would ensure this was updated and sent out to people's relatives. We saw a system was in place to record complaints received. One complaint had been received in the last year and the actions taken and outcome were recorded.

People's views were sought on a regular basis through weekly meetings. We looked at the minutes of some meetings and saw that people were encouraged to express their views and discuss any concerns they had.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

Is the service well-led?

Our findings

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. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken. The current rating for the service was displayed at the service and on the provider's website in line with our requirements.

The relative we spoke with gave positive feedback about the service provided to their relations and told us "The staff are all very friendly and the manager is always available. If there is ever a time I can't get them they are straight on the phone to me. They are very good."

Staff confirmed they had regular team meetings. A clear allocation of staff duties ensured that shifts were well organised and staff understood what was expected of them each day. We observed all designations of staff working well as a team. One member of staff told us, "We all work well together. There have been issues in the past but the manager has sorted them out and things are much better now." The registered manager was supported by the area manager in the running of the home and they were present on the day of the inspection.

To enhance the lives of people, their views were sought on a regular basis through weekly meetings and annual satisfaction surveys. 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. For example, one person had said they would like a new stereo and they had been supported to purchase one. Another person wanted more storage space in their bedroom and this had been provided. The views of relatives and visiting professionals was also sought to drive improvement. We looked at the responses from one visiting professional who worked with a person that used the service. They confirmed the staff were good at liaising with them and kept them up to date regarding the person's health and welfare.

We saw that systems were in place to monitor the support people received and the quality of the service provided. For example, audits were undertaken on a regular basis to review the practices in place and identify where improvements were needed. Such as the staffing levels in place, staff training, medicines management, infection control and the health and safety of the environment. We saw that people's care plans were audited to ensure they were up to date and that identified risks were managed to minimise the risk of harm to people. An action plan was developed from these audits. We looked at the audit undertaken in April 2018 and saw that the identified actions had been completed. For example, mental capacity assessments had required more detail to demonstrate people's understanding and these had been completed. Improvements had been identified in the recording of accidents and incidents and we saw these had been completed. This demonstrated that the systems in place to drive improvement were effective.

The registered manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team and other health and social care professionals. This demonstrated they worked in partnership with other organisations.