Heathcotes Care Limited

Heathcotes (Glenfield)

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

Heathcotes (Glenfield), is a care home for a maximum of six younger people with learning disabilities and autism. 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.

The service is a detached house with garden. All bedrooms are single rooms with en-suite facilities. At the time of our inspection six people lived in the home.

The service was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes for people with learning disabilities and autism. However, the service provided at Heathcotes (Glenfield), was in-line with best practice identified in our publication.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Six people lived at the home at the time of our inspection visit.

The service continued to be safe. Staff understood the risks to people's health and wellbeing and took action to lessen each risk. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained.

The service continued to be effective. Staff received training to support them work effectively with people who lived at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food they enjoyed, and were involved in menu planning.

The service continued to be caring. People received care from staff who were kind, treated them with dignity, and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and planned for with the involvement of the person. Care plans were very informative and helped staff understand the complexities of people's care and support needs. People had opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure although no complaints had been made to the

service since our last inspection. The provider worked to support people when they were near the end of their life.

The service continued to be well-led. The provider and registered manager worked hard to ensure a good quality of service was maintained. The registered manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Heathcotes (Glenfield)

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 was a comprehensive inspection. It took place on 30 October 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we spoke with a Local Authority commissioner. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

We also used the information the provider sent to us in the Provider Information Return. This is information we require providers to send to 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 our visit we spoke with the registered manager, deputy manager, regional manager, four care staff, and one person. We spent time in the company of other people who lived at the home to gain an insight into people's lived experience. We saw medication being administered; we checked one person's care record, and sampled audits undertaken by management.

Good

Is the service safe?

Our findings

Staff had a good understanding of people's needs and knew how to keep people safe. For example they knew what might trigger a person to behave in a way which might hurt themselves or others, and made sure these risks were reduced.

Staff understood how to safeguard people from harm and had received training to safeguard people from abuse. Good assessments of people's risks and action taken to reduce the risks meant people were appropriately safeguarded. Many people who lived at the service were supported on an individual basis, and required two support staff when leaving the premises. Staff were seen to be mindful of respecting people's individuality and providing as much freedom as possible during the support given.

There were enough staff on duty throughout the day and night to meet people's needs. The service had a stable staff team who knew people who lived at the home well. Some people who lived at the home had behaviours which could challenge others. The staff were seen to communicate well with each other to reduce any risks of behavioural challenges. They demonstrated they had the skills and experience to manage and support people with behaviours which challenged.

The provider's recruitment practice ensured that no new staff started work until their work and/or character references had been received, and criminal checks had been completed. This reduced the risks of employing staff unsuitable to work in care.

People received their medicines as prescribed. We saw staff support a person to take their medicine. They made sure the medicine was correct for the person they were administering it to; and made sure the medicine administration record was signed to confirm it had been administered. Staff who administered medicines were trained to do so, and their practice was checked to make sure they continually administered medicines correctly. Some people at the home had medicines on an 'as required' basis. Where people could not communicate when they needed the medicines, medicine plans had been written to inform staff of what signs or symptoms to look out for which might indicate the person required their medicines.

The service ensured the safety of the premises with regular premises checks. These included checks on water temperatures to ensure people were not scalded by too hot water, and checks to ensure fire equipment was fully functioning in case of a fire. Good written guidance was available to emergency services to inform them of people's needs if people ever needed to be evacuated from the premises.

The home was clean and tidy, and staff had received training to understand how to reduce the risk of infection being transmitted from one person to another. They were aware of the need to use gloves and aprons when providing personal care. Infection control and prevention measures were in place in the laundry area of the home, and in the kitchen.

The registered manager analysed accidents and incidents and took steps to reduce the risks of incidents from re-occurring. For example, action was taken earlier in the year when a medication error was found to

ensure the member of staff did not make the error again.

Good

Is the service effective?

Our findings

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. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people. For example, during our inspection we observed a meeting which took place between staff at the home, and health professionals. This was to discuss how to support a person with a healthcare procedure which had been decided as being in their best interest to go ahead with.

Staff had the skills and knowledge to deliver effective care and support. Staff told us they had undertaken regular training to support them in their roles. This included training which looked at how to manage behaviours which challenged by using diversion strategies and understanding what might trigger stronger emotions in the person and lead to behaviours which challenge. They had also received training to support people who had epilepsy, and training to understand and support people with learning disabilities and autism. Many of the staff had completed training to become 'dignity champions'.

People's needs were assessed and care, and support delivered in line with evidence based guidance. For example, recognised risk assessment tools were used to support staff in understanding people's behaviours; and in looking at people's nutritional needs. Where people were assessed as being potentially overweight or underweight, the service had referred people to the appropriate healthcare professionals for support, and were working on action plans to support positive outcomes for people.

Staff understood people's food and drink likes and dislikes, and menus were designed to support this and to provide as nutritionally balanced meals as possible. The service did not have a cook because the provider's philosophy was to maintain and encourage independence and to support people to prepare and cook meals. However, the risks in preparing and cooking food were too great for most people; and this meant support staff undertook the role. We saw that staff did not have a lot of time to prepare and cook meals because of the time taken to support people's behaviours, and this meant there was not a lot of 'home cooked' meals provided. The registered manager and regional manager acknowledged this, and said they would look to see how they could improve this aspect of care.

People received health care from different healthcare professionals when required. The service had a good working relationship with their GP practice; and they also ensured people were supported to see the dentist and optician when required. Other health and social care professionals were seen to be involved in people's care. These included a chiropodist, and community nurses, psychiatrists and psychologists.

The design of the premises and adaptations supported people's needs. Each person had their own large bedroom and en-suite shower and toilet facility. Bedrooms reflected people's interests, but furniture had been adapted where necessary to reduce identified risks. A second dining area had been created to reduce identified risks and improve the dining and eating experience of people who lived at the home.

Good

Is the service caring?

Our findings

People were treated with kindness. One person told us they "loved living at the home" and liked all the staff. Staff knew about the people and things that were important to them. For example, staff described to us what a person was like and what they enjoyed. When we met the person, they were exactly as staff described them to us, and demonstrated the enjoyment staff said they would. They also knew about the things people found upsetting or which might trigger distress and tried very hard to reduce the risks of this occurring.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. People had also been encouraged and supported to visit their families at home. We were told that one person, when they first came to the home, never visited their family. Since then, the family and staff had worked together to overcome obstacles and make regular family visits a reality for the person.

Communication was good and people were given information in accessible formats such as picture based and easy read formats.

There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. Regular 'keyworker' meeting were held with the person so that people could express their views.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. Throughout our inspection, staff were sensitive and discreet when supporting people. They respected people's choices and acted on their requests and decisions, understanding the verbal and non-verbal cues provided.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Where possible they were involved in the care planning process. People met with their key workers every eight weeks and had opportunities during these meetings to discuss the support provided and any changes they wanted. Care reviews were carried out every three months or sooner if staff needed to respond to any changing needs.

People were supported to follow their interests and take part in activities both within the home and in the community. On the day of our visit we saw one person ask for a TV programme they knew would have songs they could sing along to. We saw they, and staff sang along with the songs. Later on in the day a couple of people went to the local pub for lunch. We heard that one person liked to go swimming; and another told us they really enjoyed playing pool and were really good at it. This person showed us the trophies they had won from pool competitions. The inspection visit was the day before Halloween. Staff had decorated the home so people could enjoy Halloween.

Whilst the service tried their best to support people in the community, sometimes people were not able to have as much time outside of the home as they might like. This was because funding for additional staff to support people to access the community safely, was limited.

Careful attention was given to determining which staff would work with which people. The registered manager and staff group knew the staff members people would respond better to, when staff provided individual support.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
The complaints procedure was available in an 'easy read format'. Health action plan information was available in a picture format. There were photographs of staff to help people understand and identify people.

Technology was used by people to help support staff responsiveness. For example, people who had epilepsy wore wrist sensors which would send an alert to the office if a change in pulse was detected. This meant staff could respond quickly if a person was about to have a seizure.

The provider had a complaints procedure which they followed. There had been no complaints about the service since our last inspection visit.

People's preferences and choices for their end of life care were recorded in their care plan. The provider had policies and procedures about planned end of life care. However, through discussions with the registered

manager it became clear staff would not know what action to take if an unplanned or sudden death occurred in the home. The regional manager acknowledged this was something they needed to address, and told us they would discuss this at their next management meeting, and speak with the provider's training department.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 was the same person who managed the service at our last inspection visit.

The registered manager was supported by a regional manager and the provider's quality monitoring team. They were responsible for undertaking checks on service delivery to ensure people's needs were met and safety was maintained. The regional manager undertook monthly checks at the service, and the quality team undertook unannounced visits to the service to do their own quality monitoring inspection. Any areas identified as needed improving were made into action points for the registered manager to ensure were completed. This management oversight contributed to the effective running of the home.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required. The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

The registered manager and staff demonstrated a passion to provide a warm and caring environment for people who lived at the home, and to support people have the best lives possible. One member of staff said, "I really enjoy it here, I like to think I've achieved something when I leave at the end of the day." Another told us it was "hard work" but "rewarding". All staff we spoke with wanted the best for people, and to ensure they had rewarding and stimulating lives. The culture of the service was centred around the individual needs of the people who lived there.

Staff received support through more formal individual supervision and appraisal sessions, as well as informal chats with the registered manager or team leader when they had concerns or issues needed addressing. Staff also attended monthly meetings which covered a range of issues to support them in their roles.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.