

Heathcotes Care Limited

# Heathcotes (Balby)

## 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 Balby 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.

The care home accommodates eight people. The home provides care and support to people with autism, learning disabilities and mental health conditions. Nursing care is not provided.

The unannounced inspection took place on 22 January 2018.

At our comprehensive inspection in December 2016 we found one breach of regulations and rated the service as 'Requires Improvement'. At this inspection we found the service had made improvements and we have rated the service as 'Good'.

People felt safe and were comfortable with the staff who supported them. Staff understood how to protect people from harm and abuse. Risks to people's safety were identified and clear support plans were followed. Incidents and accidents were monitored and action was taken to reduce risks to people. Environmental risks were assessed and managed appropriately. Improvements had been made to 'as required' medicines. People received their medicines safely and as prescribed.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed capacity assessments and DoLS applications where required. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity was respected and maintained.

Staff monitored people's health and welfare needs. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. People were given appropriate support to enable them to eat and drink sufficiently.

People's privacy was respected and they were treated with dignity, kindness and compassion. People were supported to maintain relationships with others who were important to them. People could raise concerns about the service and have their complaints listened to.

People and staff were positive about the leadership of the service. There were systems in place to seek the views of people, their relatives, staff and visiting care professionals. Feedback was taken into account to improve and develop the service provided to people.

The registered provider had effective systems in place to monitor the quality of the service and ensure that areas for improvement were identified and addressed.

## 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.

People were safeguarded from the risk of abuse.

Robust recruitment checks were completed and staff performance was monitored.

There were enough suitable staff to meet people's support needs.

People's medicines were stored, recorded and administered appropriately.

### 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 was well led.

The provider and management team worked openly and transparently.

The provider had systems in place to seek feedback from stakeholders.

Staff felt confident to discuss any concerns they had with the registered manager.

An effective quality assurance process was in place to identify any areas for improvement.

# Heathcotes (Balby)

## 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 January 2018 and was unannounced. The inspection was undertaken by one adult care inspector.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal areas and also met with individual people. We observed interactions and the support offered to people throughout the inspection.

During the inspection we spoke with two people who used the service, three staff members and the registered manager. We looked at care plans relating to three people who used the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records, complaints and compliments.

## Is the service safe?

### Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we found the registered provider had made improvements and have judged that the rating is 'good.'

One person we spoke with told us, "Yes I feel safe here. The staff are nice and I trust them."

Our previous inspection found medicines, in particular, 'as required' (PRN) medicines for pain relief were not always managed safely which was a breach of Regulation 12. The registered provider gave us an action plan describing how this area of the service would be improved. We found appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Medicines were stored securely and at the correct temperature. Staff completed regular checks to ensure medicines were administered correctly. Where appropriate, people who used the service had a PRN protocol. This is a document which clearly sets out how staff identify when the person needs this medication. Staff completed Medication Administration Records (MARs) correctly, showing people received their medication as and when required. Staff supported people to understand about the medicine they took. We saw staff supported people to take their medicines safely.

People were protected from harm and the risk of harm because staff were confident in the action that they should take to maintain people's safety. All staff had received training in how to safeguard people from harm and were confident in recognising and reporting suspected abuse. Information on how to report concerns was readily available for staff and systems had been established to enable them to do so if required. One staff member told us, "If I witnessed abuse of any form I would report my concerns immediately." Members of staff we spoke with also said they would contact the local safeguarding team or CQC. Since our last inspect there has been no reported incidents of abuse.

There were suitable risk assessments and risk management plans in place for each person. Risk management plans included reference to individual human rights. Staff were aware of the balance between risk and independence. One member of staff told us, "A mixture of training and clear care plans help to inform me regarding keeping people safe from risks." People had detailed risk assessments to guide staff in maintaining their safety. Detailed guidance had been developed for staff to follow in reducing the known risks to people. A number of people living at Heathcotes (Balby) displayed behaviours that may challenge services. People were supported through consistent scheduling of their day and interaction from staff to provide reassurance and reduce the likelihood of people becoming unsettled and displaying behaviours that may challenge.

People were supported by sufficient numbers of staff that had been subject to appropriate recruitment procedures. One member of staff told us, "I think there is always enough staff here." We reviewed the scheduling of staff within the home and found that sufficient numbers of staff were deployed to meet people's care and support needs safely. The scheduling of staff also considered people's leisure and recreational routines to ensure that people could be supported to enjoy their chosen activity.

Accidents and incidents were reported and analysed by senior staff and action taken to reduce the likelihood of accidents or incidents reoccurring. For example, one person had previously slipped on a wet bathroom floor which had been cleaned due to an occurrence of incontinence. In response the registered provider purchased dry mops, changed cleaning protocol and amended care plans and risk assessments.

The home was well maintained and cleaning schedules were completed to ensure that all areas of the home were clean and protected people from the risk of infection. Staff who prepared meals within the home had received food hygiene training and the home had a five star food hygiene rating.

## Is the service effective?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff were up to date with all mandatory training. One member of staff told us, "I have worked within care before I transferred my skills here but I had not worked with this client group. The training I received in managing challenging behaviour was extremely valuable."

Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training they then 'shadowed' another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

The registered manager was aware of their duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held where people lacked capacity to consent. 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the authorisations were in place, where necessary. Staff supported people in the least restrictive way possible to comply with the authorisations. Staff we spoke with understood the MCA and we observed people continually offered choice throughout the inspection. One staff member said, "Ensuring people have choice is central to what we do." One person said, "Staff don't help me to choose, they help me do what I have chosen."

People told us the meals were good and they could choose what they wanted to eat at the times they preferred. People were involved in shopping for the food they wanted. Staff were aware of what people liked and disliked. The menu was displayed in the kitchen in a format that people could understand. Care plans showed that people's dietary and nutritional needs had been assessed and planned for. Care plans gave good detail about the food people enjoyed. People were offered choice around their meals and drinks and could freely access the kitchen. People could help themselves to drinks and snacks when they wanted to.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When



required, people were supported with access to their GP, healthcare professionals and dental care.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People were treated with kindness, dignity, respect and compassion. When people spoke, staff listened and responded to them quickly. Staff encouraged people to complete everyday activities, acknowledging and complimenting the work they had done. Staff had time to listen to people and to support them to do things at their own pace. One person who was able to speak to us said they felt well cared for. They told us, "All the staff are very nice to me."

The staff spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. We saw that people were treated with care and respect and according to their individual needs. Every staff member we spoke with demonstrated a sound knowledge of people's individual needs and wishes. They explained what support people needed and how they preferred for this to be carried out. This information matched what we saw in people's care plans.

The culture of the service was based on providing care that met each person's unique needs. One staff member said, "I think good care comes from mutual respect and inclusion." Staff told us that they promoted people making choices. We saw that people were choosing how they would like to spend their day. One person told us they could choose what they wanted to do and really enjoyed playing computer games.

People told us they liked their bedrooms and we saw that these were personalised and included personal objects of their choice. People were encouraged to maintain their own rooms and staff supported them to do this. People and staff told us relatives were encouraged to visit anytime and always made to feel welcome.

People told us they were supported to express their views and were able to speak with the staff anytime they wanted. They were supported to attend reviews of their care and signed records of these to indicate their agreement. People we spoke with told us they felt their views and choices were respected. One person said, "Staff listen to me when I speak to them."

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People's support plans identified people's capability to do things independently and things they needed support or prompting with. People were encouraged to do as much for themselves as they could. Support plans were specific to the person, for example, one person liked to be involved with preparing a meal. They told us, "I like to help cook, spaghetti bolognese is my favourite. I don't like to use the knives but I know the different coloured boards are for chopping different things." A staff member said, "People will tell us day to day if they want to be involved. We will encourage but don't take it for granted." Staff were aware of the structured approach some people required for their day as well as how best to support people to make choices. They told us they supported people to build their self-esteem and confidence and they described positive outcomes for people.

Care plans were reviewed on a quarterly basis or as people's needs changed. This helped ensure they were up to date and continued to reflect what people wanted and needed. Staff told us that they were kept up to date with any immediate change in people's support needs during the handover between shifts.

People told us they enjoyed a range of activities of their choice. Their comments included, "I like to use the computer." We noted next to the computer was an easy read document regarding internet safety. There were numerous board games, jigsaws and games consoles available for people to access. People's care plans also identified community based activities such as swimming and trips to the coast. The registered manager told us, "We like to ensure there is a variety of individual and group activities available."

We asked people what they would do if they were unhappy about anything in the home. They said they would talk to the staff or the registered manager. The complaints policy was clearly displayed and in an understandable format. There had been no recent complaints made. However we saw that historic complaints had been investigated in line with the written policy.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we found the registered provider had made improvements and have judged that the rating is 'good.'

Our previous inspection found quality assurance checks had not identified issues we highlighted regarding medicines. The registered provider gave us an action plan describing how this area of the service would be improved. We found improvements had been made to this aspect of the service

The home had a registered manager who had worked at Heathcotes Balby for a number of years, but had only been in post as registered manager for 12 months. 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 said they felt it was important that the senior staff could manage the home effectively if they were absent and, as such the senior staff team were involved with all management responsibilities.

The home held regular residents meetings which allowed people to share ideas, talk about important issues, such as staying safe, and make suggestions for improvements. For example, at the meeting in December 2017, people were encouraged to share what they liked about living at Heathcotes Balby or what they would change. People had suggested new activities or events. For example, cinema nights and attending a wrestling event. There was also a discussion on fire procedures.

Regular staff meetings were also held. Staff told us that they could add to the agenda if they wished to discuss anything. They also told us that meetings were used to share information and also to reflect on staff practice. Staff told us that they were aware of the whistle blowing procedure and would report any concerns they had about staff practice. We saw that the whistle blowing procedures and safeguarding contacts were displayed in the home.

People lived in a service which was monitored by the registered provider to help ensure its on-going quality and safety. For example, systems and processes were in place to monitor, accidents and incidents, risk assessments, care planning and a range of audits in relation to the environment, medicines and people's finances. This helped to monitor and highlight where improvements in the service or people's care arrangements were needed. The regional manager for the organisation supported the registered manager and visited the service to undertake audits and to check compliance with the regulations.

We saw the results of an annual survey carried out in May 2017. The responses came from relatives, people who used the service and staff. All the responses identified aspects of the service as either good or excellent. However 17% of staff had identified morale as poor. There was no action plan available to determine how this would be addressed or improved.

The registered manager was accessible and supportive to the staff team who spoke highly of them.

Comments from staff included, "They [registered manager] will support in any way they can." "I couldn't think of anything negative. I really enjoy working here. I think we have a good manager and a good team."

The registered manager was open and transparent and discussed improvements they wanted to make and notified the Commission of significant events, which had occurred in line with their legal obligations. For example, regarding safeguarding concerns and serious injuries.