

Heathcotes Care Limited

Heathcotes (Sheffield)

Inspection report

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Sheffield
South Yorkshire
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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

About the service

Heathcotes, Sheffield is a residential care home providing personal care and support to people with a learning disability and/or autism. The care home accommodates up to 16 people in two separate buildings (Norton and Woodseats). There were 15 people living at Heathcotes, Sheffield at the time of this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There were systems in place to help keep people safe. Staff understood how to protect people from abuse. There were enough staff available to ensure people's needs were met. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed. The premises were clean and well maintained.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this practice.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs. Staff were provided with relevant training and ongoing support to make sure they had the right skills and knowledge for their role.

Positive and supportive relationships had been developed between people and staff. People told us they were treated with dignity and respect and we saw this throughout the day of the inspection. People were supported to engage in meaningful and social activities that were important to them. There was an up to date complaints policy and procedure readily available to people in a variety of formats. People and staff told us all the managers were approachable and responsive to any issues raised.

People and staff were regularly asked for their views of the service. There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to engage with the local community and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 April 2018).

Why we inspected

The inspection was prompted in part due to concerns with the provider regarding poor risk management, inappropriate use of restrictive interventions and ineffective governance systems.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Thematic review

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Heathcotes (Sheffield)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a learning disability nurse.

Service and service type

Heathcotes, Sheffield is made up of two 'care homes'; Norton and Woodseats. 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 had two managers registered with the Care Quality Commission. One for Norton and one for Woodseats. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who lived at Heathcotes, Sheffield about their experience of the care provided. We met with both the registered managers, the regional manager and the head of services for the north. We spoke with five members of care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around both buildings to check environmental safety and cleanliness. We spent time looking at written records, which included five people's care records, six medicines administration records (MARs) and eight staff files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe living at Heathcotes, Sheffield. Comments included, "Yes, I feel safe", "I have never been hurt [living here]" and "Yes, I am safe and happy here."
- Staff understood how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. We saw safeguarding was discussed as part of staff supervisions and team meetings.
- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding policies and procedures. They also had a whistleblowing policy and procedure. These were displayed in both buildings and staff had signed to confirm they had read and understood them.
- People's care records contained comprehensive risk assessments detailing the specific risks posed to them and guidance for staff about how to manage and reduce those risks in the least restrictive ways.
- The provider had plans in place for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in the event of a fire.
- Incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again. We saw the registered managers analysed accidents and incidents every month to identify any themes or trends. This information was then used to help reduce the risk of further incidents occurring.

Staffing and recruitment

- Recruitment procedures were safe. We looked at eight staff files. We saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character.
- We saw there were enough staff employed to keep people safe. The registered managers told us the amount of care and support people needed was assessed by the local authority or clinical commissioning group prior to the person moving in. The registered managers told us they would contact the person's funding authority if there was a change in a person's needs and they felt additional support was required. People and staff told us they thought there were enough staff employed.
- Comments from people included, "Yes, there are staff around 24/7, I always have a key worker to talk to" and "Yes, the staff are around all the time."

Using medicines safely

- We saw people's medicines were stored securely and refrigerated where required.
- We saw staff who administered medicines were patient with people and signed the person's medicines

administration record (MAR). A MAR should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We checked six people's MARs and found they had been completed appropriately.

- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases we saw there was clear guidance for staff on when a PRN medicine may be required by the person. People told us they received their medicines when they needed them. Comments included, "I don't take any medication. I have a painkiller, if I have a headache. They [staff] give me one no problems" and "I have my medicines at 5.30pm. They [staff] are always on time."
- Staff had received training in medicines management and we saw their competency in this area was checked. Medicines audits were undertaken regularly by the registered managers.

Preventing and controlling infection

- We saw the premises were clean and well maintained.
- People were supported and encouraged by staff to help keep the premises clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Heathcotes, Sheffield to check the home was a suitable place for them to live. One person told us, "Yes I had a visit here before I moved in, I came for tea."
- Assessments of people's care and support needs were person-centred. Some people living at Heathcotes, Sheffield could display behaviours that challenge. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. We saw people's care records contained detailed information for staff on how to intervene to change behaviour proactively to diffuse any potentially challenging situations.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs. This included mandatory training and shadowing more experienced members of staff.
- The head of services for the north told us most training was classroom based with additional eLearning to support this where required. Staff confirmed they received regular training, which they found useful. This included training in de-escalation techniques and use of restraints.
- Ongoing support was also provided to staff provided through supervision and appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. We saw records of regular supervisions and appraisals taking place. Staff we spoke with told us they had regular supervisions and felt supported by the registered managers and team leaders.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat regularly and healthily. There were no set time meal times. On the morning of the inspection some people had already had their breakfast and other people were eating as we arrived. People were offered a choice of meals and we saw there were menu plans.
- Staff told us people did not have to eat from the menu plan and they could choose something of their own. People we spoke with confirmed this, "The food is alright, if you don't like the menu then you can eat something else" and "Sometimes the food is nice, sometimes it's not so staff help me cook something else."
- Staff spoken with were knowledgeable about people's dietary requirements, whether for cultural or health reasons. We saw guidance was available to staff on how to prepare meals for specific diets. For example, where a person required soft foods to reduce the risk of choking.
- There were food themed events on the menu plan, serving food traditionally served in different countries, such as Italy and Jamaica. A member of staff told us it was a good way to find out whether people with

limited communication liked new types of food. They gave an example of discovering one person really enjoyed eating spicy foods.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs and social workers when required. Advice was recorded on people's care records and shared with colleagues as part of staff handovers between shifts.
- People told us they were happy with the level of support they received with their health. Comments included, "I go to the GP, the staff call if I need one" and "I can phone the doctor myself if I need one, the same with the dentist and the optician."
- We saw there was health and wellbeing information displayed in communal areas, covering areas such as giving up smoking, and keeping mentally well. Key pieces of information were also displayed in easy read, pictorial formats.

Ensuring consent to care and treatment in line with law and guidance:

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered managers had made appropriate applications to the local authority for DoLS applications and kept track of which stage of the authorisation process a person was currently at. Where conditions had been applied to the authorisation we saw these had been met.
- Staff confirmed they had received training on the MCA and DoLS. They were able to tell us what capacity and consent meant in practice.
- People's care records contained comprehensive consent to care documents. Where people did not have capacity to consent to their care we saw their relatives or advocate had been consulted, as appropriate. We saw records of best interest meetings taking place when significant specific decisions needed to be made for a person lacking capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring. Comments included, "They [staff] couldn't do anything better", "Yes I would definitely recommend living here to my other friends and family", "The staff are all right, I have no problem [with the staff]" and "They know what they are doing, and they know what I like to do."
- Throughout the inspection we saw staff treating people well. For example, we observed a member of staff help a person find a pair of slippers and encouraged them to put them on rather than go out and walk on the drive in their socks. On another occasion a member of staff held a person's hand to steady them on their feet.
- We saw staff calmly engage with people to distract them when they appeared to become agitated with themselves or another person. For example, a person returning home from the cinema became quite distressed. Staff talked gently to the person, explaining what was going to happen at teatime. The person visibly calmed down.
- We saw written compliments people and visiting professionals had given about the service. These were all positive about the care and support people had received.
- All the staff we spoke with, including all the managers clearly knew people well. We saw people and staff were comfortable and relaxed with each other. We heard plenty of laughter and friendly banter between people and staff.
- The service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our conversations with people, the registered managers and staff confirmed people's differences were respected and promoted.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff were able to tell us what it meant to treat people with dignity and respect. People confirmed this. People told us, "The staff encourage me", "Yes, staff knock on my door" and "Staff knock on my door before they come in." We saw a member of staff supporting a person to telephone a helpline so they could resolve a problem with their computer themselves.
- The registered managers told us people care records were reviewed every three months or sooner if their needs changed. People told us they took part in regular reviews of their care and support needs and were involved in decisions about any changes. We saw records of these reviews taking place on people's care records.
- People's personal information was respected, and we saw documents were locked away in the offices

when not in use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were person centred. They were written in the first person and gave detailed information about the person's background, what they enjoyed and what they did not like.
- Care records also held information on the person's current health and support needs in all areas of daily living. This included clear information for staff on how best to support the person to meet these needs.
- Staff understood people's needs and preferences, so people had as much choice as possible. Staff told us they had time to read people's care records and kept up to date with any changes via staff handover meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in a format they could understand and readily access. We saw key information was displayed in easy read, pictorial formats, as well as written formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were important to them and were encouraged to maintain relationships with family and friends. People told us, "We play games and we have a games night", "I do all sorts of things, today I have been for a meal" and "I go out everyday to the cinema, to lunch."
- We saw everyone had an activity planner for the week. These were presented in a way the person understood best. For example, in pictures and photographs. The planners showed people were involved in all sorts of activities and work opportunities, where appropriate. Activities included, bowling, gardening and baking. People confirmed they had a planner, one person told us, "Yes I have a planner, but you can change your mind if you want [to do something else]. You wouldn't get into trouble."

Improving care quality in response to complaints or concerns

- We saw the service had an up to date complaints policy and procedure in place. This was displayed in both buildings alongside names and photographs of who to complain to. People told us they knew how to complain. Comments included, "Yes I have made a complaint and stuff was sorted out" and "Yes, you can complain." This person then went on to explain the hierarchy within the company of who they would complain to depending on what their complaint was about.

- We saw the registered managers had systems in place to record any complaints, their response and the outcome.

End of life care and support

- Staff received training in supporting people at the end of their life.
- People's care records contained end of life booklets which people were supported to complete over time if they wanted to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us the registered managers and team leaders were supportive and approachable. Comments from people included. "Yes, I know who the manager is we have just been talking to them" and "They [managers] are easy to talk to when they are in the office."
- Staff were motivated to support people and each other as best they could. Staff morale was high. Staff told us they enjoyed working at Heathcotes, Sheffield and would recommend the service to friends and family who needed the type of care and support they provided.
- The registered managers were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered managers confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had effective quality assurance systems in place. We saw any issues identified were recorded and acted upon. Quality assurance systems enable registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The regional manager also undertook a monthly audit of the service.
- Regular checks of the buildings and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the offices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were given opportunities to give feedback about the service. People told us they were asked for their opinion about the services they received through surveys and meetings. Comments included, "Yes, I have completed the survey" and "They [managers] tell us about any changes, sometimes we find out

before staff do."

- Staff were asked for the views via supervision and team meetings. We saw records which showed regular staff meetings had taken place.

Working in partnership with others

- Managers and staff worked closely with relevant health and social care professionals. This enabled them to deliver effective care to people.
- Managers and staff had established links with other organisations in the community. This had provided some people with employment options and others with wider opportunities for social interactions.
- People and staff had developed relationships with neighbours and the local community. They were planning a 'Summer Fun Day' and inviting local residents, as well as friends and family.