

Heathcotes Care Limited

Heathcotes (Woodborough)

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 (Woodborough) is a care home for six people. 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. There were four people living in the home at the time of our inspection.

The accommodation was in a three-storey home with a self-contained flat in the garden for one person. People had single en-suite bedrooms and shared access to communal rooms and bathrooms.

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

At our last inspection in June 2016 we rated the service good. We inspected this service as concerns had been raised about the quality of the care provision. The provider had been working with the local authority to address these concerns. At this inspection we found the service remained Good, however improvements were needed to ensure all areas of risk were reviewed. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was no registered manager in post at the time of the inspection. 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 service was being managed by a registered manager from a nearby home also managed by the same provider.

The majority of risks for individuals had been assessed to protect people from potential harm. However, the provider had not identified all risks to the living environment to ensure people's safety. Staff understood how to protect people from harm and abuse. People's medicines were managed safely, and they were protected from any harm associated with them. There were suitable numbers of staff working in the home and the provider followed safe recruitment practices.

People received effective support from staff who had received training to gain the skills and knowledge to meet their specific needs. People were supported by staff in the least restrictive way possible to have maximum choice and control of their lives. People could make decisions about their life and where any restriction was identified, applications were made to ensure this was lawful. Staff gained people's consent before they assisted them, and were aware of how to support them to make decisions. Staff received training to ensure they could carry out their roles effectively. People were supported to maintain a balanced diet and access healthcare services when needed.

People were supported by staff who had positive and caring relationships with them. People were listened to, and they were involved in making day to day decisions about their care. Their independence was promoted, and people were supported to have control in their lives. Staff understood how to ensure people's privacy and dignity were respected.

People participated in different activities they enjoyed, were involved in the planning of their support, and received care that was individual to them. Their views were considered when improvements were made in the service and they knew how to raise concerns.

The registered manager worked with other providers of services and there were monitoring arrangements to improve on the quality of the service that was provided.

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?

The service was not always safe.

Some risks to individuals had not been assessed to ensure they were safe. Other risks were monitored and reviewed, and people were involved in how these risks were managed. Staff understood how to protect people from harm and abuse. There were enough staff to meet people's needs, and the provider followed safe recruitment practices. People's medicines were managed safely, and they were protected from any harm associated with them.

Requires Improvement ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Heathcotes (Woodborough)

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 inspection took place on 26 November 2018 and was unannounced.

The inspection team consisted of two inspectors. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met three of the four people who were living in the home. We spent our time in the company of people who used the service and with staff who provided the care. We spent time observing people in the communal areas of the home. We saw how they were being cared for and supported by staff.

We spoke with the manager, the operations manager and four members of staff. We looked at care records of three people, medication administration records, records that related to the management of the home. These included records relating to audits and systems in the home including some records of the checks of safety procedures.

Is the service safe?

Our findings

At the last inspection in June 2016 the key question of Safe was rated Good. At this inspection the rating was reviewed to Requires Improvements as some risks to people had not been identified to keep them safe.

It had been identified by commissioners of the service that the front door within the self-contained apartment was not suitable. There was a risk that the door could be blocked and staff would be unable to gain access in the event of an emergency. The door had been altered, although the provider had not identified there were other doors in the self-contained flat where the same risk was evident and no action had been taken to prevent potential risk and harm. This meant there remained a risk and this had not been assessed or made safe for people. We highlighted this to the provider; following our inspection we received confirmation that the doors had been altered to mitigate this risk.

Other areas, including people's risk of avoidable harm associated with their care had been assessed. There were assessments in place to identify what support people needed and how to assist people who may have complex behaviour or harm themselves or others. People told us they had been involved in developing these plans and knew why protective measures may be in place and had agreed to these. Where people may become anxious or may harm themselves, the plans included information about what may trigger any behaviour, how to support people to stay safe and activities and support that may be offered, to reduce anxiety. For example, one person told us they enjoyed getting involved with craft activities and felt this reduced their anxiety. They showed us the work they had completed and told us being involved in these activities helped them. The staff explained that they had contributed to discussions about risk management for people to ensure that all information was shared. We saw these risk assessments were reviewed and updated as needed to reflect any changes as required.

People felt safe and protected from the risk of harm. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns. Some people went out alone and staff described the agreed procedure for ensuring their safety, including using mobile phones, assessing road safety and local knowledge as well as reporting people missing, if this was needed. Staff understood how they would alert the provider should any issue place people at risk from any form of abuse or neglect. Staff were confident that issues would always be responded to and action taken.

Accidents and incidents had been reviewed to review any lessons learnt and to identify if any further actions were needed. The staff described how they reviewed any incidents or events to enable identification of any issues or trends that could help to improve practice.

People were supported by suitable numbers of staff on duty. The staffing levels within the home ensured that people received the support they needed to engage in activities and had been organised to enable each person to have individual support throughout the day. Staff from other homes managed by the provider, covered any sickness or annual leave to help to provide consistent care for people.

People were supported by staff who were fit and safe to work with them. The staff confirmed that recruitment checks were in place to ensure they were suitable to work. These included requesting and checking references of their character and suitability to work with the people who used the service. Recruitment records were available to demonstrate how these checks were completed prior to new staff starting to work in the service.

People received their medicine from staff and records were completed to show these were given. We saw people received their medicines at the right time and staff spent time with people to ensure these were taken. Information was recorded about when people may need 'as required' medicines. One person told us, "The staff will give me more medicines if I need it." Where creams were needed, there was a body map showing where this was to be applied. One person told us, "I have creams on my skin and the staff wear their gloves so they don't get any on them." We saw the medicines were kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people. The systems and records monitored whether people had their medicines and staff understood why people needed them.

The home was clean and tidy throughout with evidence that staff adhered to best practice in supporting people with maintaining good food hygiene standards. Staff supported people to make full use of infection control measures that were in place.

Is the service effective?

Our findings

At the last inspection in June 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

People felt they received health care treatment and staff understood how to help them to keep well. The healthcare needs of people were known by staff who ensured that regular and annual appointments were planned. People were supported to attend healthcare appointments and information about their specific support needs was up to date and readily available to be used in the event of a routine or urgent need. Staff told us they had built strong working relationships with the GP and community mental health teams to make sure the care they provided was suitable and remained consistent.

Staff had access to training both on-line, and face to face training and they felt able to safely care for everyone. Staff were confident that people received good care and had experience of working alongside all team members to ensure care was consistent. They explained they recently had training to understand different forms of mental health and personality disorders. One member of staff told us, "This helped to refresh my knowledge about how I can support people. I've also completed medication training. Afterwards I was watched by a team leader to make sure I understood what I learnt and was safe to give out medicines. It's not until they are satisfied that you can be signed off as competent."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that when people were not able to make certain decisions for themselves, capacity assessments had been completed. The assessments included information about the decision that was being made, and evidenced how people's capacity had been determined. Staff had received training to understand MCA and one member of staff told us, "People's capacity can change and we have to look at this each day to ensure people understand the decisions they are making." The staff understood how to ensure all decisions made were considered in line with best interest's decision-making processes.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider 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. Where restrictions were placed upon people to help to keep them safe, the provider had recognised this and applications had been applied for, to ensure this was lawful. Staff had received training about the MCA and DoLS and were aware of the people who had authorisations in place and what this meant.

People were supported to have enough to eat and drink, and told us they enjoyed the food. People made decisions about the menu and food options and told us they went shopping daily to ensure they had fresh

food. One member of staff told us, "Not only does this mean people have lots of fresh good food, it's also a good activity to do to help people towards independence." People could help themselves to fruit and snacks when they wanted to and staff would respond to people's requests for food or drinks in a timely manner. Some people needed to follow specific diets due to allergies. We saw information was available about potential allergens within food that may have an adverse effect for people. A record was also maintained of food that was served.

Is the service caring?

Our findings

At the last inspection in June 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People were supported by staff who knew them well. The interactions we observed between the staff and people who used the service were kind and patient. We saw people laughing with the staff and sharing jokes with each other. Staff had time to spend with people and the care was not just focused on tasks. Staff knew people well, and were knowledgeable about the things that some people found upsetting or might make them anxious.

People had information about advocacy services should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up.

Information could be provided in accessible formats to help people understand the care and support being provided where this was required. People had a shortened care plan which had been written in a more meaningful way for people to help them to understand how they had asked to be supported.

Staff promoted people's independence and some people helped with activities of daily living around the home with support. Staff ensured that people's independence was encouraged and maintained. Daily routines were flexible; people got up when they woke naturally, went to sleep when they wanted to, and staff were available to meet support needs. People were supported in ways that respected their privacy and dignity. People had private bedrooms and they told us that staff respected their bedrooms and didn't enter unless invited. We saw staff recognised and valued people as individuals and showed a commitment to enabling people.

People were involved in making decisions about their care. For example, they chose if they wanted to be involved with preparing meals and drinks, or going out shopping. One person showed us their bedroom and their personal belongings; they told us they chose furniture and liked their room. People were registered to vote and helped to explore important decisions. One person told us, "I don't always go out to vote but when I do, I vote (name of Parliamentary Party) and that's what I've always done. It's up to me; the staff don't tell me how to vote." People maintained relationships that were important to them and chose when and where to see people. This demonstrated that people were supported to be in control of their lives.

People were treated as individuals and staff were respectful of people's preferred needs. Staff did not have discussions about people in front of other people and they spoke with people with respect and as adults. Staff showed they understood the values in relation to respecting privacy and dignity.

The provider used best practice guidance and care was delivered in line with current legislation. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language

were identified. This helped to ensure people did not experience any discrimination.

Is the service responsive?

Our findings

At the last inspection in June 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

People were involved in the planning of their care and able to choose whether to move into the home. One person told us, "I came to visit here three times before I made the decision to move in. I already knew people living here so that helped me make my decision." Each person was involved with developing their care plan and we looked at two people's care with them; they told us they had been involved and agreed with how this had been developed. People's care records gave staff information about individual's histories, relationships that were important to them, their likes and dislikes, as well as their support needs. We saw that people had identified how they wanted to be supported and what strategies to use when they were anxious. This meant that information was available to support staff in ensuring they received care that was individual to them.

The registered manager was aware of the Accessible Information Standard (AIS). 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 and in some circumstances to people who supported them. The registered manager had facilities to support people to develop their care records in an individual format and for information about the service to be provided in different formats to ensure people were aware of how the service could meet their needs.

Each person had a care plan which was personalised to their own needs. All staff contributed to discussions about and reviews of care plans which helped to ensure that any changes and developments were known and shared. The care records included a summary document for each person with a broad view of how their needs were met. This could be accessed and used in an urgent situation such as the person needing to go to hospital or have urgent medical treatment. The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct support.

People knew how to raise issues or make a complaint. They told us they felt confident that any issues raised would be listened to and addressed. The manager maintained a copy of complaints and any action that had resulted from the investigation. This meant areas of concern could be reviewed to drive improvement.

People were supported to explore different experiences and staff recognised people's diverse interests. We saw that people had been supported to choose a range of activities that were socially and culturally relevant to them. We saw one person had chosen to go shopping and they told us, "I like shopping and I like looking for the best deal. I go on line before I go so I know how much everything is and where to shop." Another person told us they like to visit different local areas of interest depending on the weather and enjoyed going out for different types of food. People were satisfied that the level of staffing provided in the home meant

they could decide on different activities each day and these would be arranged.

None of the people that used the service were receiving end of life care; however, people were supported to express their emotions and express and views they held about how they wanted to be supported when ill or towards the end of their life.

Is the service well-led?

Our findings

At the last inspection in June 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

The home was currently being managed by a registered manager from a nearby home also owned by the same provider. The provider was recruiting a new 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. We found the manager maintained a good overview of all aspects of the home and had a clear understanding of their responsibilities.

Regular quality audits and checks were carried out and used as opportunities to make improvements. These included care audits to review whether records reflected people's actual support needs and had been amended when needs had changed. Medicines audits, infection control and health and safety checks were carried out. Accidents and incidents were reviewed. When incidents had occurred, these were analysed and the action plan identified the improvements that were made to reduce potential further harm. These checks and audits ensured that people using the service were safe and well cared for in all aspects of their lives.

People were asked about the quality of the service and where improvements could be made. There was an easy read quality survey that people completed seeking their views about whether they were happy with the service. House meetings weren't held as the staff identified it was difficult for some people to share their views in a meeting format. Instead they met with people individually to discuss their support and the management of the home. One person told us, "The staff ask me about what I want and I'm alright. I'm happy telling them what I think." People were confident that their views were listened to and acted upon.

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. One member of staff told us, "We can talk about anything and if anything impacts on our work and concerns we have. We also have team meetings and we find out about any changes and what is happening in the service." Staff had opportunities to speak with the manager and valued the regular staff meetings where there was an open agenda that they could add to. The staff told us that the manager was supportive and commented that they found supervision meetings positive and useful. Staff were confident about how they could raise any issue of concern and felt they would be listened to and taken seriously if they needed to raise anything under the provider's whistle blowing policy. To whistle blow is to expose any information or activity that is believed incorrect.

The provider worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. The provider was working to complete an action plan that had been agreed with commissioners of the service to ensure improvements could be made.

The staff were clear of their role and spoke about how the manager supported people to have meaningful lives. People who used the service and staff told us the home was well-led. The manager spent time working alongside staff so that the people who used the service knew them and they could engage with them regularly. We saw that people knew who they were and we saw them talking with them.

The manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.