

Heathcotes Care Limited

# Heathcotes Flanshaw

## 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 Flanshaw is a residential care home providing personal care and accommodation to five people with learning disabilities and/or on the autism spectrum under the age of 65 years at the time of the inspection. The service can support up to six people in one building.

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

People looked happy and were cared for by knowledgeable and caring staff. All staff could recognise possible signs of abuse and knew how to report such concerns. We observed and heard many positive interactions between people living in the home and staff.

Risks were managed well, with a focus on positive risk taking and people with complex behaviours accessed the community on a daily basis. 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 interests; the policies and systems in the service supported this practice.

Medication and infection control practice was well managed, and the registered manager ensured detailed reflection of all incidents in conjunction with people and staff. Any learning was quickly implemented. Staff were supported with regular supervision and plentiful training.

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. Staffing levels ensured people were able to undertake their activities while keeping people safe.

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 gain new skills and become more independent. Staff and documentation were person-centred, and everything undertaken in the service was in the best interests of the people living there.

There were strong links with other services to ensure people were receiving the best possible support. People had been encouraged to personalise their environment including a beautiful sensory garden which had been recognised and praised by the provider.

Governance was robust and the registered manager and provider ensured they continually sought to improve the service offered and the quality of life for people living in it.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 23/7/2018 and this is the first inspection.

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.

## 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 Flanshaw

## 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 consisted of one inspector.

#### Service and service type

Heathcotes Flanshaw is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met all five people who used the service and observed interactions between them and staff wherever

possible. We spoke with four members of staff including two support workers, the registered manager and the provider. We also spoke with a visiting health professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to recognise and knew how to report possible safeguarding concerns. We saw concerns were reported appropriately and actions taken to reduce the likelihood of future harm.

Assessing risk, safety monitoring and management

- Incidents were recorded in detail and showed staff utilised effective de-escalation techniques as a first option. All incidents were reviewed by the registered manager to ensure the response was proportionate and appropriate. Physical intervention was used as a last resort and only to keep the person safe. Staff were offered a debrief for their own wellbeing after more challenging events.
- Even though staff dealt with behaviours which were at times challenging this did not stop them from continuing to support people to access the community and discuss the best means of ensuring this took place safely and regularly.
- People had personal emergency evacuation plans and regular fire drills were conducted. Complete evacuations were also practised.
- Risk assessments were in place to manage specific risks around behaviour and other factors and staff were able to discuss their contents showing this information was utilised well.

Staffing and recruitment

- Recruitment checks were robust and evidenced gaps in employment were explored. Interview questions were relevant to the role to ensure only staff with appropriate values were considered for employment.
- Staffing levels were proportionate to meet people's needs. One person was on their way out for the day when we arrived with their two support workers. Other people were supported by staff allocated to them which included trips out later in the day.
- Staff told us colleagues assisted when people were on leave or off sick, and there were always sufficient levels on duty. People were assessed as needing 2 to 1 or 1 to 1 support during the day and these levels were always met.

Using medicines safely

- Medicines were stored and administered safely. Staff were patient and allowed people time to take their medication. Temperature checks were completed regularly to ensure stock was safe to use and topical medication was dated according to when it was opened.
- Records of administration were completed correctly and staff were aware of what guidance to follow in relation to 'as required' or PRN medication. Stock checks of boxed medication were done at each administration to minimise the likelihood of error.

- Competency checks were carried out by the registered manager and were thorough.

#### Preventing and controlling infection

- The home was clean and very tidy. Staff followed infection control measures including the wearing of personal protective equipment when required and harmful cleaning products were locked away.
- An environmental audit conducted internally had identified small pockets of the home for improvement and these had been dealt with quickly such as replacing a shower curtain.

#### Learning lessons when things go wrong

- Reviews of possible triggers were considered after each incident to see if different support methods were needed. This was based on a review of the actions taken and response of the person. Staff were encouraged to reflect and consider how incidents may have been handled differently.
- Monthly reviews of all incidents were also conducted to enable an overview of possible trends and whether other actions were required. Records of the level of interventions for each person were recorded. These reviews showed an overall decline in the use of physical intervention over the past three months which indicated the service was managing people better.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager ensured all people were fully assessed before being considered for the service. Many had spent a long time in hospital so sound planning was required for an effective transition into the community.
- The registered manager had a good understanding of current best practice, explaining how they kept their own knowledge up to date. They accessed guidance from key bodies and the provider also maintained a good learning base.

Staff support: induction, training, skills and experience

- Staff received an induction based on the Care Certificate which is a set of minimum standards all care workers need to adhere to and needed to be completed to pass a probationary period. This was supported by regular supervision which assessed a staff member's performance and focused on their achievements.
- Staff had undertaken training specific to their role in addition to core topics. One staff member told us how they had been supported to complete more in-depth autism awareness training. All staff had been trained in Non-Abusive Psychological and Physical Intervention (NAPPI) techniques to ensure people were kept safe.

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

- No one in the service was nutritionally at risk but people were encouraged to make healthy choices. One person had had a period of weight loss but this had stabilised. The service had accessed external agencies to check there was no further action needed.
- Staff understood the importance of following people's particular eating habits such as keeping food separate and the relevance of different textures.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke positively of their team members describing them as supportive and flexible. They had high expectations of themselves and each other which helped drive a positive culture in the service.
- They had communication between themselves via detailed handovers. Shift patterns had been altered to allow for an overlap between weekend staff and the registered manager which further improved contact with all staff.
- We spoke with a visiting health professional who was supporting the staff with managing some complex behaviour and they told us, "This is a good team who stay on top of things. Staff understand and engage well and will take on board any advice." They also said referrals to the team were appropriate and Heathcotes Flanshaw managed transitions for people into the service well. This had resulted in reduced

incidents for people in the service as staff had got to know people before they moved in.

Adapting service, design, decoration to meet people's needs

- People had been involved in the development of a sensory garden, planting up pots and making decorations for the fence. There was a photographic collage of all people living in the home in the reception area showing people enjoying various activities.
- People's rooms were personalised and spacious.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager was pro-active in seeking support for people with more complex needs. They had undertaken a detailed analysis of incidents and responses which led them to seek further guidance from external professionals.
- People accessed external health and social care support agencies as required, and staff were aware of what checks and appointments were due for people.

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.

- Staff were able to explain the significance of mental capacity assessments and their associated DoLS. One staff member said, "If I have any doubt about a person's understanding I would complete an assessment. I would ensure we made a decision in their best interests."
- Capacity assessments were relevant and followed the requirements of the MCA. There was evidence of external input into decision-making where necessary. DoLS conditions were adhered to and regular reviews took place to ensure they were still applicable.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff communicated with people in the way they preferred, such as the use of sing-song style when talking to people. They used simple sentences and gave clear directions to people so they understood what was being asked of them.
- We heard a great conversation when a person had just got up talking about their interests in music and TV, which showed staff had got to know the person well. They were patient and empathetic in their approach, and also generated a lot of humour.
- Some people were supported via the use of picture exchange communication (PEC) which assisted them to make choices. Others used their own form of Makaton, a sign language, and others benefitted from social stories.
- They clearly knew people very well, explaining their particular behaviour patterns and preferences. One staff member spoke about people's culture and spiritual needs, and how food choices were amended to support this. Another staff member discussed how one person enjoyed their weekly visits to church.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to see their family regularly where this was in their best interest. Clear guidelines were in place to support those with more complex relationships which had been agreed with external health and social care professionals.
- People were asked their views after incidents where they had the capacity to consider this and were able to share their feelings.

Respecting and promoting people's privacy, dignity and independence

- People were supported by their advocates who visited regularly. This ensured their voice was heard.
- One staff member stressed how important it was they did not de-skill anyone. They told us, "We are here to promote independence. We are working in their home. People are both individuals and part of the community living here."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care documentation was person-centred and staff were encouraged to record the slightest of changes to a person or any observations which would help them support a person better. Daily notes were comprehensive and outlined all aspects of support given and the person's wellbeing. Records showed people accessed the community daily where this was their wish.
- People's life history and other pertinent information was recorded including their interests. Detailed behaviour management support plans were in place with information about possible triggers and signs to observe. Staff had full guidance on how to support in event of such an event.
- Each person had a personal development plan which identified their abilities and goals with details of how they were going to achieve these. People were awarded certificates when they reached their goals. One person had a photographic record of their involvement in the creation of the sensory garden which showed how much they had engaged with the process. Some of these were then displayed on the provider's website. Another person had a photograph of their first bus journey in over twelve years with the statement, "I survived!"
- Records were reviewed in depth on a three-monthly basis where any trends or issues were considered. Progress of each person was also recorded along with how well staff had supported them.

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.

- The service made use of personalised, pictorial communication plans. Where it was agreed appropriate people had pictorial weekly planners on the wall to remind them of their activity schedules. One person had two or three photos displayed at a time to indicate the immediate activities being undertaken as this enabled them to process the information better and reduced their anxiety levels.
- Care records detailed people's vocabulary and the meaning of certain words or sounds enabling staff to develop relationships quickly. Care documentation was also pictorial to assist people in understanding their needs and how they would like them met.

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.

- Each person had an activity plan which was followed to support their wellbeing. One staff member explained, "If a person appears bored with an activity we can change this via the use of PEC to see what they

would prefer to do." Staff were all very aware of the need to plan in advance before any outing to minimise the likelihood of possible incidents.

- We observed people access the garden and saw many photographs of people planting up pots.
- People had access to music, games and jigsaws to ensure they had plenty of activities within the home alongside their planned visits out into the community.
- People were supported to maintain contacts with their family and other people important to them. These meetings were integrated into people's everyday activities. We saw the service had considered possible difficulties and addressed these appropriately such as communicating via telephone where a person had limited vocabulary.

Improving care quality in response to complaints or concerns

- There was an easy read complaints policy available with simple instructions as to how to raise concerns.
- The service had received one complaint which was relating to a member of the public and their perception of an event. This was dealt with promptly and with appropriate recourse to the complainant. This led to a better appreciation for the complainant as to the nature of autism related behaviour as a consequence of some open discussions.

End of life care and support

- People had pictorial end of life care plans in place which had been completed in conjunction with them, their family and advocates where needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff told us the aim of the service was to "promote independence and choice, and for people to live a life like everyone else." All staff we spoke with told us how much they enjoyed their job.
- One staff member said the registered manager had "empowered staff" as they enabled them to take on duties after training which enabled them to develop. They said they regularly received praise which made them feel good about the job they were doing.
- The registered manager was keen to share their reputation for supporting people with complex needs, reducing their anxiety levels and supporting them to re-engage with their local community.

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

- Staff told us they had access to out of hours support and advice was always available.
- Everyone we spoke with spoke highly of the registered manager describing them as approachable and supportive. One staff member said, "I can raise anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had robust quality assurance procedures in place. Monthly detailed provider visits took place by the regional manager and scrutinised all aspects of the service including the environment, documentation and staff conduct. Recent internal audits had achieved positive scores which reflected how well the service was being run.
- This monthly overview resulted in an ongoing action plan which we saw the registered manager was consistently reviewing and resolving any issues.
- Staff meetings took place at regular intervals and discussed all aspects of practice and any procedural changes. Staff contributed at these meetings and their ideas were shared and actioned wherever possible.

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

- Surveys were sent to all relevant parties in May 2019 including people living in the service, their relatives, staff and other key stakeholders such as health professionals. The feedback was highly positive in all instances, rating it either good or excellent. Any identified actions were followed up promptly.
- Comments included, "People are involved in lots of activities," "The home has good discharge planning

processed (for when people moved into the service)," and "The service promoted positive risk taking."

#### Continuous learning and improving care

- Staff were encouraged to undertake additional training and this was shared with team members through meetings and updates. One staff member had spent some time looking at sensory communication and as a result had developed the garden with people. This had been recognised by the provider.
- The registered manager used innovative methods to promote learning such as the use of different games to consider methods of communication.

#### Working in partnership with others

- The service worked alongside other specialist agencies to ensure, where needed, people had the best advice and guidance to promote their wellbeing. The registered manager was not complacent and constantly sought to improve people's enjoyment and quality of life.