

Heathcotes Care Limited

# Heathcotes Grove House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Heathcotes Grove House is a large detached house near the town centre. It is registered for the support of up to eight adults and children of 16 years and over with learning disabilities including autism. Two people were using the service at the time of our inspection.

The service is bigger than most domestic style properties and is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The quality and the safety of the service had improved since our last inspection. The numbers of people living at the service had reduced. This gave the provider and the registered manager the time to make the improvements they needed to make following concerns we found at our previous inspection.

Staff were confident they would be listened to if they reported any concerns to the registered manager. The provider had put new systems in place to make sure any accidents, incidents or safeguarding concerns were dealt with quickly and appropriately to minimise people's risk.

Staff had been provided with training to help them manage when people became anxious or upset. This helped keep people and staff safe. 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.

Risks to people had been identified and this was updated when people's needs changed. People received their medicines when they should and medicines were managed safely. Medicine records had improved. When we identified one missing record staff were able to explain why and this was amended immediately.

Staffing levels were safe and the same staff team made sure people had the support they needed. When agency staff were needed the registered manager asked for the same staff so people knew them and would feel less anxious. Staff and agency staff received an induction before they started to work with people. All staff training was up to date and monitored to make sure staff received refresher training when they needed it. This made sure staff were up to date with the skills and knowledge they needed to support people.

Staff knew people well and were confident about the improvements made and the support they were able to provide to people. We observed staff were kind and caring. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Communication methods had improved

and people were supported to express their views and be involved in their care. Staff helped people follow their interests and hobbies.

The provider had improved the way it recorded, monitored and acted on complaints. Information was available for people to raise concerns if they wanted to and staff made sure they listened and reported any to concerns to the registered manager.

Since our last inspection the provider had changed the management structure of Heathcotes. Managers had a clear view of what they needed to do to make sure people were safe and how they would make continuous improvements. There was a new registered manager at Heathcotes Grove House and they had worked hard to change the culture of the service. Staff told us this was having a positive impact on them and people's care. After our last inspection the provider kept us up to date with their action plan and the improvements they had made. There were plans in place to make sure lessons had been learnt and the same failures were not repeated. However, more time will be needed to make sure improvements are fully embedded and sustained over a longer period of time.

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 and update

The last rating for this service was inadequate (published 02 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. They sent us monthly updates so we could see the improvements they were making.

This service has been in Special Measures since 02 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heathcotes Grove House

## 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

One inspector carried out this inspection.

#### Service and service type

Heathcotes Grove House 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also met with the local authority and their safeguarding team to gain their views. We reviewed the action plans and updates sent to us by the provider to monitor the ongoing improvements of the service.

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.

We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with one person who used the service. We observed how the staff interacted with people in communal areas. We spoke with the regional manager, the registered manager, the deputy manager, four staff members and an agency staff member. We spoke to a relative of a person using the service to find out their views. We looked at two people's care records, three staff files as well as a range of other records about people's care, staff training and how the service was managed. These included accident and incident records, medicine records, daily notes and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made since our last inspection but it was too early to judge whether these could be maintained continuously over a sustained time period. We need to make sure the improvements made to keep people safe are consistent and embedded into the culture of the service.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found failings in the systems and processes in place to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- Staff were confident reporting any concerns to managers and knew they would be acted on. One staff member said, "I wouldn't hesitate to say if I was worried about something, I would be listened to. [The registered manager] has done a very good job with this place, he really does want the best for people."
- Since our last inspection some people had moved to alternative placements more suitable to their needs. This had a positive impact on people remaining at the service. A relative we spoke with told us they were happy with the improvements put in place and felt the service was safe for their family member at that time. However, they remained concerned that their family member may be at risk if the service expanded as it had done so before, without consideration to those people already living at the service.
- Staff had received training in safeguarding and how to support people when their behaviour challenged the service. Some staff were receiving training in restraint and restrictive practices during our inspection. They spoke to us after their course and told they felt this was very helpful and gave them the knowledge and skills they needed to support people appropriately when they became anxious or upset without the need for restraint.
- New systems and processes had been established to make sure there was a clear reporting structure in place so any concerns or incidents could be acted on immediately to ensure people's safety. The registered manager told us physical restraint had not been used since before our last inspection and robust systems were in place to make sure any restriction or restraint used was a last resort and in line with current legislation and best practice guidance.

### Assessing risk, safety monitoring and management

At our last inspection we found some people's risk had not been assessed or managed. Some people's medicine records had not been completed properly and some information about how people should take

certain types of medicines was missing. These issues were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Detailed risk assessments were in place to give staff the guidance they needed to keep people safe while still encouraging a level of independence appropriate to that person. All risk assessments were regularly reviewed and changes made when necessary.
- Adjustments to the environment had been made to help reduce the risk to people. Staff were careful to lock away objects, liquids or chemicals that may be a risk to people.
- One person's daily records showed a discrepancy that may have been a potential risk to them. The registered manager investigated our concerns to make sure the person was safe. They spoke to staff about the importance of completing this record correctly and why. This gave us assurance the person's daily record would be completed correctly going forward.
- Health and safety checks continued to be recorded. Fire checks were completed and people had their own personalised evacuation plans in place so staff and emergency services had the information they needed in the event of an emergency.

#### Using medicines safely

- People's medicine administration records were fully completed, and signed by two members of staff to make sure there were no recording errors. Regular medicine audits made sure the right medicine was given to people at the correct time.
- When people received 'as required' medicine, guidance was in place to help staff know how much medicine should be given, the signs to look out for and when to offer the medicines. This included verbal and non-verbal cues. Additional information was available to staff on how people communicated and expressed pain. We spoke with the registered manager about incorporating this information to make it easier for staff to refer to.
- One person's 'as required medicine' had not been included on their medicine administration records. Staff explained this was because they had not taken this medicine for a long period of time. They told us the person's GP was due to review their medicine the next day and they would confirm then if the medicine was still required. However, during our inspection staff updated the person's medicine records to include this medicine so all records were correct.
- Staff confirmed they had received training in medicine management and the registered manager made sure regular competency checks were carried out so staff had the knowledge and skills required to safely administer people's medicine.

#### Learning lessons when things go wrong

- The provider had made improvements in the way it recorded and managed incidents. The registered manager had put systems in place to make sure the correct authorities were notified when something went wrong.
- Incidents were fully recorded and reviewed by the registered manager to make sure improvements were made to reduce any risk to people. When things went wrong information was shared with staff and people to make sure lessons were learned.
- The registered manager had worked hard to change the culture of the service to make sure staff felt supported when reporting concerns. Staff told us they had confidence in the changes the registered manager had made and felt Heathcotes Grove House was a positive place to work. One staff member told us, "Staff have been encouraged to speak out. Managers are listening to staff and implementing changes."

### Staffing and recruitment

- Staffing remained adequate to meet people's needs. There was a core group of experienced staff supported by agency staff when required.
- Agency staff were encouraged to read people's support plans before providing care and the registered manager had created a pen picture to tell agency staff important information about the people living at the service.
- Systems were in place to make sure staff were recruited safely. Checks were carried out before employment started to make sure staff were suitable for the role.
- Checks were in place to make sure staff did not work excessive hours. This meant staff were less likely to be tired and were able to provide safe care and support.

### Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and hand hygiene. Cleaning schedules and a monthly infection control audit was in place.
- The communal areas of the service were clean and tidy. Communal toilets had hand washing and drying facilities and were clean and free from odours.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found some staff had not received an induction until many months after their start date and some service specific training had not been completed so staff may not have the skills required to deliver safe care. These issues amounted to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff told us the training they were receiving was good. One staff member told us, "The training has got a lot better. Our induction covered most things such as safeguarding, first aid and we are now doing a new medication course."
- Agency staff told us they completed an induction before they started to work at the service.
- Staff training records confirmed all staff members had completed their induction and ongoing refresher training was monitored appropriately so staff were able to keep up to date with their skills and knowledge. Staff competency was assessed and recorded with additional training provided as required.
- The registered manager made sure staff received service specific training so they could support people in the best way. This included autism, mental health and epilepsy awareness. Workshops were held with staff to keep them up to date with the additional support needs of people. This included input and training from other healthcare professionals.
- Staff told us they received regular supervision and rotas were designed to give staff the time they needed for training and development.

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

- At our last inspection we found some people had not been supported to manage the risks associated with diet and nutrition and some records concerning people's dietary needs had not been maintained. During this inspection we found improvements had been made.
- Healthcare professionals had been asked for guidance about one person's diet and they had given detailed advice to staff on how to encourage healthy eating. The registered manager had reinforced this guidance through staff workshops so staff knew the best way to encourage the person to maintain a balanced diet.
- People's records contained their food likes and dislikes and records concerning peoples nutrition were complete and up to date.

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

- During our last inspection we found people's needs were fully assessed. However, the assessment process did not always consider the support needs of other people living at the service and the impact of how some people's behaviour may affect them.
- During this inspection we were assured a full review of the assessment process had taken place and the registered manager explained the checks now in place to make sure the needs of any new person joining the service would be fully considered together with the needs of people they were currently providing support for. The provider had not used this new assessment process at Heathcotes Grove House at the time of our inspection. We will look at this again during our next inspection.

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

- The service had been adapted to meet the needs of people living there. The service comprised eight bedrooms with en-suite facilities. There was a main lounge, a smaller quiet lounge, a kitchen, dining room and conservatory so private space was available for those people who wanted this. There was a large garden accessible via stairs and a ramp. At the time of our inspection no one at the service was a wheelchair user and people were able to access all areas of the house and garden.

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

- People's care plans and health action plans contained details of other services they used such as specialist clinics. This meant staff could seek advice from them or support people to use them when necessary.
- Care plans gave staff information to help promote people's mental health and signs to look for when people became ill. People had detailed health action plans covering all aspects of their health such as diet and nutrition, men's or women's health and skin care. There was information on how staff should support people to stay healthy and manage their health conditions.

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 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 service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were records showing the provider followed guidance and complied with legal requirements when making decisions on behalf of people without capacity. This included involving families and other professionals involved in people's care to make sure decisions were made in a person's best interests.
- DoLS authorisations were up to date and conditions were noted and met when applicable.
- When decisions needed to be made about people's care and treatment, the provider used appropriate tools to assess whether people had the capacity to make or consent to the decision.

# 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 requires improvement. At this inspection this key question has now improved to 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

- One person told us they liked the staff. During the inspection we observed the interactions between people and staff. Staff treated people with dignity respect and kindness. A relative told us, "The staff that work with my [relative] are excellent".
- The staff team had remained consistent and they knew people well. When agency staff were required the same staff were requested to offer more continuity of care. We spoke to an agency member of staff who told us they were given the time to read people's care records to make sure they knew how people wanted to be supported.
- Staff told us of the improvements made since our last inspection. They felt supported in every aspect of their work and spoke about people with kindness and compassion. One staff member told us, "[The registered manager] gives us the freedom to tell him what needs to change and how we can make people happy." They went on to explain how they were given the time to really get to know and build trusting relationships with people.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- Staff knew people well and the communication methods they used. Pen pictures were in place for people detailing the best way to communicate with them, how they may express pain and detailing their likes and dislikes. This helped staff understand what was important to people and involve them in decisions about their care.
- People were regularly asked about their views, likes and dislikes, care and support. Since our last inspection, improvements had been made and staff now took the time to understand people's choices and record people's views.
- Staff respected people's equality and diversity. One staff member gave examples of how they supported a person to cook the cultural meals they liked. People's spiritual and cultural beliefs were recorded in their care records so staff could support them if required.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to be as independent as they could be. For example, staff encouraged people to be involved in household chores such as laundry and clearing plates away after mealtimes. Care plans gave staff guidance to encourage independence while still keeping people safe.
- The registered manager supported staff to report any failings that may impact on people's care and staff gave us examples where people's care had improved as a direct result of them reporting concerns. Staff told

us how they respected people's privacy and dignity and our observations confirmed what they told us.

- People's records were kept secure so that information about them remained private and confidential.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we found failings in the systems and processes in place to act on complaints in a consistent way. People's views had not been recorded and they had not been given the opportunities to raise concerns. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 16.

- The provider had introduced new systems to ensure complaints were investigated thoroughly and responded to in good time. All complaints were monitored at provider level to ensure policies were being followed with a clear audit trail of actions taken to put things right.
- The registered manager had provided additional information for people to raise concerns and staff made sure people were listened to. One person had seen a poster at the service about whistleblowing and they had raised a concern using the telephone number provided. The registered manager was able to tell us about the positive action that had been taken as a result and how the person felt happier and safer as a result.
- Staff were able to provide examples of how learning was shared and felt confident they would be listened to if they raised concerns.

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

- People's needs had been identified and recorded in their care records. Records were complete and up to date so any changes to people's care and support were documented.
- The registered manager told us they involved people and their family in the care and support provided. One relative told us they felt fully involved in the care and support their family member received.
- Staff were being supported through learning and development to meet the needs of people. Ongoing training in positive behaviour support gave staff the confidence to meet people's needs in difficult situations when people became anxious or worried.
- Since our last inspection there had been no admissions to the service. The registered manager discussed the new arrangements they had put into place to make sure people joining the service in the future would feel settled and supported.

### 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

- Since our last inspection improvements had been made in this area. Staff had introduced a communication board using a variety of pictures and symbols. People were being encouraged to use this to help tell staff what they wanted to do, where they wanted to go or how they felt. One person became anxious when new people visited the service so staff developed a notice board showing pictures of staff on duty and information about any visitors that were due to visit. This gave the person the information they needed to help reduce their anxiety.
- Staff knew people well and their methods of communication. For example, people used Makaton, a type of sign language, and objects of reference to help staff understand their needs.
- There were various easy read and pictorial documents to help people understand information. For example, there was whistleblowing and safeguarding information to guide people on what they should do if they did not feel safe.

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 encouraged to take part in the activities they enjoyed. Staff encouraged people to maintain their hobbies and interests. For example, one person like to take a bus ride to the shops and another person enjoyed walks in the park and feeding the ducks.
- During our inspection we observed people leaving the service for activities in the community and engaging in in-house activities such as baking. One person told us they would be going on the bus to go to the shops and then have a coffee. We spoke to them after their trip and they told us they had enjoyed their day.
- Staff helped people maintain relationships with the people that were important to them. This was confirmed when we spoke with one person's relative. The registered manager explained they involved family and friends as much as they were able to and told us of the future events they had planned such as a Christmas meal they were cooking for people and their family.

### End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. Staff had started to have conversations with people and their families and people's preferences and choices for their end of life care were recorded in their care and support records. This made sure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements had been made since our last inspection but it was too early to judge whether these could be maintained continuously over a sustained time period. We need to make sure the improvements made are consistent and embedded into the culture of the service.

At our last inspection we found failings in the systems and processes in place to make sure the service was well led. Issues that may have impacted on people's safety had not been identified, people had been placed together inappropriately compromising their safety and wellbeing, some people's risk had not been identified and recorded, staff training had not been monitored or managed, record keeping had been poor and more work had been required to promote an open and transparent culture. These issues were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- Since our last inspection a new registered manager had been appointed to oversee the improvements made at the service. One relative told us, "[Registered manager] has transformed the place. It has improved beyond all recognition." Staff told us improvements had been made and comments included, "I like the way [registered manager] works and can see his vision. We have all tried our best and things are looking much better" and "I felt like leaving before but I am pleased I didn't. I am really happy here. [Registered manager] has done a very good job with this place. He really does want the best for service users."
- The provider had put a new management structure in place with a clear line of delegation. This meant senior managers were clear about their roles and responsibilities and were confident in the support they could offer the registered managers. We spoke with the newly appointed regional manager who told us about the senior leadership team and the changes they were making. They said, "I think Heathcotes have the right values and are going in the right direction."
- The registered manager was aware of their regulatory requirements. The registered manager had reported notifiable events to the CQC in line with the legislation.
- Improvements had been made with internal audits and record keeping and people's notes, care records and risk assessments were detailed and up to date. Although, we found two instances where records had not been completed during our inspection, the registered manager and staff were able to offer detailed explanations so we were satisfied that the quality of records had not, in this instance, posed a risk of harm. We will, however, check this again at our next inspection.

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

- At our last inspection we had concerns the mix of people using the service had not been considered and this had compromised people's safety and wellbeing. Since the last inspection the number of people using the service reduced from five people to two people. The provider explained they had not wanted to introduce new people to the service until they were sure improvements had been made.
- During this inspection the registered manager spoke about the new procedures in place to make sure any new person moving to Heathcotes Grove House had a full assessment and transition period. This would involve people living at the service and make sure their views and support and care needs were considered. Although we were assured by the new procedures they were not in use at the time of our inspection and so could not check whether these improvements were yet effective.
- At our last inspection we found the provider had started to promote a positive culture, however, work was needed to increase staff confidence in reporting concerns. The registered manager had worked hard to change the culture of the service and move towards an open and transparent way of working. They gave us examples of how staff now felt able to raise concerns and knew they would be listened to. The registered manager told us, "The biggest thing for me has been improving the culture and learning... I feel now if I showed poor practice staff would have the confidence to raise concerns."
- Staff told us the culture had changed and told us they were confident reporting concerns. This had not only had a positive impact at Heathcotes Grove House but we were given examples where working practices had improved at other services as a result of actions taken.

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

- People were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time and also had the opportunity to do so during regular one to one keyworker meetings.
- Staff told us they were able to share their views and experiences with the registered manager at any time and during team meetings and supervision.
- The registered manager regularly spoke with relatives and told us how important they felt it was to involve people's family in the care and support people received.

Continuous learning and improving care

- The registered manager had improved the way incidents were recorded. Systems were in place to make sure safeguarding concerns, incidents, accidents and complaints were monitored effectively. This meant the registered manager could make sure the appropriate authorities were notified, action was taken when necessary and improvements were made to people's care. New systems had been introduced to monitor incidents at provider level so staff support could be offered earlier.
- When things went wrong lessons were discussed at provider level and locally with team leaders.

Working in partnership with others

- The registered manager worked well with external stakeholders and agencies to improve and support the care people received. Feedback from healthcare professionals was positive and included praise for staff and the way they supported people and the way the staff team worked with them in an open and transparent way.