

# Review of compliance

<p>Heathcotes Care Limited Heathcotes (Sawley)</p>	
<p><b>Region:</b></p>	<p>East Midlands</p>
<p><b>Location address:</b></p>	<p>1 Bradshaw Street Sawley, Long Eaton Nottingham Nottinghamshire NG10 3GT</p>
<p><b>Type of service:</b></p>	<p>Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>August 2012</p>
<p><b>Overview of the service:</b></p>	<p>Heathcotes Care Limited is registered to provide the regulated activity: 'accommodation for persons who require nursing or personal care' at Heathcoates (Sawley).</p> <p>Heathcotes (Sawley) is a care home for up to 6 adults with Autistic Spectrum Disorders, learning disabilities and asperger syndrome between the ages of</p>

	18 to 65.
--	-----------

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Heathcotes (Sawley) was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We spoke with three people who live at Heathcotes Sawley. One person had issues with their communication, which made gaining their views difficult. However there was a great deal of positive body language and the people who were able to express a view told us that they were happy.

The observations we made of staff working with people who lived at the care home showed that people were well cared for, and treated with respect and consideration.

We spoke with four family members who told us staff were helpful. All the family members who spoke with us explained they found their relative to be happy at the home. They told us they thought staff were able to meet their relative's needs.

Two people told us they were given their medicines when they needed them.

We observed staff taking people out for activities and returning later, we saw that people who needed one to one support were receiving this. We saw that people were free to move around the home when they wanted to.

One relative told us, "I am invited to reviews about my relative and I am given the opportunity to discuss anything about my relatives care. I am involved in the care planning."

### What we found about the standards we reviewed and how well

## **Heathcotes (Sawley) was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider was meeting this standard.

Appropriate arrangements were in place in relation to obtaining medicine.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.

The provider has an effective system to regularly assess and monitor the quality of service that people receive.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Four relatives told us their family member was well looked after by the staff.

One relative told us, it was nice to see their son going out more often and being with other young adults.

A family told us they had been invited to visit the home before care was provided and found this helpful in making a decision about the placement.

Two families who spoke with us said they felt staff did not always provide feed back to them as parents and they had to prompt staff to follow up on care issues. For example, both families said they were not always kept fully informed of the outcomes to medical visits. This would reduce the effectiveness of the support that they were able to offer as a result of not knowing.

One family told us they were asked to provide staff with information about their relative. However they when they visited they found it had not been communicated to all the staff as it had not been written down. One relative explained that not all staff had received instructions about how best to communicate with their relative in the way they preferred. This meant not all staff would be able to communicate effectively with their family member. The impact of this could be a trigger for poor behaviour by their relative due to not being understood by staff.

##### Other evidence



We looked at the care records of three people. We saw from the records that pre admission assessments took place wherever possible. This meant the staff rota would be planned around the needs of people using the service and the skills of staff to provide care for them. When planning their care the correct number of staff would be deployed on each shift to care for them.

One care plan we looked at contained the information staff needed to enable them to meet the person's needs. Another care plan was only available to us for a short amount of time and it was difficult to see how all the assessments were completed on the person. The other care plan remained as work in progress as the person was fairly new to the service.

The care plans we saw contained information about the person's ability, their choices, risks and action plans arising out of identified need. Risk assessments were in place and care plans were developed from these. We noticed that care plans were sometimes generic and did not always focus on the individual's specific needs or behavioural patterns. This means that people with particular needs will not have those needs met in a way that is specific to them.

In the three care and support plans that we looked at there was evidence of people being involved in the care planning process. We spoke with two people about their care plan. They knew about their care plan, and all the relatives who spoke with us told us they had been involved in the care plan.

People using the service were escorted to medical appointments by staff or by their relative.

We noticed one person chose to keep their care plan in their bedroom. Staff told us the person would destroy information about themselves and this could lead to gaps in the information provided. There were no duplicate copies to ensure this care plan could be audited and reviewed as required. This could mean newer staff may not have sufficient knowledge or awareness of this person's history and this could impact on the way care was provided to them.

We saw accidents and incidents were recorded and appropriate actions taken at the time. We saw that information from the accident and incidents were audited so that measures could be put in place to prevent a reoccurrence of the incident.

We saw that staff knew how to involve people when making decisions about their life that ensured they were safe. Where applicable people's capacity to make decisions had been considered appropriately.

People were encouraged to express their likes and dislikes so that they would receive care in the way they preferred. Information about people's preferred routines was available for staff to support people with their chosen lifestyles. We saw that the people at the home were provided with male staff for personal care so that their dignity would be maintained.

### **Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We spoke with three people who told us they were given food that they liked and enjoyed every day.

##### Other evidence

On the day we visited staff were seen offering support to people at the home. This included working with them in the kitchen area to make hot drinks. A barbeque was taking place at the home and people using the service were involved in this activity. They had been asked if they wanted to have a barbeque meal inviting friends and family to the home. We noticed one person using the service was helping outside with the cooking of the food.

We looked at the menu plan for the week and saw that it contained food that people told us they liked. We saw that healthier options could be introduced to make the menu more balanced.

We noticed the menu was presented using words or with limited pictorial information about meal choices. There were people at the home that may not be able to read and would need further help to select their meal choices. The manager explained that someone at the home kept destroying the pictures that they had made and they had not yet been replaced. The provider may wish to revise the methods used to communicate to people with limited literary skills and introduce meal choices in a number of different formats such as the use of pictures of food.

We looked at the training matrix and saw that most of the staff had received food

hygiene training. The provider may wish to ensure that all staff are trained in food hygiene this will ensure that all staff who handle will be trained in food safety. In this way people using the service will have food prepared and handled in a safe manner.

**Our judgement**

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We spoke with two people. They expressed no concerns about medication administration and confirmed medication was administered as prescribed and at regular times.

##### Other evidence

At this visit we saw evidence to show that the provider had moved the location of the medications. They told us they found the "new" room to be unsuitable and moved back to the original room. This room was now kept locked at all times including when staff were inside it.

We saw in the room instructions for staff dispensing medications was reaffirmed reminding staff to avoid distractions and interruptions during this process. In this way people would be able to receive medicines in a safe way.

We looked at two medicine sheets and they were satisfactory. We saw information leaflets about the medicine being prescribed was made available to people who used services or others acting on their behalf.

##### Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place in relation to obtaining medicine.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

One person told us, "I like my bedroom and it is kept clean and tidy".

##### Other evidence

The premises were clean and well maintained. Security at the home was through a gated access and exit to the home. People using the service were not restricted in their movement inside or outside of the building.

We saw that health and safety checks were conducted and were up to date. This included fire safety measures taken by the home. Other safety checks included gas, electricity and regular water temperature checks to ensure the water was maintained at safe levels for people to use.

Two people using the service told us they were happy with their rooms. We saw a toilet and wash basin was provided in each bedroom to ensure people's privacy. We saw that both bedrooms were kept tidy by staff and people living at the home were supported to help with this task. We looked into one public area and saw that it was kept tidy with all facilities provided. We saw there was a good supply of household products that were locked away when not in use. Locking away the products would protect people who may not be able to differentiate between different products that may cause harm to them.

We saw there was outdoor space for people to use and enjoy. On the day of our visit we saw that the premises were being enjoyed by people using the service, their visitors and by staff at the home.

**Our judgement**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We saw that staff engaged well with people using the service and with their relatives. We saw staff who were able to carry out their duties.

##### Other evidence

We looked at eight staff records. We saw that appropriate checks were undertaken before staff began work at the home, these included enhanced Criminal Record Bureau checks and Independent Safeguarding Adult first checks. We saw staff completed a health form that stated they were fit to carry out their duties. We saw there were a number of different checks and measures to ensure staff were vetted before working with vulnerable adults to ensure they were safe to work with them.

##### Our judgement

The provider was meeting this standard.  
Appropriate checks were undertaken before staff began work.



## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us that when they needed help or support, staff were available to meet their needs.

Two relatives told us that sometimes their relative had to have an outdoor activity cancelled as there was not always the correct number of staff available to take them out in the community when they needed two staff.

Two family members told us appointments were made for later in the day due to staff not being readily available for early morning appointments.

##### Other evidence

There were six people living at the home on the day of inspection.

The rota showed eight staff to be on duty. When we checked we found six staff were on duty. A daily shift planner was used to reflect the actual staff on duty which can differ from the rota displayed in the office. An incorrect rota could have an impact on the safety of people using the service. In the event of an emergency such as a fire the number of staff shown on the rota would not actually be on shift that day. This could also mean that when people who needed two to one support to go out they may have to have their outdoor activity cancelled due to an insufficient number of staff being provided on shift to meet their needs.

We saw that one person was allocated to have two to one support through out the day and another person to have two to one support when they go out for three hours each

day including at weekends. The provider needs to ensure that there are sufficient numbers of staff available to meet people's needs. We saw there were two staff were on duty at night. A manager was provided Monday to Friday to support staff during the week. Senior care workers were in charge over the weekends.

We spoke with five staff and they were all positive about their work. They said that they worked well together. This would have a positive impact on the care they provided to people.

One member of staff said, "It's great on my shifts, everyone gets on really well." Staff confirmed they worked with different people every day, all of them said they were happy with this and all felt they knew each person well. This could be seen as a positive in some ways as it ensures people do not become reliant on working solely with one person, which would cause problems when they were off duty. However it also means that people do not know who they are working with until the shift begins. For continuity in care and relationship building with people using the service it may be better to be supported by regular staff who they prefer. We noticed that although one person had expressed a preference for particular staff because these staff understood them, it was not recorded in their support plan. This meant that these staff would not necessarily work with this person and the person's choice would not be met as they would not be with staff whose company they enjoyed.

Behaviour support plans were in place to describe how people's difficult behaviour should be managed. We saw records that showed that there had been three incidents which resulted in physical intervention techniques being used. Records demonstrated that the least restrictive methods were used and all for short periods of time. We saw that other incidents were resolved by distraction or redirection techniques.

Families told us one of the issues with staffing appeared to be the high levels of sickness at the home. We looked at eight staff records. We saw that the management of sickness had been commenced with actions taken as appropriate.

### **Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We observed staff using their skills to support people during the day to carry out their preferred activities. We observed staff to manage different situations in an appropriate manner.

##### Other evidence

Staff confirmed they were kept up to date with training in mandatory areas. Records we saw confirmed this. There was a system in place to ensure staff received training in a timely way.

Specialised training in areas such as epilepsy, including the use of rescue remedies enabled them to meet the needs of people using the service

Staff confirmed they received supervision regularly and said the manager has an open door approach so they were comfortable speaking to him if they had any issues. We saw that supervisions were taking place.

##### Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

One person told us, "I like it here and I like being helped by staff who understand me."

A relative told us, "This home provides activities that are age appropriate; my relative seems to like it here."

##### Other evidence

We saw the manager undertakes monthly audits to monitor the quality of the service. These include monitoring all care plans, risk assessments, medication records and the environment of the home.

Other ways of monitoring the quality of the home were seen through the supporting mechanism of formal supervisions by the manager with staff held at regular intervals. Staff were able to reflect on how they were meeting the needs of people using the service.

Meetings for people who used services were held monthly. People discussed ideas and made plans about their care or of the activities provided. The agenda included providing feed back on information arising from matters that concerned people living at the home. People were reminded of how to make a complaint and were asked if they were happy at the home.

A complaints book was held and how to make a complaint was made available to people who used services and their visitors. We saw that it was available in words and

in a pictorial format.

**Our judgement**

The provider was meeting this standard.

The provider has an effective system to regularly assess and monitor the quality of service that people receive.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA