Heathcotes Care Limited

Heathcotes (Kirby Muxloe)

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

About the service:
- The service is in a residential area of Leicester Forest East, a suburb of Leicester.
- The service provides accommodation and personal care to people living with learning disabilities and autism. The care home can accommodate six people in one building. At the time of our inspection there were six people using the service.
• This is one of many locations that the provider operates nationally.

People's experience of using this service:
• The service provided a safe service.
• Relatives told us that people liked living at the service.
• There was a homely atmosphere for people.
• People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's safety and acting when necessary to prevent any harm.
• Staff members knew people well and people appeared to enjoy the attention from them. .
• People were assisted to have choice and control of their lives.
• People and their representatives had a say in how the service was operated and managed.
• People's care was personalised to their individual needs.
• Fully comprehensive governance processes were in place to ensure quality care. Questionnaires had been supplied to people's representatives for their views of the service.
• The service met the characteristics for a rating of "good" in all key questions.
• More information is in the full report.

Rating at last inspection:
• At our last inspection, the service was rated "good". Our last report was published for the inspection of 10 June 2016.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led section below.

Heathcotes (Kirby Muxloe)

Detailed findings

Background to this inspection

The inspection:
• We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
• Our inspection was completed by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with learning disabilities and autism.

Service and service type:
• Heathcotes Kirby Muxloe 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.
• Heathcotes (Kirby Muxloe) has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
• The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.

Notice of inspection:
• Our inspection was unannounced.
• The inspection site visit occurred on 14 January 2019.

What we did:

• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.

• We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

• We had limited communication with one person living in the service, four relatives, the registered manager, three staff members and a visiting occupational therapist. Due to communication difficulties, we were not able to speak with other people living in the service. Instead, we observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.

• We reviewed two people's care records, two staff personnel files, six medicines administration records and other records about the management of the service.

• We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Good

Is the service safe?

Our findings

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes:
- Relatives said that their family members living in the service told us they were safe. A relative said "Staff know her [family member] well, they are always with her and look after her." Another relative told us, "They [staff] know exactly what she's like. They are always good to her. All I care about is her being happy and safe, and she is."
- Staff members knew how to recognise signs of abuse and act upon these, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management
- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks. For example, how to safely use the cooker and what action to take when a person had a seizure.
- Staff knew how to de-escalate is a risk when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the recommendations in their risk assessments and support plans.

Staffing levels
- Relatives thought there was enough staff on duty to keep their family member safe. One relative said about whether staffing levels were sufficient, "Yes, I think so, they are very good." We observed staffing levels were high enough staff to keep people safe and provide individual support when required. A staff member told us, "There are enough staff. This means we can keep people safe."
- People were supported by staff who were suitable to work in the home. People's suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely
- Relatives told us that their family members got the medicines they needed.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following procedures for the receipt, storage, administration and disposal of medicines. Medicines were securely kept. Records show that medicines had been supplied as prescribed. Staff had information as to when as needed medicines should be supplied.
- Staff members told us that they could not supply people with their medicines until they had received training. Information was supplied to staff on why specific medicines were prescribed and the potential effects on people.

Preventing and controlling infection
- The service was clean.
- Staff had equipment that helped to prevent the spread of infection.

Learning lessons when things go wrong
- When incidents occurred, there was a section in the incident form about what lessons could be learnt from the situation. For example, when a person had behaviour that challenged the service, staff suggested strengthening the security of the kitchen to prevent this happening again.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. A
Good: 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; staff providing consistent, effective, timely care within and across organisations
- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.

Staff skills, knowledge and experience
- Relatives told us that staff knew what to do to support their family member. One relative said, "They [staff] are brilliant, I can't fault them."
- People were supported by staff who had ongoing training. New staff had induction programmes which ensured there were trained in areas relevant to their roles. Further information for staff was available in people's care plans about specific health conditions people had.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet
- Relatives told us their family members had food they enjoyed. People were supported to choose food they enjoyed.
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet. For example, staff supported people to prepare food and cook. Guidance notes were available to assist staff in providing a healthy diet.
- A person had food from their cultural background.
- People's food preferences were respected, such as people choosing to have vegetarian food if they wanted.

Adapting service, design, decoration to meet people's needs
- People had the opportunity to use the kitchen so they could develop their daily living skills if they wanted.
- People's bedrooms were personalised. They had belongings that reflected their interests.
- The registered manager had organised the building of separate accommodation in the grounds. This was for a person to use to develop skills with the aim of moving into their own accommodation in the community.
- A person with a new health need had their bedroom adapted so that they could use all facilities.

Supporting people to live healthier lives, access healthcare services and support
- Relatives said that their family members could use healthcare services when needed. They said people could see a GP or nurse when unwell. One relative said her family member was able to have healthcare

support, "If she's not herself, yes absolutely."
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, dieticians, chiropodists, dentists and opticians.
- A community occupational therapist said that recently staff had been trained to assist a person with moving and handling needs. She praised staff commitment to learning new skills to ensure the person's needs were met. She said the registered manager had organised for all staff to receive training directly from her.

Ensuring consent to care and treatment in line with law and guidance:
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.
- Staff received training in MCA and DoLS. Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Not all staff were aware of conditions of DoLS. This is important so that staff understood their role in providing care that met these conditions. The registered manager said staff would be reminded of this information.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.
Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
- Relatives said they were happy with the support provided and that staff were friendly. One relative said, "This is real care at its best. They [staff] are superb…and kind. They are a caring family." Another relative told us, "Staff are very calm, and, kind to [family member] and are like friends."
- We observed people being treated with friendliness and respect by staff members.

Supporting people to express their views and be involved in making decisions about their care
- Relatives said they were consulted about decisions about relating to their family member's care. One relative said, "I am fully involved [with] care plans. I am involved in care meetings and always in the loop." Another relative told us, "I go to meetings. I am well informed."
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress. People said they had been involved in planning for their care.
- People could attend a six-weekly session with their key workers where they could express their wishes. Relatives were also invited to this session to contribute to discussions about care provision.

Respecting and promoting people's privacy, dignity and independence
- Relatives said that their family member's privacy and dignity was respected. One relative said this was, "Very much so."
- People had the opportunity to develop and maintain their independence, such as being encouraged to do some of their personal care and to do some household tasks. They were involved in choosing what activities they wanted to do. Staff members said that people could choose what activities they wanted to do such as going to college.
- Relatives said that their family members had developed skills in things they thought they would never be able to do, such as being able to help wash dishes. A relative said, "[Family member] has come on leaps and bounds….is so much more independent."
- People's privacy and dignity was respected. Staff members were aware of the need to knock and ask before they entered a person's room. We observed staff doing this.
- Relatives confirmed that people could live their lives the way they wanted. A person liked to get up late and we saw this was the case.
- Staff members and the registered manager were aware of cultural needs. For example, we saw that one person's religious needs were met as they were supported to celebrate important religious festivals and eat foods that reflected their culture.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.
Good: People's needs were met through good organisation and delivery.

The provision of accessible information:
All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. A relative said, "Staff understand.. the way [family member] communicates."
- Care plans recorded that the service identified and recorded how people's communication preferences and styles and staff provided care and support in accordance with these preferences.
- Important documents were available to people such as pictures of food and as a complaints procedure, which used easy read symbols.
- Staff members knew how people preferred to communicate.

Personalised care
- Staff members knew people's likes and dislikes and how important routines were to them. This tallied with information on people's care plan.
- Relatives confirmed that their family members had support arranged around their preferences. For example, one person liked to sleep late some mornings before going to college and this was respected by staff.
- Relatives said that good activities were provided to their family members. A relative said, "[Family member] goes to the park every day for walks and likes going out in the car…having a foot massage." Another relative said that their family member liked "Cooking, painting and photography and always takes pictures when going out." A person liked to help with the food shopping, putting items in the shopping trolley, packing and unpacking shopping bags.

Improving care quality in response to complaints or concerns
- Relatives told us they knew how to complain but this was not needed as there was nothing to complain about. They all said they were satisfied with the service meeting their family members' needs.
- Records showed that the service had not received any complaints in the last 12 months. There was a policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the local government ombudsman. The registered manager stated that the procedure would be amended.

End of life care and support
- People's care plans had a system to record their wishes and preferences for how they wished to be cared for in the future. For example, instructions for their funeral wishes.

Good

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;
- Relatives told us that the service was well-run and well-managed. A relative said, "(Named manager) is so dedicated..she stands up for..people. This is such a responsible job and they do it so well." Another relative told us they spoke "Directly to (named Manager). We talk about issues. I get a weekly update by e mail." A relative said, "[Staff are] really good, make me feel very welcome. They offer a drink and are very chatty and lovely. They are like a big family, we talk about everything."
- Staff also thought the service was always well run. This was because there was an effective staff team who always put people's needs first, and the registered manager advocated to ensure people had a life that met their needs. One staff member said, "She [registered manager] is an amazing manager. The best I have ever had."
- The registered manager carried out a range of audits. These included checks on medication and health and safety systems.

Continuous learning and improving care; engaging and involving people using the service, the public and staff
- Systems were in place to ensure the service was continuously learning and developing. The registered manager had made improvements to the service, to ensure that a person's changing physical needs were met and they did not have to move from their home.
- Feedback was obtained from relatives through questionnaires. This showed that all relatives were satisfied with the quality of care provided to their family members.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- The registered manager actively promoted person centre, high-quality care and support. They understood the duty of candour responsibility if things went wrong.

Working in partnership with others
- The registered manager told us that the service worked well in partnership with the local GP, pharmacy and community services, including the local healthcare practice. Records showed that these agencies were regularly involved in people's care for the benefit of people's wellbeing, such as mental health professionals, dieticians and the occupational therapy service.