Heathcotes Care Limited

Heathcotes (Balby)

Inspection report

44 Samuel Street
Balby
Doncaster
South Yorkshire
DN4 9AF

Tel: 01302859317
Website: www.heathcotes.net

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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

This comprehensive inspection took place on 22 December 2016 and was unannounced. The service was previously inspected on 9 July 2015 and was rated as good.

Heathcotes Balby is a care home registered to provide accommodation for up to eight people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own individual room. The home had a communal lounge, kitchen and dining room where people could spend time together. The home had a garden that people had access to. At the time of inspection there were eight people using the service.

At the time of the inspection there was a registered manager in place. 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.

Staff were aware of their responsibilities to safeguard people and to keep people safe. Staff were trained in how to respond in the event of a fire and contingency plans were in place to keep people safe. Staff learned from accidents and incidents that had taken place.

There was a suitable number of staff to meet people's needs. Staff had been checked for their suitability before starting work with the provider. Staff received support through an induction and regular supervision. There was training available for staff to update them on safe ways of working and how to meet people's needs.

People were given their medicines when they needed them. There was a system in place to manage medicines in the home although this was not always effective. We found improvements were required in the recording of PRN (as required) medication.

Care plans described people's care and support needs. They were reviewed on a regular basis and also when changes to a person were identified. Health and social care professionals were involved to support people's care and health needs.

People were supported to have a healthy diet and stay hydrated. Staff prepared meals which people enjoyed and which met their dietary needs.

The care plans were person centred and enabled staff to provide good quality care to people. They detailed people's routines, what they liked, what and who was important to them and how they communicated.

People were encouraged to take part in activities that suited their interests and hobbies. Activities were flexible and based on people's individual needs and preferences.

The complaints procedure was available in an accessible format for people and regular meetings were held to obtain their views.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Staff reported that the manager was supportive and responsive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were protected from the risks of abuse by staff who understood their responsibilities.

Medicines were not always managed or administered safely.

There were sufficient numbers of suitable staff to ensure people were kept safe and had their needs met.

Risks to people had been assessed and supported them to be safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff received an induction when they first joined and refresher training from time to time.

People were supported to maintain a healthy, balanced diet.

Where people's liberty was restricted, staff ensured they worked within the principles of the Mental Capacity Act 2005.

People were supported to access health services.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and compassionate.

Staff knew people well and showed concern for their well-being.

People were involved in making decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs, preferences and aspirations.

Care records reflected people's risks, needs and preferences.

Care records were updated when there were changes to people.

There was a complaints policy and procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff were able to discuss any concerns they had with the registered provider.

The service had an open culture and welcomed ideas for improvement.

Audits and ensure the quality of the service provided were not always thorough enough to identify areas of improvement.

Heathcotes (Balby)

Detailed findings

Background to this inspection

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

This inspection took place on 22 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held on our systems. This included statutory notifications which had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this in June 2016.

We spoke with four care staff working at the home on the day of the inspection, as well as the registered manager and regional manager.

At the time of this inspection, eight people were living at the home. We spoke with four people living in the home. All of the people at the home had limited or no clear verbal communication skills. Therefore we spent part of the inspection observing people as they undertook activities in the home.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed four care records, including risk assessments, care plans and medicine administration records. We reviewed three staff records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Our observations showed people felt safe and happy living at the home. Throughout the inspection, people were moving freely around the home and interacting with staff in a relaxed, positive manner.

People were protected against the risks of potential abuse. Staff had received regular training in how to safeguard people. They were able to describe what they would do if they identified any concerns. This included reporting concerns to the registered manager and also the local authority.

The registered manager understood their role in safeguarding people from the risks of abuse. They described the procedure they had previously followed in reporting to the local authority suspected abuse.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being. For example, where a person was at risk of choking, external support had been accessed from a speech and language therapist. We saw that there were guidelines in place for staff to follow to minimise risks. These included avoiding certain foods and ensuring that food presented to the person had been cut to a suitable size.

We saw that where a person had behaviour that may be deemed as challenging, plans were in place so that staff responded consistently. This was important so that staff knew how to respond in a safe way. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so. One staff member said, "Care plans are clear in informing us how to manage any behaviour that people show." This meant that risks associated with people's support were managed to help them to remain safe.

We saw that checks were carried out on the environment and equipment to minimise risks to people's health and well-being. These included checks on the safety measures in place, for example, the fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people were involved so they knew what to do in case of an emergency.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff offered care at a time that suited people, spent time with people socialising and supported people to go out when they needed. The registered manager ensured that there were enough staff on duty to support people to attend appointments and leisure and education classes. A senior member of staff was on call at all times if they needed to respond to a shortage of staff. One member of staff said, "Gaps in staffing are rare but are usually covered by the existing staff team."

Staff were recruited safely. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Detailed application forms included full work histories and interviews were held with prospective candidates. The provider's recruitment processes made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included

Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Appropriate references were taken up and verified before candidates were offered a post.

Medicines were not always managed safely. We found that two medicines had been placed into pots and locked in a cupboard awaiting administration. The medicines were not labelled with the name of the intended recipients. There were no protocols for 'as required' (PRN) medicines for pain relief. A protocol should be made available for each medicine prescribed PRN. The protocols should be person specific and help staff understand how to meet each person's needs. We found instances of handwritten medication administration records (MAR) without signatures of the staff who had booked in the medication. We found two instances of medication available which had expired in 2015. In one case this medication was recorded as being administered in December 2016. A recent internal audit had failed to identify these issues and as such had remained unaddressed. The service had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. We discussed our findings with the registered manager and regional manager. They told us that they would make sure all required changes would be implemented immediately. We looked at the medicine administration records and found that these had been completed correctly.

This was a breach of regulation 12 (1)(2)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments and DoLs applications had been completed. When best interest decisions had been made these had been recorded. Staff had a good understanding of the principles of the MCA. One member of staff told us, "It's about people having as much control as possible. Sometimes we make best interest decisions for them but they are always at the centre of any and every decision."

Staff told us that the induction and training programme equipped them for their roles. New staff completed a thorough induction which included regular meeting with senior staff to discuss progress. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff said supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff said they felt supported by the registered manager and were able to raise any concerns or issues at any time. The registered manager kept records of supervisions and appraisals undertaken.

People were able to choose what to eat and drink on a daily basis. Meals were planned in conjunction with people's choice and preference. Where possible, people were supported to make their own lunch and drinks throughout the day. Those that were not able to make their own lunch were given choices of food, drinks and snacks by using actual items to choose from. People had plenty to eat and were able to eat their lunch in a place of their choice.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and were supported to attend appointments when required. People were referred appropriately to specialists including, a continence nurse, a dietician and speech and language therapists if staff had concerns about their wellbeing.

Good

Is the service caring?

Our findings

We found that people were being looked after in a caring way. People told us that they were well-looked after because staff were kind and caring. One person told us, "I like living here, staff are nice." One staff member said, "I firmly believe it's a great place for people to be, they want for nothing." We saw that staff worked in a respectful manner with people and asked them questions about how they would like things done. One person told us, "Staff are good."

The PIR that was completed by the registered manager prior to the inspection reflected our findings on the day of the inspection. The registered manager told us, "We try to provide a very homely relaxed environment, responsive to each individual's needs and choices." We found this to be the case.

People were supported by staff who knew them and their needs well. Staff were able to describe people's history, what support people needed and how they could help people to stay well and independent. There were detailed life histories for each person which had been completed by the use of photographs. People were able to personalise their room with their keepsakes and personal items so that they were surrounded by things that were familiar to them. People were supported to keep in touch with their relatives and people who were important to them.

People's dignity and privacy was respected. A staff member told us, "We do not go into rooms without knocking." Staff also told us, "I make sure the door is shut when people are going to the toilet as they sometimes leave it open. I also wait outside to give people privacy." This meant that staff were promoting people's dignity and privacy.

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. One person had been a regular attender at a day centre. This had stopped some months ago. In the period prior to returning to the day centre a full review of the persons daily activities had taken place to ensure their day was fulfilling.

People were encouraged to make decisions where possible. The care plan for one person stated, "I need staff to be patient and allow me the time to make decisions for myself." Detailed information was also included in care plans so that staff how to support people. For example descriptions of people's preferred routines, choice of clothing and items to eat and drink. All of the people that we talked with told us that they could go to bed and get up when they wanted to.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure room when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff, they were able to explain people's preferences which reflected the information in the care plans. One staff member said, "It's paramount that we respond to peoples preferences."

Care plans were personalised and information on what was important to people was clear. They contained information on people's circles of support and how the person was supported by each individual in that circle. They contained information on what people needed support with, and what they could do for themselves. They also detailed people's routines, what they liked, what and who was important to them, their hopes and dreams, the sort of person they liked to support them and how they communicated.

There was evidence that staff had read care plans because they were able to describe how people liked to be cared for, they had a good understanding of each person. Regular reviews were documented in people's care records. Some people had behaviour that challenges. For those people there was a person centred behavioural support strategy in place. One person needed a calm and quiet environment with routine. Staff were observed to be following this persons routine and giving them the quiet space they needed. People were involved in reviewing their care needs. Key workers sat with them and had a conversation with the aid of symbols.

People were supported to increase their independence. One person told us, "I clean my room and join in with the housework and shopping." Staff told us how people were encouraged to join in with daily activities as much as possible. Staff who we spoke with told us how they supported people to develop their independence. One staff member said, "We like to promote people looking after their own home and take pride in where they live." Another staff member told us, "We promote that people live an independent life as possible."

People had a range of activities they could be involved in both within the home and the local community. During the inspection, one person went out for a walk and a coffee, while other people were supported to do activities in the home. We saw one person really enjoyed completing a jigsaw.

There was a complaints policy and procedure. The registered manager said they had not received any recent complaints but they would take any concerns seriously and investigate them thoroughly. They added that they would use them as an opportunity to improve the service.

Requires Improvement

Is the service well-led?

Our findings

There was a positive culture within the service. Staff told us that the registered manager provided leadership and support. One staff member said, "I work in a supportive environment, both managers and colleagues." The registered manager was supported by senior support workers. Staff told us that they registered manager was approachable and always available when they needed them.

The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The registered manager kept up to date with current practices, legislation and national guidance. They described how they regularly met with the regional manager and other managers from the provider organisation to support their knowledge and skills.

People's feedback about how to improve the service was sought. A satisfaction survey had been completed for people to share their views. These included symbols to assist people's understanding of the questions being asked. Surveys were due to be sent to relatives to gather their views but the registered manager was also in touch with relatives regularly.

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "The team meetings are valued and inclusive. We are asked for our opinion and if there is anything we have to say." We saw minutes from the last team meeting. Topics discussed included good practice, company announcements, policy changes, progression against the service development plan, safeguarding and training. We saw that actions were set and reviewed at the next meeting. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One staff member told us, "I know I can report to the police, local authority or to CQC."

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager carried out checks each month. These included areas such as health and safety, care records and monies. We saw that any actions that were needed were recorded and reviewed. We found that audits were carried out on other areas of service delivery throughout the year. These included a monthly systems audit that looked at water temperatures, health appointments and outcomes for people who used the service and staff supervision. Records showed that a health and safety check was completed monthly which included inspections of the environment to identify any works that needed doing. Each quarter an inspection was completed by the provider's quality team. This audit looked at the whole service. Any areas

for improvement were included in an action plan. The last inspection had been completed in December 2016 which for the most part was thorough although had failed to identify the issues we identified regarding medication. A summary of findings was recorded and a service development plan was put in place with actions to be reviewed throughout the year. However the issues we identified regarding medication had not been identified by either the registered manager or the quality assurance team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines for PRN medication were not always appropriately managed