Heathcotes Care Limited

Heathcotes (Arnold)

Inspection Report

Redhill Farm
Bestwood Lodge Drive
Arnold
Nottingham
NG5 8NE
Tel: 01246556453
Website: http://www.heathcotes.net

Date of inspection visit: 08/04/2014
Date of publication: 06/10/2014

Contents

Summary of findings

Overall summary

Heathcotes (Arnold) is a care home providing accommodation for up to ten people. There were ten people living there when we visited. The service provides care and support to adults who have a learning disability, a mental health illness or a physical disability.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People were supported to take informed risks to ensure they were not restricted. Where people lacked capacity to make decisions, the Mental Capacity Act 2005 was being adhered to, to ensure staff made decisions based on people's best interests. One relative told us, "I feel [my relative] is mentally and physically safe."

There were processes in place to gain the views of people in relation to their care and support. People's preferences and needs were recorded in their care plans and staff were following the plans in practice. Records showed that the risks around nutrition and hydration were monitored by staff.

We observed staff supporting people living in the home and staff were kind and respectful to them. There were clear values in place for staff to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about their care. One person told us, "I go to the pub for a drink and go to the coast. I choose my activities, I go to the shop. I can do anything I want."

Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to concerns. There were plans in place for people to meet with an advocate so that people were aware of how they could use an advocacy service. People commented positively on the way staff supported them with one saying, "Very nice staff."

There were effective systems in place to monitor and improve the quality of the service provided. Action plans were put in place for the manager to action and these were then followed up by the regional manager to ensure continuous improvement. There was an open and transparent ethos in the home. One relative told us, "The manager is always very happy to help. I would have no concern raising any issues."

We looked at whether the service was applying the Deprivation of Liberty safeguards (DOLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was no one living in the home currently who needed to be on an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that medication arrangements were safe. Medicines were being stored safely and records showed staff were administering medicines to people as prescribed by their doctor. This meant people were protected from the risks associated with unsafe medicines management.

There were clear procedures in place to recognise and respond to abuse and staff were trained in how to follow the procedures. One relative told us, "I feel [my relative] is mentally and physically safe."

Where people displayed behaviour which may challenge others, there was detailed guidance for staff to follow in relation to what may trigger the behaviour and how to respond. Incidents in the home were recorded by staff and assessed by the manager. This meant procedures were in place for staff to learn from incidents and know how to minimise the risk of them re-occurring.

There were plans in place for staff to complete training in the Mental Capacity Act 2005 and staff had made the appropriate referrals for capacity to be assessed where some key decisions needed to be made. However one care plan lacked assessments to ensure the person was fully involved in decisions about their care and treatment.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted.

Are services effective?

We found there were arrangements in place to a involve people in the assessment of their needs and staff met with individuals on a monthly basis to discuss their care and support.

We saw in the care plans we viewed, that there was a 'traffic light' assessment in place, which gave a summary of each person's needs and what they liked and disliked. This document was designed for people to take with them if they moved to another service, such as the hospital. This meant people's needs and preferences would be known to other health professionals if the person moved between services.

Summary of findings

Records showed that when people's needs changed, staff made the appropriate referrals and updated care plans to reflect the changes. One relative told us, "The home is very prompt when seeking medical attention. There has been a vast improvement in [my relative] since moving to this home."

The risks around people's nutrition and hydration were monitored and managed. One person had such risks and we saw there were plans in place so that staff understood how to monitor their nutrition. Records showed staff were following the care plan in practice and supporting the person with their nutrition, hydration and risks around their condition.

Are services caring?

We observed positive interaction between staff and people using the service on the day of our visit. We saw staff engage positively with people, showing them kindness and respect.

Staff had a good understanding and knowledge of people's needs and preferences and we saw that diversity monitoring took place on admission to explore individual needs and preferences such as culture and sexuality.

The home had nominated dignity champions and this information was clearly displayed, along with the values staff should be adhering to. Two people living in the home had also become dignity champions and staff had supported them with this. Meetings had been held with people living in the home to discuss dignity and what this meant to them. A care plan had then been devised to inform staff what was important to people in relation to their privacy and dignity. Both members of staff we spoke with had a clear understanding of the role they played in ensuring this was respected.

Staff met monthly with individual people living in the home. These meetings were used to discuss activities, raising concerns and any issues people may have. This meant people were supported to make their views known about the service.

Independence was promoted with people being supported to do things for themselves and participate in daily living tasks to develop their independence. We saw people moving freely around the home and going out into the community during our visit and staff told us people did not have unnecessary restrictions placed on them. This meant people were supported with their independence.

Summary of findings

Are services responsive to people's needs?

People were supported to give their views on their care and support through monthly meetings held between them and their key worker (a member of staff nominated to each person). This meant people were supported to give their views on their care and support.

Care plans gave details of people's preferences in relation to the way they liked to be cared for and supported. Staff we spoke with had a good understanding of people's likes and dislikes and how they would prefer to be supported. One person told us about their personal support plan which they had helped to design with the support from staff. The plan was tailored around their specific preferences. One person told us, "I choose my activities, I can do anything I want."

One person had been supported to access an advocate and we saw there was information in the home for people to access if they wished to speak with an advocate. This meant people were aware of how they could access an advocate if they wished to.

Staff told us people participated in a lot of activities, holidays and days out and that they supported them to visit friends and family. Records we saw in care plans and observations of people throughout the day supported what staff told us.

Staff were able to give examples of where they had responded to people who had expressed something that was important to them. Staff knew that details of what was important to individuals were documented in their care plan.

People knew how to raise a concern if they had one. None of the people we spoke with had any concerns they wished to raise. There was a clear procedure on what action would be taken if people made a complaint. We saw one complaint had been raised and this had been documented, investigated and resolved with the person raising the complaint.

Are services well-led?

We spoke with two members of staff and they both told us they felt the management team listened to what they had to say. The manager told us they had an 'open door' policy and we saw staff and people living in the home approaching the manager throughout the day and we saw the manager took the time to listen to what they had to say. This meant there was an open and transparent culture in the home.

Values in relation to dignity and independence were evident through discussions with staff, information displayed, records and our observations throughout the day.

Summary of findings

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. We also looked at the processes in place for monitoring incidents, accidents and safeguarding. These were well managed with clear delegation throughout the organisation on how to learn from these. One relative told us, "The manager is always very happy to help. I would have no concern raising any issues."

There were effective procedures in place to monitor and improve the quality of the service provided. This was at all levels from the staff working in the home to the regional managers visiting the home. Where improvements were needed, these were addressed via an action plan given to the manager which was then followed up by the regional manager to ensure continuous improvement.

Staff were happy and organised in their day to day work and they had clear direction of how they were to meet the needs of people. Staff we spoke with recognised the visions and values of the home and their role in that. Staff were provided with the right training and support to ensure they had the skills and knowledge they needed. People commented positively on the way staff supported them with one saying, "Very nice staff."

Summary of findings

What people who use the service and those that matter to them say

People living in the home commented positively on the care and support provided by the staff. Comments included, "We like living here", "I like it here. Staff are friendly and helpful. I like the food and wouldn't change anything here" and "I go to the pub for a drink and go to the coast. I choose my activities, I go to the shop. I can do anything I want."

The relative we spoke with told us they were happy with the care their relative was receiving and comments included, "The manager is always very happy to help. I would have no concern raising any issues and "The home is very prompt when seeking medical attention. There has been a vast improvement in [my relative] since moving to this home. They are receiving support over and above their needs."

Heathcotes (Arnold)

Detailed findings

Background to this inspection

We visited the home on 8 April 2014. We spent time observing care and support in a lounge area and a dining room. We looked at all communal areas of the building including the kitchen, lounge, dining area and bathrooms. We also looked at some records, which included people's care records and records relating to the management of the home.

The inspection team consisted of a lead inspector and a second inspector.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Prior to our inspection we reviewed historical data we held about safeguarding incidents at the service and reviewed incidents and changes which the provider had informed us about. We contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

On the day we visited we spoke with five people living at Heathcotes (Arnold), one relative, three staff, the registered manager and the regional manager.

Are services safe?

Our findings

We found that medication arrangements were safe. Staff had been trained in the safe handling, administration and disposal of medicines. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Staff told us they had received recent training in safeguarding vulnerable adults and records confirmed this. We spoke with two members of staff and they were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. We saw written evidence that the manager had notified the local authority and the Care Quality Commission (CQC) of safeguarding incidents. People we spoke with told us they felt safe in the home and one relative told us, "I feel [my relative] is mentally and physically safe." This meant people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw abuse had also been discussed with people using the service at dignity meetings. One person could not communicate verbally and staff had used demonstrations and pictures to help this person what abuse was to ensure they understood what was acceptable from staff and what was not. This meant that people were being informed of unacceptable practice and what they should do if they had any concerns.

People living in the home were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We looked at the care records for three people who displayed behaviour which might challenge others. There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. Staff had been given training in how to use recognised distraction and de-escalation techniques. This meant staff had the information they needed to minimise the risk of incidents and to respond to them if they did occur.

We saw that where incidents had occured in the home, these were clearly documented by staff and checked by the manager who assessed if any investigation was required and who needed to be notified. This meant incidents were responded to appropriately.

The manager told us that all staff were due to complete training on the Mental Capacity Act (MCA) 2005. This is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. The two staff we spoke with had an understanding of the MCA and described how they supported people to make decisions. We saw staff were supporting people to make their own decisions where they had the capacity to do so. Staff were involving external professionals when they felt an assessment of capacity was needed to make sure people had the capacity to understand risks they were taking.

We saw from the care plan of one person that they lacked the capacity to make certain decisions. Although external professionals had been involved in completing a best interest assessment for one key decision for this person; other decisions had been made without the required two stage best interests assessment being completed. The manager told us they would address this straight away.

We saw from another person's care plan that staff had been concerned the person may not have the capacity to understand the risks involved in a relationship they were involved in. We saw the manager had referred this to the appropriate learning disability professionals for a formal assessment for the person's capacity to be undertaken.

We saw that some people went out into the community alone. We saw that the risks to the individual were clearly documented for staff with details of how they should minimise the risks and how they should respond to such risks if they arose. This meant people were supported to take informed risks by going out into the community alone.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DOLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us there was no one living in the home currently who needed to be on an authorisation. We saw

Are services safe?

no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the care plans for three people and we saw their needs had been assessed prior to them moving into the home. The information from the assessment had been used to develop their individual care plan. There was evidence that people had been fully involved in the development of the plan. This meant steps were taken to involve people in making decisions about their care and support.

We saw evidence that each person met with their key worker (a member of staff nominated to each person) each month. During these meetings people were asked what activities they would like to do the following month and were supported to make choices about things such as future menus. The reviews included the individual person completing a record in an easy read, picture format. These showed people were being supported to have a say in their care and support.

From the care plans we viewed, we saw that people's preferences and wishes about how they were cared for were documented to ensure staff knew how people would like to be cared for.

We spoke with staff about the needs and preferences about people in the home and what they told us matched the information we had seen recorded in the three care plans. This meant staff had the information and knowledge to be able to care for people in their preferred way.

Independence was promoted with people being supported to do things for themselves and participate in daily living tasks to develop their independence. We saw people moving freely around the home and going out into the community during our visit and staff told us people were

supported to do tasks for themselves, go out into the community alone and spend their time as they wished. This meant people were supported with their independence.

We saw in the care plans we viewed that there was a 'grab sheet' or a 'traffic light' assessment. This included a pain management plan, which gave a summary of each person's needs as well as what they liked and disliked. This document was designed for people to take with them if they moved to another service, such as the hospital. This meant people's needs and preferences would be known to other health professionals if the person moved between services.

People's needs were assessed so that care and treatment was planned and delivered in line with their individual care plan. We saw that one person had a health condition and there were clear plans in place informing staff how to monitor this condition and to help them to recognise if the condition was deteriorating. We saw staff supported this person to attend regular health appointments to check on this condition and there was evidence of the person's doctor being contacted when there were changes to their health. One relative told us, "The home is very prompt when seeking medical attention." This meant staff managed people's health and sought advice from other health professionals when there were changes to the person's health.

We saw that people were consulted about their food preferences during monthly meetings and we saw there was a menu displayed with the choices available. We observed lunch being served to people and saw they were given a choice and were supported to express their preference. We heard staff offering people a choice of food and people ate their meal where they preferred.

People were protected from the risks of inadequate nutrition and dehydration. We saw from the care plan of two people that they had specific needs around their nutrition due to a risk of weight loss or gain. We saw staff had put in place a risk assessment, a detailed care plan and were monitoring one person's food intake and weight at regular intervals.

We saw the manager had made arrangements for a dietician to visit the home on a regular basis to assist people with nutrition and maintaining a healthy diet. This involved individual assessments being completed and sessions with the dietician to adapt diets, recommend recipes and support people living in the home to cook the recipes. At the end of the course a certificate in healthy eating would be given to each person participating. This meant staff recognised the importance of educating people on healthy eating.

Are services caring?

Our findings

People living in the home were positive about the care and support provided. One person said, "We like living here." Another person said, "I like it here. Staff are friendly and helpful. I like the food and wouldn't change anything here." One relative told us, "Very positive, right place for [my relative]. There has been a vast improvement in [my relative] since moving to this home. They are receiving support over and above their needs."

We observed interaction between staff and people living in the home on the day of our visit. People were comfortable with staff and confident to approach them throughout the day. We saw that staff interacted with people, showing them kindness and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there.

We discussed the preferences of people with the two staff we spoke with. Both members of staff had a very good knowledge of people's likes and dislikes and about the person's history. Staff had supported people to design their own 'person centred' care plan incorporating this into a plan which held a special interest to the individual. For example one person liked to draw artwork and they had been supported to design their plan of preferences using their own artwork. Another person had an interest in car mechanics and staff had supported them to design a plan which included an MOT and other areas relating to a car. One person could not communicate their preferences and so staff had supported them to design their plan using photographs and they had put this on a DVD for the person so they could watch it. This meant peoples preferences were tailored to their individual preferences.

We saw that diversity monitoring took place on admission to explore individual needs and preferences such as culture and sexuality. One person had individual preferences around their culture in relation to diet and religion. We spoke with staff about this and they were able to tell us some information about the person's preferences and we saw the person's care plan gave some detail around their preferences. There was not a specific support plan in place in relation to the person's cultural preferences.

The home had nominated dignity champions and this information was clearly displayed, along with the values staff should be adhering to. A Dignity Champion is a member of staff or person who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, care based around individual need as well as efficient, and are willing to try to do something to achieve this.

Two people living in the home had also become dignity champions and staff had supported them with this. Meetings had been held with people living in the home to discuss dignity and what this meant to them. A care plan had then been devised to inform staff what was important to people in relation to their privacy and dignity. Both members of staff we spoke with had a clear understanding of the role they played in ensuring this was respected.

Staff met monthly with individual people living in the home. These meetings were used to discuss activities, raising concerns and any issues people may have. This meant people were supported to make their views known about the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People expressed their views and were involved in making decisions about their care and treatment.

Monthly meetings were held between people living in the home and their key worker (a member of staff nominated to each person). During these meetings people were able to make their views known about their care and support and to make decisions about what they would like the following month. One person told us they had been supported by staff to write to their doctor to ask for their medication to be changed and this had been dealt with. This meant people were supported to give their views on their care and support.

The manager told us that one person needed a lay advocate to speak on their behalf in relation to family matters and this had been arranged and a meeting was due to take place. There was information displayed in the home telling people who to contact if they wished to use an advocacy service. This meant people were aware of how they could access an advocate if they wished to.

We spoke with staff about how they found out what was important to people living in the home. They both told us this information was in people's care plans and one member of staff was able to give us a good example of where a person had said they wanted to make a change in relation to their life and staff had helped them to achieve this. This meant staff responded to what was important to people living in the home.

People were supported with social inclusion. Staff told us that people did a lot of activities, holidays and days out. Staff told us people were supported to visit their friends and family and that their friends and family also visited them in the home. Records we saw in care plans, and observations of people throughout the day, supported what staff told us. One person told us, "We've just been to Skegness." Another said, "I go to the pub for a drink and go to the coast. I choose my activities, I go to the shop. I can do anything I want."

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised.

We saw one complaint had been raised and this had been documented, investigated and resolved with the person raising the complaint. Staff we spoke with knew how to respond to complaints if they arose and people we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaints and could be assured they would be acted on.

Are services well-led?

Our findings

We spoke with two members of staff and they both told us they felt the management team listened to what they had to say. The manager told us they had an 'open door' policy and we saw staff and people living in the home approaching the manager throughout the day. We saw the manager took the time to listen to what people had to say. One member of staff told us, "The management are approachable and fair to staff. There are no negatives. I enjoy working here, it is a safe place. I'm happy with everything." A relative told us, "The manager is always very happy to help. I would have no concern raising any issues." This meant there was an open and transparent culture in the home.

We saw information about values in relation to dignity and independence were displayed in the home. We discussed the values with staff and they had a good understanding of how they needed to put the values into practice. People commented positively on the way staff supported them with one saying, "Very nice staff." One relative told us, "[My relative] is treated with dignity and respect."

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. We saw there had been one complaint made and there was evidence the manager had investigated this appropriately and involved external professionals involved in the persons care in order to reach a resolution. People we spoke with told us they knew who to speak with if they had any concerns.

We looked at the processes in place for responding to incidents, accidents and complaints. These were all assessed by the manager in the first instance and then a weekly report sent to Heathcotes head office for analysis along with the 'manager's weekly report' on the progress of the home. The registered manager told us that details of any incidents of behaviour which others may find challenging would also be sent to Heathcotes clinical behaviour team who would visit the home and see if changes were needed to care plans or if staff needed further training. Any increase in incidents or safeguarding would also trigger a visit from the regional manager. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

We saw evidence that a monthly 'provider visit' had taken place in the months prior to our visit and records were kept of these. The visits were carried out by the regional manager who assessed nutrition, care planning, incidents and accidents, staffing levels and training, the environment, complaints and also undertook observations of interactions between staff and people living in the home. The home achieved a score each month and an action plan for continuous improvement was given to the manager and assessed at the next provider visit.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was also an annual quality assurance home audit visit completed by the regional manager where again the individual service was rated for the quality of the service. The regional manager told us that each service needed to achieve a base score and if they didn't they would be given an action plan and a follow up visit would be made. We saw records which showed that Heathcotes Arnold had achieved a high score in their recent quality audit. This meant there were procedures in place which were effective in supporting the home to improve.

Heathcotes conduct an annual client satisfaction survey to support people living in the home and their significant others in having a say about the quality of the service provided. This had been completed at Heathcotes Arnold in 2013 and the results had been positive. The regional manager told us they had recognised there was a low response rate in people completing and returning the surveys and so they were looking at other ways of obtaining the views of people rather than surveys.

There were enough qualified, skilled and experienced staff to meet people's needs. We observed people throughout the day and we saw there were enough staff to meet the needs of people living in the home. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support. We spoke with two members of staff and they said they felt there were enough staff to support people safely.

We spoke with the manager and they told us they always had a team leader and five other members of staff on duty during the day and three members of staff on at night. They said that there was an, 'on call' rota and if extra staff were

Are services well-led?

needed there would be one available to call in to the home. They told us that should people's needs dictate that more staff were needed the organisation would support a request for higher staffing levels.

Discussions with staff and observations of training records showed that staff were given the right skills and knowledge to care for people safely. Staff were motivated and we saw they smiled and were happy during the day. They told us they felt valued by the management team. There were clear areas of delegation with one member of staff being responsible for dignity and independence, key workers having responsibility for monthly meetings to ensure people had an input into their care and support and team leaders having responsibility for medication administration and procedures.

Staff we spoke with recognised the visions and values of the home and their role in that. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the manager at the home.

Staff at all levels recognised the risks associated with the home and also recognised the achievements which had been made. This meant the manager and staff were working as a team to achieve the objectives of the home.