

Heathcotes Care Limited

# Heathcotes Enright View

## Inspection report

1-3 Enright Close  
Newark  
NG24 4EB

Tel: 01636702948

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Heathcotes Enright View is a residential service that can accommodate up to seven people. The service accommodates four people in one shared bungalow and three other people in self-contained apartments. The service specialises in caring for people with learning disabilities, autism spectrum disorders and complex mental health needs. At the time of the inspection seven people were living at the service.

Within the same grounds the provider had a second registered location, Heathcotes Enright Lodge, that provided the same service and could accommodate six people.

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

Relatives told us they thought their family members were safe living at the service. People we spoke to told us staff were available when they needed them which made them feel safe. Staff had received training in safeguarding and there were up to date policies and procedures in place to support staff knowledge. Accidents and incidents were monitored and reported.

People's needs were assessed and managed and support plans were up to date and reviewed regularly. Staff were confident and skilled in managing incidents. Staffing levels had stabilised and staff had received training in how to support most people's specific needs.

Staff recruitment procedures were in place and staff had a probation period with training and shadow opportunity before they started to support people. Staff received regular supervisions to support and guide their practice.

Medicines were stored, administered and recorded safely.

The service was clean and well maintained. The service was following current guidelines for infection prevention and control.

There was a registered manager in post and staff were very positive about the support they received. Regular quality assurance audits to monitor the quality of the service were in place. Incidents and accidents were recorded and analysed for themes to learn lessons.

The service engaged the views of staff and people to continue improvements to the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Care was person-centred to support human rights and maximise choice, control and independence. Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 September 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff training and supervision. A decision was made for us to inspect and examine those risks, and we undertook a focused inspection in Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

## 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 well-led?

Good ●

The service was Well-Led.

Details are in our Well-led findings below.

# Heathcotes Enright View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The team consisted of two inspectors and a specialist learning disability nurse on-site, and an inspector off-site who made phone calls to staff. We also used an Expert by Experience, who is a person who has personal experience of using or caring for someone who uses this type of care service to phone families of people living at the service.

#### Service and service type

Heathcotes Enright View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Heathcotes Enright View was developed in response to the national 'Transforming Care' agenda, which aims to improve health and social care services so that more people with a learning disability can live in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, team leaders and support workers. We spoke with a health care professional visiting the service. We carried out general observations of the home and the care, support and interactions between staff and people who used the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of policies and records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had up to date training in safeguarding and knew how to recognise and report signs of abuse.
- Staff told us they were confident that issues were reported correctly and were comfortable in reporting poor practice or whistleblowing to keep people safe.
- One person we spoke with told us, "I like to go to the shops each day, I get a choice of what I do". All relatives we spoke with told us they thought people were safe living at the service.
- The registered manager understood their responsibilities for keeping people safe from harm and abuse, by reporting concerns to the safeguarding team.

Assessing risk, safety monitoring and management

- People had detailed and concise support plans in place that identified risks and measures in place to keep them safe.
- Staff we spoke with were knowledgeable about the support people needed and strategies in place to support behaviours that could be challenging. Plans we reviewed detailed how to work with people to respect their wishes and not restrict them.
- Plans were reviewed monthly and updated to reflect people's changing needs. Relatives told us they and their family member were involved in reviews, "They keep me up to date with the changes that are made".
- Staff were kept up to date in daily handover meetings and told us communication within the service was good.
- The environment was well maintained and there were regular checks of environmental health and safety concerns. Relatives told us "The place is nice and it is gated so it feels secure, staff are friendly".

Staffing and recruitment

- Staffing levels were satisfactory and turnover of staff had reduced since our last inspection and was more stable. The service did not use agency staff and had a regular bank of extra staff if required. People told us there were enough staff available to support them. One relative told us, "Staffing is generally fine".
- The registered manager told us this stability had allowed staff to build up training and skills to support people more effectively.
- Staff worked in teams and the registered manager matched skills, training and experience across the teams. Staff told us the three teams worked well and they felt confident to deal with circumstances that arose.
- The registered manager told us that due to staff skill in deescalating incidents, certain restraint techniques were no longer required.
- The registered manager told us that during COVID-19 some training had been hard to obtain. Training was

still ongoing to ensure that staff were able to support the specific needs of people living at the service.

- Pre-recruitment processes were in place to ensure that suitable staff were employed.

#### Using medicines safely

- People received their medicines safely. Storage, administration and recording of medicines was safe.
- Only senior staff administered medicines following training and competency assessments and we observed people being given their medicines safely.
- Any medicines errors were actioned immediately to ensure people's safety. Errors were reported and investigated appropriately with, training needs identified, lessons learnt or disciplinary action as appropriate.
- The service had policies and procedures in place to support staff with medicines management.
- To support people's independence, there were self-medication assessment in people's records with information as to why, or why they were not, able to self-medicate.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Incidents were reviewed by team leaders and then by management to ensure that immediate action was taken to keep people safe.
- Incident forms were analysed on a monthly basis to identify improvements that could be made.
- Staff attended debriefing sessions after incidents. They were also supported to reflect and learn from incidents. Staff told us they found this helpful and helped reduce the risk of future incidents.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Sustained improvements in systems and processes had been made and the service was providing person-centred care. Staff understood the visions and values of service and there were improvements in how supported staff felt and staff retention.
- Staff told us that since the two services were now managed and staffed separately, it was better, "There is more continuity of care and this had led to a settled more stable service". A relative told us, "The registered manager is a good leader and approachable". Another member of staff told us, the service has improved with stable staffing and good leadership".
- People had daily living skills charts to promote independence and two people at the service were being supported by staff to apply for college places. One person was being supported to move on to a supported living environment.
- People had a record of activities they enjoyed logged in their support plan and people were supported to celebrate their achievements.
- Relatives were very positive about the service and told us that staff knew people well and kept them informed. However, one relative told us, "A lot of the staff are very young and don't have much experience when they start." Another told us, there is a lack of specialist training and support in some areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us that they were kept informed about what was happening, one relative said, "They keep us up to date and it is easy to get hold of staff." Another told us, "I don't normally stay long when I visit, but on a recent visit it was a nice happy atmosphere, I sat and chatted to my relative and another person".
- The registered manager understood their responsibilities under duty of candour. A relative told us the service was open and honest, "There was a medicines error, but they told me exactly what had happened and how they dealt with it. Another relative told us when they had made a complaint, "It was dealt with very quickly."

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

- The registered manager had previously been managing the two services on the site. Although they still retained oversight of both services until the new manager at Enright Lodge was registered as manager with CQC. They told us they had been able to concentrate more time on Enright View recently. This had led to

stability within the service and increased staff development.

- Staff understood their role and responsibilities. Staff received regular supervision which they told us they found helpful. Supervision helps staff identify good practice and discuss opportunities for developing their care skills. Staff told us they felt very well supported by the registered manager and communication within the service was good, this meant they found out about changes in people's support quickly.
- The registered manager understood their responsibility to report significant events to the Care Quality Commission and safeguarding to protect people.
- Monitoring systems were in place to check the quality of the service. Audits of the service had been increased, with weekly action plans for the registered manager to complete to ensure improvements were actioned quickly and followed up.

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

- The service engaged with staff, relatives and service users via surveys in order to obtain their views. We saw the results of the most recent surveys which were still being analysed. One relative told us, "Staff are friendly and they listen to suggestions I make and take them on board".
- We saw posters around the home in easy read and documents were changed into easy read to allow people to understand the communication.
- There were regular staff meetings and changes had been made to staff shifts on a trial basis following staff feedback. Staff told us they felt able to suggest changes which the registered manager followed up.
- There were monthly meetings for people living at the service to give feedback and be involved in change. We saw one person had requested that their room was redecorated and staff had supported them to choose different paint and accessories for their room.

Continuous learning and improving care

- The registered manager was committed to improving the service and had analysed training needs and organised workshops for staff. Team leaders had been involved in developing training booklets. Staff told us both of these had helped their learning, built their confidence and improved practice.
- Staff meetings had time set aside to discuss people living at the service, this allowed staff to be involved in, reflect on and suggest improved ways of working with people.
- Incidents were recorded and analysed on a regular basis to identify improvements in care.

Working in partnership with others

- The registered manager worked with multiple external organisations to support people at the service.
- We received positive feedback from a health care professional who visited the service. They said, "There is good interaction between staff and people, communication is excellent and staff keep each other up to date. I get a full and detailed handover and see evidence of suggestions I make being followed. Staff call me for advice when needed."