

Heathcotes Care Limited

Heathcotes (Carrington Park)

Inspection report

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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 Carrington Park is a residential care home providing accommodation to a maximum of eight people with learning disabilities and/or complex mental health needs. Carrington Park is a large house over two floors with a shared kitchen and different lounge areas to provide people with space and choice. At the time of the inspection there were eight people living at 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.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support

Staff supported people with their medicines in a way which promoted their independence and achieved the best possible health outcome. Medicines were managed safely.

People had a choice about their living environment and were able to personalise their rooms. People's rooms were very personalised, and people were able to decorate their room to reflect their interests and hobbies.

Staff enabled people to access specialist health, dental care and social care support in the community and people were supported to play an active role in maintaining their own health and wellbeing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their individuality, wellbeing and enjoyment of life.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

Staff understood and responded to their individual needs.

Staff received training and support to provide care effectively. People were provided with meals and drinks to maintain their wellbeing. People were supported by health care professionals who worked in partnership

with the service to maintain people's health and wellbeing.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities of their choosing at home or in the wider community and pursue their own interests.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The stable management and staff team supported people to receive consistent care from staff who knew them well. This meant people received compassionate and empowering care which was tailored to their needs.

Mental Capacity Act

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 March 2019).

Why we inspected

We received concerns in relation to people's care and support, behaviours of staff and the managers response to concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

Follow up

After the inspection we continued to seek clarification from the provider to validate evidence found. We

spoke to two family members about their experience of the care provided to their relative.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes (Carrington Park) on our website at www.cqc.org.uk.

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 (Carrington Park)

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 Health and Social Care Act 2008.

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 inspection was carried out by two inspectors.

Service and service type

Heathcotes (Carrington Park) 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.

Registered Manager

This 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. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 May 2022 and ended on 31 May 2022. We visited the location on 26 May 2022.

What we did before the inspection

We looked at information we held about the service when we planned the inspection. We reviewed information that we received about the service since the last inspection. We sought feedback from Nottingham City's Adult Safeguarding and Quality Assurance Team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including care workers, team leaders, the registered manager and the regional manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, policies and procedures 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were risk assessments in place that were regularly reviewed to keep people safe.
- Health and safety checks were consistently completed and there was information for staff in case of an emergency such as a fire.
- Some people had been identified as being at risk of choking. We reviewed evidence that external professionals had been involved including speech and language and this was recorded in peoples care plans.
- Staff were aware of peoples support needs and how best to keep them safe.
- Some people had developed behaviours that put their safety and that of others at risk. Staff were aware of how best to support people, received appropriate training and care plans also evidenced this.
- Equipment and cleaning products were kept in a locked laundry room, when people were using this room they were supported by staff.

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 MCA 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.

Mental Capacity and DoLS

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- People's choice and wellbeing were at the heart of decisions. Where required capacity assessments were completed and best interest decisions clearly documented.
- We reviewed information on capacity assessments and peoples choices as part of our response to concerns we received.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and told us they were aware of how to report any concerns.
- The manager had open communication with other professionals and reported safeguarding concerns and made notifications as required.

Staffing and recruitment

- The service had appropriate staffing levels and the manager told us they adjust staffing levels to accommodate people's appointments or outings.
- Safe levels of staffing were available day and night. The registered manager had changed shift patterns to reduce disruption to people's day that could cause them upset.
- We reviewed three staff files which all had a current Disclosure and Barring Service, (DBS) records.
- We observed that one file for a staff member about to start contained inconsistent information. This was highlighted to the manager and regional manager during the inspection and was addressed immediately.

Using medicines safely

- Medicines were stored safely and records kept up to date.
- People had individual, person centred care plans to ensure that they received the right medicine.
- There were staff allocated to administer medicine to ensure there was always a trained and competent person on shift to do this.
- One family member told us, "The team leader administers medication, I'm happy with the way it's done, they know about [name] inhalers and medication. [name] tells me staff have been giving them their medication."

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.

Visiting in care homes

- Visiting arrangements to the service met government guidance. Staff ensured visitors had taken a lateral flow test and confirmed it was negative before entering the building, provided appropriate personal protective equipment, (PPE) and kept a diary of who was visiting and when to manage the amount of people coming into the home.

Learning lessons when things go wrong

- The manager told us that lessons learnt were shared with the staff at team meetings which staff confirmed and was evidenced in meeting minutes.

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 good. At this inspection this key question has remained good.

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

- The registered manager spoke about providing care and support to people which promoted their independence, valued them as individuals and identified positive personalised outcomes which was evidenced in people's care plans.
- The atmosphere in the home felt relaxed, we saw staff come in to speak to the registered manager and ask questions.
- The provider and registered manager promoted an open and honest environment for people and staff. There was clear information for staff and contacts for whistleblowing. Staff told us they would feel comfortable speaking to the registered manager or the regional manager.

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

- The registered manager told us they would speak honestly to people using the service and family members if things went wrong.
- We saw evidence of contact with professionals about concerns.

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

- One staff member told us, "All staff are very hard working and chip in, we work very well as a team."
- All staff understood their roles, responsibilities and the lines of delegation within the home.
- The manager had identified staff to support people with their medicines and staff could tell us who was administering medication that day.
- Staff told us they felt supported, could speak to the manager and had regular supervision every two months.
- We saw the registered manager had oversight and involvement in people's day to day care and was aware of what was happening in the home.

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

- People were provided with opportunities to discuss changes in the home or with their care and support through regular service user meetings.
- The manager told us that staff met every two months to discuss anything which affected them as well as share learning.

- There was an annual satisfaction survey sent to family members and people using the service and the feedback was used to make improvements to the service.

Continuous learning and improving care

- One family member told us, "Staff have a good understanding of people living at the service from my point of view and of [name] and are learning to communicate with them, staff are keen to learn British Sign Language, (BSL). Staff told us that the manager had arranged training in sign language to improve communication with people.
- The registered manager told us that incidents were reviewed and lessons learnt shared with staff at team meeting which was in the meeting minutes.
- The registered manager discussed internal audit processes and making improvements from findings.

Working in partnership with others

- We saw documentation for a best interest decision that had been completed by the registered manager together with the persons social worker.
- One person's file contained details of an independent advocate that works with them and staff at the service to ensure that the persons views are heard.
- We saw evidence of other professionals, including social workers and the speech and language therapist, being involved in peoples care planning.