

Heathcotes Care Limited

# Heathcotes (Park View)

## Inspection report

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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 inspection took place on 23 January 2018 and was unannounced.

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

Heathcotes Parkview is registered to accommodate up to five people. The service supports people with autism and a learning disability. The service is a bungalow with five bedrooms and communal living areas, in a residential area in Wellingborough. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, 5 people were receiving care.

The service was not always safe. We found that two bedrooms had mould growing on the ceiling and a damp smell. This was caused by water coming in to the building from the outside. Action was not taken promptly to resolve this issue, and make sure people could sleep in completely clean, damp free bedrooms. We found the service to be in breach of one regulation. You can see what action we told the provider to take at the back of the full version of the report.

All other areas of the service were clean and tidy. Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. Regular cleaning took place to ensure the prevention of the spread of infection.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made. These audits were not always effective, as actions were not always taken to make necessary and prompt improvements.

The service had a registered manager in post. 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.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. Staff told us that they were able to update their mandatory training with short refresher courses.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were well supported by the registered manager and senior team, and had one to one supervisions and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this. People could be supported to access health appointments when necessary. Health professionals were involved with people's support as and when required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were living with mould on the ceiling and this had the potential to cause them harm. This meant the premises were not clean and properly maintained.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

**Good** ●

### Is the service caring?

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

**Good** ●

### Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Good 

### Is the service well-led?

The service was not always well led.

Quality monitoring systems were in place, but actions were not always taken to make necessary improvements.

People knew the manager and senior team, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Requires Improvement 

# Heathcotes (Park View)

## 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 23 January 2018 and was unannounced.

The inspection was carried out by one inspector.

Before our inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service, three support workers, the registered manager, and the regional manager. We reviewed three peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

The service was not always safe. During our inspection, we were shown around the building, including people's bedrooms. We found that black mould was present on the ceiling within two of the bedrooms, which also had a damp odour. The mould had been caused by damage to the outside of the building, which had been letting rainwater in to the building and the rooms. No action had been taken to fix the cause of the damp, or to clean it up appropriately. We spoke with the registered manager and the regional manager about this issue, and they did not know when it was due to be looked at and rectified. This meant that people had to sleep in rooms that were not visibly clean and free from odour, and which may cause them harm. Action without delay was not taken to rectify these shortfalls. This was a breach of regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All other areas of the service were clean and tidy, and staff were trained in infection control.

People told us they felt safe living within the service, and with the support that staff gave them. One person said, "Yes I feel very safe." We observed that people appeared comfortable with the support staff were giving them, and staff were able to identify when people may be feeling uncomfortable and therefore more likely to display behaviours that may challenge.

We talked with the staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would report anything I was concerned about to the registered manager, and they would take it further. I would take it up with the Care Quality Commission and the safeguarding team at the council if I needed to." We saw that staff had been trained within this area, and were confident that concerns were always followed up promptly by the registered manager.

The service supported people with learning disabilities and autism, who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised to each individual and clearly explained how staff should support them. Environmental risks were assessed to include each person's road safety awareness, and risks that may be apparent within the community. Behavioural support plans were in place to describe what might trigger a certain feeling or behaviour for a person. This included the social and emotional support for people with complex needs, and promoted people's independence as much as possible.

There were enough staff to meet people's needs. One person told us, "I always have enough staff." The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. One staff member said, "We are assigned to work with a particular person, because everyone is on a 1:1. There is a new system in place to record when we take breaks, and how we cover and support each other." The registered manager told us that no agency staff were used, and that shifts were covered by staff doing overtime, or staff from another service run by the same provider could be used as well. Rotas we looked at confirmed that staffing was consistent and people's needs were being met.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all

staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the results had come back clear.

People were supported safely with their medicines. One person said, "I am happy with the support I get with my medicine." The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the storage area. We looked at stock levels of several medicines, and saw they were accurate.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. One staff member said, "If there have been any incidents, we talk through them as a team and work out what improvements we can make."



## Is the service effective?

### Our findings

People received pre assessments before receiving any care, to make sure the staff were able to provide the correct care and fully understand their needs. The registered manager told us they would work with the local authority commissioning team in assessing referrals, and then personalising a transition for each person. This would consist of a full assessment of needs, and visits to the service to ensure they were happy, and that they could be supported effectively.

People told us that the staff were skilled and were able to deliver care effectively. One person said, "My staff are very good. They know what they are doing."

Staff received induction training before starting work within the service. The staff we spoke with confirmed that this included basic mandatory training such as safeguarding adults, moving and handling, infection control, food hygiene and more. One staff member told us, "I started with a corporate induction, introduction to the house, and basic training. I completed four shadow shifts alongside more experienced staff, and completed the care certificate." The care certificate is a qualification which covers the basic requirements to work within care. The registered manager told us, "Shadow shifts can be extended if people request more to feel more confident." All the staff we spoke with confirmed they took part in this induction process.

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "I like the food. I go shopping sometimes with the staff, and sometimes I help cook." We saw that pictorial guides were available for people to choose what they wanted to eat. A staff member told us, "All the people are engaged in the menu writing process, so everyone gets to eat what they like." We saw that people and staff all ate their lunch together, and a pleasant and calm atmosphere was created for people to enjoy their food at their own pace. People's care plans clearly documented what their preferences were, and any dietary requirements were observed by staff.

The service worked and communicated with other agencies and staff to enable effective care and support. During our inspection, we spoke with a visiting health professional involved in someone's care. They told us, "The staff here give me all the information that I need. It is an excellent environment for [name] to be in, they seem very settled here." We saw that records were kept by the service in relation to other professionals involved in people's care, and that the service was able to communicate effectively for the benefit of the people using the service.

People had access to the health care support they needed. One person said, "Yes I see the doctor and dentist, the staff go with me." We saw health requirements were recorded in detail in people's files, and the staff we spoke with had a good knowledge about the individual health conditions that people had, and how best to support them. A log of all past and upcoming contact with health professionals was kept and updated as required.

The service had several communal areas including a dining room and lounges, that people were able to

access and use. We saw that people had personalised their own rooms, and felt free to use any of the communal spaces as they wished. We saw that people had been involved in helping to decorate the service, and able to contribute to the environment they were living in. Reasonable adjustments were made to the environment to ensure that people were safe, if they were displaying behaviours which may challenge. This ensured that the house remained homely and safe at the same time.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that MCA and Dols procedures had been appropriately undertaken by management to lawfully deprive people of their liberty.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

## Is the service caring?

### Our findings

People were treated with kindness and respect by the staff. One person said, "The staff are very nice, I am respected." During our inspection we saw that staff clearly knew the people they were supporting well. They interacted with them in a warm and friendly manner, and gave everyone the time they needed to communicate. Staff were able to talk about people positively and told us about the attributes that they had. We saw written feedback from a relative which said, 'I am delighted how well [name] has settled at Parkview. He looks really well and tells me he really likes where he is and that the carers are all really good to him.'

Care planning documented the personality and skills of each person. For example, there was a 'What makes me happy' and 'What makes me sad' section so that staff understood each person's personality. Goals and aspiration were recorded in a 'things that are important to me' section so that staff could support people to achieve what was important to them.

People felt involved in their own care and support, and relatives of people were involved in people's care when they could not be. One person we spoke with said, "I feel involved in what goes on, I can tell staff what I want. I am happy with the care plan." Staff members were given the role of 'keyworker' which meant they took a lead in making sure people were as involved in their own care as they could be. One staff member said, "As a keyworker, I make sure that [name] has everything they need, I update the family about everything, and make sure that the paperwork is up to date. I check with [name] all the time to make sure they are ok with everything and happy. We regularly review everything."

People's privacy and dignity was respected at all times. One person told us, "The staff respect my privacy and dignity very much. They knock before coming in to my room." During our inspection we saw that staff were thoughtful of people's dignity, and respectful in their communication. When personal care was taking place, staff made sure that the person had the privacy that they required. Tasks within care plans prompted and reminded staff to be conscious of people's privacy and dignity at all times.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. People had care plans in place which documented their care in a personalised way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history, and a log of all the recent activities people had joined in with and enjoyed.

Staff understood how to respond to people's needs and personalise their care. One staff member said, "[Name] parents have told us they used to enjoy swimming. We have tried to take [Name] but he was reluctant to go. We will try again but with a step by step desensitisation process, so that they can feel comfortable and go at the pace suited to them. It may not work, but it is the best way to see if they will still enjoy the activity." This showed that staff understood and were responsive to each individual they were supporting.

People had 'one page profiles' which were a summary of some of their likes, dislikes and preferences in life. We saw that staff had also completed a version of this about themselves. This was put in place so that people could get to know staff better, and feel on a level with the people they were being supported by. The service understood that to have aspects of your life documented could be a deeply personal process, so having staff complete the same process may make people feel more comfortable with this and more motivated to communicate their own likes and dislikes. It also gave staff a greater understanding of what it is like to document personal details about yourself to be shared with others.

People were able to take part in activities that were important to them. For example, during our inspection we saw that one person was sat with a staff member building a new Lego project that they were clearly enjoying. We also saw that people had recently been involved with a Christmas tree festival at the local church, where they had been decorating a tree within the community.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that there were many examples of easy read and pictorial guides for people to use to understand information and make choices.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "I haven't made any complaints, but I know how." We saw that the service had a complaints procedure and policy that was used to record and respond to all complaints. Complaints that were made, were recorded, and responses were documented with any actions taken to improve quality when required.

No end of life care was being delivered at the service, but systems were in place to support people with decisions in this area should they need to.

# Is the service well-led?

## Our findings

Quality assurance systems were in place, but they were not always effective. Comprehensive audits were carried out by management. Managers from other services the provider owned would come and carry out the audits, and score the service across all areas. We saw that on most occasions, any areas for improvement were clearly identified and acted upon by the service. We identified with the manager that the issue of mould within the bedrooms had been found, but not acted upon quickly. The registered manager told us they had raised this issue with the provider, but no action had yet been taken, and they were not aware when the problem would be addressed. The registered manager told us they would speak with the provider immediately to try and rectify this issue.

Other audits happened regularly within the service and we could see that improvements had been made when these issues were raised. Staff confirmed they felt part of the process when it came to making improvements, and they worked together positively as a team to ensure sustainability.

The service had a clear vision and strategy to provide positive care for people. The management team and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered manager worked directly with people using the service, covering shifts when required, and covering staff breaks. All the staff we spoke with were happy that the support they got from the registered manager was good. One staff member said, "It was difficult about a year ago when this provider took over the service, we had a lot of staff leave. Things have really turned around now, there is structure in place, and we are a good team. The registered manager is doing a good job."

During our inspection we saw that staff were comfortable interacting with both the registered manager and the regional manager, and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received. Results were collated and looked at to identify any areas of improvement, with clear actions taken by staff and good communication with people and relatives.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place. One member of staff said, "Everyone is free to talk and raise any concerns at the team meeting."

We saw that the service was transparent and open to all stakeholders and agencies. The service supported people across different local authorities, and worked openly with them in monitoring their work with

people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service was working on a current action plan for improvements with the local authority. We looked at some of the areas that improvements had been required, and saw that positive progress was being made.

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 15 HSCA RA Regulations 2014 Premises and equipment  The service had identified mould and damp within two bedrooms. No actions had been taken to fix this issue. This meant that not all of the premises were being kept clean in line with current legislation and guidance. The service did not take action without delay when these shortfalls were identified.