

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Heathcotes (Carrington Park) provides accommodation for up to eight people living with complex mental health needs and/or a learning disability. Eight people were living at the service at the time of the inspection. Accommodation is provided over two floors and there is a garden to the front.

People's experience of using this service:

The service met the characteristics of good in all areas.

People received safe care. There were enough staff to support people. Recruitment checks were completed to ensure staff were suitable to work with people in this environment. People were protected from harm and staff administered their medicines safely. Staff understood people's risks and had management plans in place. Lessons were learnt when mistakes happened. Staff followed infection control practices to protect people.

The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to provide care effectively. People were provided with meals and plentiful drinks to maintain their wellbeing. People were supported by health care professionals to sustain their health.

People enjoyed positive relationships with staff. Staff provided kind, considerate and compassionate care which recognised people's right to privacy, upheld their dignity and promoted their independence.

People's care was responsive to their needs. There was a positive approach to providing support which enabled people to fulfil their potential and celebrate their achievements. People were provided with opportunities to socialise and pursue their interests.

The registered manager was approachable and visible to both people and staff. There were arrangements in place to monitor the quality of the home and make improvements when necessary.

More information is in the full report

Rating at last inspection: Good: report published on 22 June 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Heathcotes (Carrington Park) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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: The inspection was unannounced.

What we did: We looked at information we held about the service when we planned the inspection. We reviewed the Provider information Return (PIR) and statutory notification the provider is required to send us. The PIR is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with people who used the service but they were not able to explain their care and support to us in detail. To understand people's experience of care we observed the interaction between them and staff who supported them whilst they were in communal areas.

We spoke with the registered manager, the area manager, a team leader and three members of the care team.

We reviewed the care and support plans for two people to check they reflected the care they received. We looked at medicine administration records and reviewed documents related to the management of the home including the audit programme and meeting minutes. We checked the recruitment records for two members of staff to oversee their employment process and confirm that pre-employment checks were completed.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the importance of protecting people from harm and poor care. One member of staff told us, "We know people well and you soon notice if something isn't quite right. We always share our concerns with either the team leader or the [registered] manager. Everything is documented and reported. We have the information to contact the local safeguarding too if we need to".
- The registered manager investigated potential safeguarding incidents and reported them externally as required to ensure that people were protected.

Assessing risk, safety monitoring and management

- There were risk assessments in place for all aspects of people's care and support. We saw that staff had considered people's potential risks and the best way to support them whilst recognising their freedom.
- Some people had risks associated with eating and staff had received advice from external healthcare professionals. The person told us they always had to have a drink with their meal and we saw staff ensured this was provided.
- Some people developed behaviours that challenged their safety and that of others when they were anxious. Staff had been provided with guidance on supporting people in the least restrictive way. One member of staff told us, "We sometimes have to hold people for their own safety but we concentrate on diversion and re-direction first". These restrictions were detailed in care plans which had been agreed to safeguard people.
- Risk management plans were reviewed regularly to ensure people's risks were re-evaluated.
- The environment was checked regularly to ensure it remained safe for people.
- There were plans in place to protect people should an emergency such as a fire occur. The plans were personalised so that each person received the level of support they required.

Staffing and recruitment

- There were a sufficient number of staff to support people.
- Staff had time to spend with people throughout the day and to support them when they wanted to go out for leisure or on shopping trips.
- Recruitment processes ensured that staff were of a suitable character to work with people in a caring environment. One member of staff told us, "I had my interview but then had to wait until my references and checks were back before I could come into the home".

## Using medicines safely

- Medicine systems were in place to ensure that people received their prescribed medicines. One person told us they'd had their medicine that morning.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff received training on the administration of medicines and their competency to do so was regularly reviewed.
- There was guidance in place to help staff identify if a person was in pain or discomfort if they were unable to communicate this for themselves. Information was provided on the use of 'as required' medicines such as pain relief, to ensure staff understood what they were giving and the maximum dosage people could receive over a 24-hour period.

## Preventing and controlling infection

- The home was well maintained, clean and hygienic to reduce the risk of infection. We saw that staff were provided with personal protective equipment to use when delivering personal care or handling food.

## Learning lessons when things go wrong

- Lessons were learnt when things went wrong and actions taken to reduce the risk.
- Staff told us that lessons learnt were shared with them. One member of staff said, "It's important to be told so that the same mistake isn't made again".
- The registered manager told us that they had reviewed the support they gave to one person when they realised their approach was not working.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice.
- Care plans contained detailed information to support people's specific health conditions and dietary requirements.

Staff: induction, training, skills and experience

- Staff were supported to increase their knowledge and skills with regular training.
- A member of staff told us, "They're really on top of training here. Even if it's just for the support of one person they will bring training in. For example, we recently had training [on an emergency situation] which might affect one person".
- There were arrangements in place to support new members of staff. We spoke with a member of staff completing their induction and they told us, "This is my first day. I'm spending my time reading through people's care plans. Next week I'll be doing training and then I'll work alongside another member of staff". We saw that this member of staff was not included in the staffing numbers to ensure they were able to learn without interruption.
- Staff were supported to fulfil their role. We saw that they were provided with regular supervision sessions which were used to check on their wellbeing, training needs and career progression. A member of staff explained, "We can talk about anything really about us or what they want to discuss with us".

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided people with a varied diet and they were able to make choices about what they ate.
- People's dietary likes and dislikes were recorded and staff knew what people preferred to eat.
- We saw people and staff sat together to eat at lunchtime which meant they were provided with an opportunity to socialise together at mealtimes.
- Dietary risks had been identified and we saw staff supported people appropriately.
- People's weight was monitored and staff had introduced healthy choices for people to choose from.
- People were offered drinks regularly throughout the day.

Adapting service, design, decoration to meet people's needs

- The registered manager and staff had made changes in the home to provide a more homely environment

for people.

- No one living in the home had a physical disability but there were ground floor rooms available for people unable to use the stairs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to support people.
- We saw that the registered manager had contacted an external agency following concerns about a person's behaviour.
- There were arrangements in place for people to see healthcare professionals when required.
- One person visited their doctor with support from staff, on the day of our inspection.
- Staff had taken advice from speech and language services when there were concerns about a person's risk of choking.
- Each person had a health action plan in place and they were encouraged to access health promotion services to support their physical health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's ability to make decisions had been assessed. For example, we saw in one care plan that one person liked time to think about things before making a decision.
- We heard people being provided with choices throughout the day. For example, people were asked what they would like to drink and what they would like to do.
- A member of staff told us, "We always, always give people choices".
- When people were unable to make decisions for themselves we saw staff had demonstrated why the decision made for them was in their best interest.
- Staff demonstrated they understood the Act and the reasons why some people's liberty was being restricted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff.
- We saw that people chose to spend time with staff and were relaxed in their company.
- We heard people and staff chatting with light hearted banter between them.
- We saw one person putting hand cream onto a member of staffs' hands and heard them both laughing.
- Staff demonstrated a genuine interest in the people they cared for and knew them well.

Supporting people to express their views and be involved in making decisions about their care

- People could choose how they spent their time.
- Some people had access to the front door code so that they could come and go as they pleased.
- One person told us, "I like to go outside to smoke".
- Staff adapted their communication to suit people's individual needs and confirm their choices. For example, by using sign language.
- People were supported by advocates when they needed to make important decisions such as moving to a new home.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. We saw that one person had their hair straightened by a member of staff. Other staff complimented the person to support their self esteem.
- People's right to privacy was recognised. People were able to have private time whenever they wished and had been provided with keys to their bedrooms to protect their belongings.
- People were supported to maintain relationships which were important to them. We saw that people contacted their families by telephone and by visiting them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood what was important to them.
- People had personal development plans which, in consultation with them set goals for them to achieve. This demonstrated that people's care was planned to provide them with positive outcomes which supported them to fulfil their potential. For example, we saw people were provided with a certificate of achievement when they met one of their goals.
- People's care plans were reviewed on a regular basis to ensure they were up to date and still reflected their needs.
- People were encouraged to be involved in planning and reviewing their care.
- People were able to take part in activities which they enjoyed. We saw one person visited the same shop on a daily basis and on return home enjoyed showing staff what they had purchased.
- People went to community social events including bingo and enjoyed trips to the pub.
- Some people did not want to be involved in any activities. We saw that staff still offered them opportunities but respected their decision not to take part.
- People were encouraged to be involved in the running of the house. One person preferred to do their own laundry and others were encouraged to take part in meal and drinks preparation.
- The provider understood the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, we saw that staff were able to communicate by using sign language. A member of staff said, "[Name of person] uses a mixture of Makaton and British sign language and they are teaching us their version". We saw staff communicating with this person and noted their name on the support plan showed pictorial sign language to spell out their name.
- Staff considered people's diversity and we saw information regarding their relationship and faith preferences.

Improving care quality in response to complaints or concern

- There was a complaints procedure in place which was also provided in an easy read format for people.
- People were given opportunities to raise concerns directly with the manager. We saw that people went and spoke with the manager whenever they wanted.

End of life care and support

- ☐No one living in the home was receiving end of life care at the time of our inspection.
- ☐We saw that people had been asked about their preferences and some people had become distressed and didn't want to talk about it.
- ☐Staff had recorded everything that people did share, for instance if they had a preference for flowers if this had been mentioned.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an emphasis on providing care and support to people which promoted their independence and identified positive individualised outcomes for them.
- We saw that the registered manager had oversight and involvement in people's day to day care.
- The provider and registered manager promoted an open and honest environment for people and staff. One member of staff told us, "We have a whistleblowing policy. I've never had to use it but I would feel comfortable speaking to the [registered] manager or going higher if necessary".

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

- All staff understood their roles, responsibilities and the lines of delegation within the home.
- Staff were complimentary about the support they received. One member of staff said, "I feel well supported by the team leaders and [registered] manager".
- Staff spoke positively about the culture of the home. A member of staff told us, "The [registered] manager is amazing, she is so supportive to us. She makes time for you and listens to us. She interacts with people and us all day. She really is good".

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.
- We saw that meetings were held for people to share news and ideas. For example, we saw that people were asked if they were happy with their key worker, the food provided and how to share any concerns they had.
- Staff met regularly to discuss anything which affected them. A member of staff told us, "We discuss people together, have feedback on any safeguarding referrals and updates on anything else we need to know".
- There was an annual satisfaction survey which was analysed.
- We saw that the provider took action in response to comments made in the survey. For example, improvements were being undertaken to the garden area to make it more accessible for people to use.

Continuous learning and improving care

- There was a provider led audit programme in place to monitor the quality of the service and highlight where improvements were required.
- External audits were also in place and we saw that a recent audit had been completed by the pharmacy provider. Some new processes had been introduced in response to this. For example, a stock control sheet had been implemented to monitor the use 'as and when' medicines.
- We saw that action plans were in place to ensure appropriate actions were taken and demonstrate the progress of improvements.
- Staff and the registered manager told us they received support from the provider who made regular visits to the home.

#### Working in partnership with others

- There were good working relationships with local health and social care professionals, the police and social groups.
- We read in people's care plans that staff worked jointly with other professionals to deliver effective care and support. For example, we saw that staff had arranged for an advocate to support people with making plans for their future.