

Heathcotes Care Limited

# Heathcotes (Park View)

## 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 (Park View) is a residential care home providing personal care for up to five people in one building. It specialises in supporting people who have learning disabilities and or autism. At the time of our inspection, there were three people living at the home.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who live in the home can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People living in the home receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received safe care and felt safe in the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up.

Relatives we spoke with told us they felt their family members were safely supported. Risk assessments were in place to manage risks in people's lives.

Infection control measures had been increased since Covid-19 and the CQC had signposted the manager towards updated guidance for Personal Protective Equipment (PPE) in Care Homes for their staff.

Staff recruitment procedures ensured appropriate pre-employment checks were carried out. Staffing levels were sufficient and consistent within the home, and people got prompt support they needed from staff.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles and supported by the management team.

Audits of the service were clear and any issues found were addressed promptly. Staff were motivated to provide good care to people, despite Covid 19 having a big effect on everyone.

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.

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 11 May 2019).

#### Why we inspected

We undertook this focused inspection as this service was identified at risk of being a closed culture. A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional – either way it can cause unacceptable harm to a person and their loved ones. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 the report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes (Park View) on our 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?**

**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 (Park 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 as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The site inspection was carried out by one inspector. A second inspector made telephone calls to relatives and staff.

#### Service and service type

Heathcotes (Park 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.

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

This inspection was announced shortly before it took place. This was to obtain information around Covid 19 within the service before entering the premises.

#### What we did before the inspection

We reviewed information we had received about the service since its last inspection. We sought feedback from a local authority and a professional who works with the service. We used all this information to plan our 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 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 one person who used the service. We spoke with the manager. After the inspection we spoke by telephone with two relatives of people using the service and three care staff about their experience of the care being provided.

We reviewed a range of records. This included two people's care records and records. We looked two staff recruitment and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the manager to validate the evidence found. We looked at training records, the business continuity plan and spot checks the manager sent to us following our site visit.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented the risks that were present in their lives, and supported staff to work safely with people. This included plans in how to support people who may display behaviour when distressed. Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff and managers understood the ongoing needs of people, and were continuing to develop training within this area, to ensure peoples' needs were met.
- A professional told us, "All actions I had set with the provider have all, except a couple, been completed and the outstanding actions have been due to the lockdown restrictions, as well as the closure of day opportunity centres."

### Preventing and controlling infection

- Inspectors observed staff not always wearing a surgical mask, but cloth face masks in the service during the inspection. Following the site visit, inspectors signposted the registered manager to the updated government guidance, which reflected the providers policy, in relation to the wearing of Personal Protective Equipment (PPE). The registered manager advised staff had initially started using surgical masks, but that not all the people in the service were accepting these. Visors were then trialled by staff, however these also proved problematic at times.
- The registered manager said the people in the service, now no longer had issues with staff wearing the surgical masks and this would be made mandatory moving forward.
- The building was clean and tidy and cleaned regularly. Touch points were regularly wiped down to reduce the risk of infection and precautions were taken by staff with any visiting professionals.
- We informed the registered manager about local testing facilities to ensure staff were able to be tested for the virus.

### Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- Agency staff were used at times alongside permanent staff, these were consistent staff members known to people who use the service which reduced the risk of the virus being contracted. The registered manager acknowledged the Covid 19 pandemic had increased the strain on staff and increased the need to use agency staff at the service.
- Staffing levels were suitable to keep people safe. People had staff assigned to them for specific one to one support, to ensure they could remain safe and receive the care they needed. One relative said, "Always

enough staff on duty. Always a member of staff to speak to."

#### Using medicines safely

- Medicines were stored and administered safely. Medication administration records (MAR) in use, were completed accurately. During the inspection, one blister pack of medication was found to be left on the medication cupboard shelf, and not in the locked medication cabinet. The registered manager followed this up immediately with the member of staff.
- Protocols were in place to manage medicines that were required on an 'as and when' basis. Staff understood the procedures and approaches required to support people, to ensure medicines were taken appropriately.
- Audits and checks were in place to ensure any mistakes would be found and acted upon.
- Relatives we spoke with told us they felt their family members medicines were managed effectively by the staff.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had good knowledge of the types of abuse people could be subjected to. They understood their responsibilities in keeping people safe. Staff had confidence the management team would deal with any concerns raised.
- People who lived at the service were safe, and the systems and processes in place supported staff to keep people safe. A relative of a person using the service told us, "Staff have worked miracles in such a small place" and "We trust the staff."

#### Learning lessons when things go wrong

- The provider regularly reviewed information when things did not work well or when there were shortfalls in the service and shared this learning with staff. This included updating staff training with regards to restrictive practices.
- The registered manager had worked hard to ensure the professional advice and guidance given to staff, to support people's individual needs, had been understood and implemented by all staff.
- Audits and team meetings were used effectively to document and communicate learning.



# 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 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.

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

- The manager had reported any concerns to families and the appropriate local authority in a timely manner to enable additional support or guidance to be provided if needed.
- The management team maintained records of accidents and incidents. Information and learning was shared with staff to reduce the likelihood of recurrence.
- Management and staff were clear about their roles and responsibilities.

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

- The service had a positive and relaxed atmosphere. A relative told us, "The staff and managers are approachable." Another relative said, "There is a lot of respect for [the registered manager]. [The registered manager] has got a way, [they] are in charge of the place and makes the staff feel at ease."
- The staff we spoke with, told us they were confident in their roles, well supported and had received help when needed from the management team.

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

- The provider had systems in place to obtain feedback from people using the service, relatives, and staff. One relative told us, "[The management team] had implemented the suggestions I made."
- Staff told us they were kept informed regularly. One staff member said, "Team work is a big thing. Any advice I would ask the [registered manager]...All the information is available to us quite easily." However, some staff felt they did not always hear back on ideas put forward to the provider. This was fed back to the registered manager to review and take action.
- The daily approach staff took with people ensured they were always included in making decisions as much as they were able to. Staff treated people as individuals and understood and respected their individual characteristics.

Continuous learning and improving care

- Audits for the service were conducted by the management team to ensure quality. Mistakes and errors were found quickly and acted on. For example, a regular check on the environment resulted in maintenance works being carried out when needed. However, the registered manager told us that Covid 19 had an impact

on how long it took for works to be carried out at the service - this was now improving.

- The registered manager was receptive to feedback throughout the inspection and was open and honest with their approach.

Working in partnership with others

- Staff and the management team regularly worked in partnership with outside health and social care professionals to make sure people got the support they needed. This included regular contact with people's funding authority.
- Many activities and outside services people normally attended had been cancelled or postponed due to Covid 19. However, people were still able to go out with staff support regularly, and staff had a good knowledge of places in the community that people enjoyed going to.