

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?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

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  
People were unable to verbally communicate with us during the inspection, so we observed care.

The environment did not always meet people's needs or support their independence. The provider's staff shifts had not always allowed staff to take scheduled breaks.

People's relatives told us they thought their relative was safe at the home. Staff at the home knew people's individual risks, however some improvements were needed in relation to staff evidencing their understanding and their implementation of these. Environmental risk management and infection control procedures were sufficient.

All staff had received induction and mandatory training. Training had been refreshed at the timescales identified by the provider.

Safe recruitment procedures were followed, however the recruitment rationale for recruiting staff with little or no experience of working with people with complex needs had not been evidenced.

People were supported to eat a balanced diet that met their needs and any associated risks were managed with appropriate specialist input. Staff worked effectively with community health and social care professionals to achieve positive outcomes for people and ensured their health needs were met.

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 interest. Policies and systems were in place and staff practice did follow policy in relation to the recording of mental capacity assessments and administration of Deprivation of Liberty safeguards (DoLS).

Staff knew the people they supported well and adopted a caring approach towards their work. People were

treated with dignity and respect. People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach.

People had support to participate in some social and recreational activities. People and their relatives understood how to raise any concerns or complaints with the provider.

The management team promoted effective engagement with people and their relatives. Staff felt supported. People were encouraged to express their views about the care provided, and these were listened to.

Quality assurance systems and processes were now in place, driving improvements, although improvements needed to be sustained, to ensure these are fully embedded into staff's daily practice. Organisational oversight of the home's environment needed to improve, to ensure it met people's needs.

#### Rating at last inspection

The last rating for this service was requires improvement (published 17 April 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the home until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their home, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We observed care as people at the home were unable to speak to us. We spoke with four members of staff including the nominated individual, team leader, senior care worker and care worker. The nominated individual is responsible for supervising the management of the home on behalf of the provider.

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. A variety of records relating to the management of the home, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the registered manager, three relatives about their experience of the care provided and two professionals who regularly visit the home.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider and the registered manager had systems and processes in place to assess and minimise risks to people. However, staff were not always signing to confirm they had read and understood the most recent updates on the people they were supporting. A number of care plans and risk assessments were seen in care plan folders, during the inspection which had not been signed by staff.
- Another example, a risk assessment was in place for ensuring the front gate of the home was always closed after use, to ensure a person from the home was protected from the road. However, it was observed open during the inspection. The regional manager informed me, the registered manager had identified this prior to the inspection and was working with staff to ensure this was always checked. The front door was secure and those at risk of harm, were not able to leave the service without a staff member.
- A professional told us they had been working with the provider and registered manager, to improve the risk assessments in place, so the staff supporting the people, could provide consistency in their care, which was vital when working with people with autism.
- The registered manager had completed Health and safety checks, such as fire alarm checks and equipment checks and these had been completed at the required frequency.
- Staff were safely storing food at the home. Opened food such as condiments in the fridge had been labelled with the date they were opened and the use by date. Staff were regularly checking and recording the fridge and freezer temperatures to ensure they were in safe limits.

### Staffing and recruitment

At our last inspection the provider had failed to ensure that staff were suitably deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider followed safe recruitment practices when employing new staff, however it was discussed with the regional manager the importance of recording the recruitment rationale, when recruiting staff without previously experience of working in a home, where people are supported with a high level of emotional support.
- The provider had reduced the length of the shifts, for the majority of the staff at the service, from 14-hours a day, to a 7-hour a day shift pattern. As staff did not have scheduled breaks, the registered manager should

ensure that provision is made to allow compensatory rest to be taken. Staff were providing care to people who required a high level of emotional support.

- Records confirmed staff completed an application form, attended an interview, provided references, a criminal record check with the Disclosure and Barring Service to ensure they were safe to work with people using the home.
- Safe staffing levels were maintained in the home with the use of regular agency staff.
- Staff confirmed the required staffing levels were met and explained what they do when have concerns or sickness in their team. One member of staff said, "If I am worried, I will tell the manager and it gets covered. Where people go sick. I help out where I can".

#### Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed.
- People received their medicines from trained care staff.
- People's medicines were stored securely at all times to prevent unauthorised access to these. However, the inspector noted, these were currently located in a room also being used by a person living at the home, to watch their DVD's. We did not see if the impact of this had been considered.
- The recent medicines record for two people had been handwritten, rather than using the pharmacies record. This was discussed with the regional manager and a team leader during the inspection, as this was not the normal practice and did not reflective the other records reviewed. No explanation could be provided during the inspection. The organisations policy did allow for handwritten entries to be produced in only exceptional circumstances.

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

- The provider had systems in place to safeguard people from abuse and the registered manager followed local safeguarding protocols when required.
- Relatives told us they were happy with the staff who provided their loved one's care. One relative told us, "My [relative] is safe, [the staff] do the best of their ability, they do an amazing job."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. One member of staff said, "I completed refresher training a couple of weeks ago, all about keeping people safe. We [staff] have been able to apply this learning to a recent incident, to prevent that happening again".

#### Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving people who lived at the home.
- The registered manager monitored accident and incident reports, on a daily basis, to learn from these and reduce the risk of things happening again.
- Where incidents had happened, these were recorded by staff and the registered manager. Within the report there was a section to reflect and learn from the incident. A relative told us the registered manager regularly shared these incident reports with them for their understanding. A professional also confirmed the registered manager promptly notified the local authority of any incidents that had taken place.
- Staff told us they had supervision with the registered manager, where there had been specific incidents to discuss and any training needs.

#### Preventing and controlling infection

- The registered manager had systems in place to reduce the risk of infection and staff received infection control training.

- The home was clean and tidy.
- Staff were allocated tasks during each shift to maintain the cleanliness of the home.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The home was not always suitable to meet the needs of the people who lived there or promote their independence. Three people were living at the home during the inspection, with the two other bedrooms empty. Each person had their own bedroom and access to the shared bathroom all on the ground floor. The dining room was also shared, with only one of the people benefiting from using the small lounge area to watch their own DVD's. However, this small lounge was also home to people's care plan folders and records, which staff needed to update frequently throughout the day.
- All of the people living at the home benefited from having access to a rear garden, which had a trampoline, however this had become damaged during recent weather and was not in use during the inspection. In one person's newly created sensory care plan, it was recommended the person have opportunities to satisfy their sensory needs throughout the day, to help them regulate their emotional responses when upset and to help them manage their energy.
- This person was observed as distressed during the inspection and staff had reported they had been for a number of days prior to the inspection also. The nominated individual had said they were looking into the possibility of the person accessing equipment at another local care home in the interim and would investigate what was causing their distress.
- A professional told us, "The registered manager and staff have made improvements; however, improvements are still needed with meaningful activities at the home".
- Peoples bedrooms were personalised to their tastes and needs.

Staff support: induction, training, skills and experience

- Relatives told us they were satisfied; the experienced staff had the skills and experience needed to work effectively with their loved one's complex needs. However, they shared concerns about the staff not understanding Autism. The professionals we spoke to, also shared this concern and had made recommendations to the provider, to improve their training offer for the staff at the home.
- Staff had received a twelve-week value-based induction in line with the care certificate.
- Staff receive ongoing training from the provider, to enable them to work in their roles. Records showed staff had received training including safeguarding and food hygiene and all staff had received mandatory training.
- The provider had recently refreshed staff training for Non-Abusive psychological and physical interventions. The whole staff team were still in the process of undertaking three days of training, with a reviewed approach. A staff member told us how this has really helped them in their approach now with the people they care for, "The training focused more on calm talking with people. Less physical interventions.

Very helpful. I hadn't thought of asking them questions, are they in pain etc". "We have all learned a lot. It's our job to find these things out, I get it".

- Formal supervisions took place in line with the providers policy. All the staff we spoke with told us they felt supported in their roles by the registered manager. One member of staff said, "Our manager always takes their time to hold supervisions with us, so we can talk everything through, we have them very often".

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

- Staff were not always clear on what the escalation process was if they thought a person was unwell at the home. For example, in a person's care plan, staff had been asked to take action, if a person's skin infection had not cleared up by a certain number of days. Staff were to contact the person's GP for advice on the next steps. It was unclear if this had already taken place. This was discussed with the nominated individual during the inspection.

- Details of health professionals working with people were clearly documented in people's care plans. These included; GP, dentist, chiropodist.

- People were supported to attend health appointments and annual health screening as needed. Outcomes of these appointments were recorded for all staff to be aware and where people did not wish to attend this was documented.

- People had up to date 'hospital passports' this is a document which would accompany a person if they had to go to hospital. It contains their important information about their medical, healthcare and communication needs to ensure hospital staff knew how to best care and support the person.

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

- People's food and drink was monitored and recorded throughout the day by staff, where required. A visual menu was prepared together with staff and people got to choose a dish they preferred through pictorials. Staff vary the menus from day to day with meat, vegetables and fish dishes in alternate, to ensure people get a balanced diet.

- The registered manager had implemented a weight chart which supported staff to identify risk of malnutrition. People are supported to weigh themselves monthly and this was recorded by staff in their health action plan.

- People's complex needs, or risks associated with their eating and drinking were assessed and managed with specialist advice from appropriate healthcare professionals. We saw people's care plans reflected the advice and guidance provided.

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

- The provider had a referrals procedure in place to ensure people's needs were fully assessed before the home agreed to provide people's care. Compatibility assessments were seen completed by the registered manager.

- Care plans were developed and reviewed on a regular basis by the registered manager and care staff, to ensure people's needs and preferences were consistently addressed.

- Professionals we spoke to, confirmed the registered manager was involved in transitions to the home and their regular communication had supported people at their time of need.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought before care was given, records confirmed this. Staff knew to ask for permission before providing care and were able to explain what this meant in their day to day practice with people.
- People were encouraged to make decisions for themselves as much as possible. Staff told us they supported this by showing people different options for example items of clothing or pictures of activities to help people decide where they wanted to go.
- Records confirmed people had DoLS authorisations requested and where these had expired a renewal had been applied for.

# 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.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff approached their work in a kind and caring manner. One person told us, "We are happy with the care". "[Our loved one], gets on great with the carers". Another person's relative said, "[Our loved one] likes it there."
- We observed positive interactions between staff and people who lived at the home. People looked at ease and comfortable with staff. Care and support was delivered in a non-discriminatory way and the rights of people were respected. A staff member told us, "I talk to people, the way I would like to be spoken too".
- People were supported to ensure their needs were met. It was documented in their care files so staff knew who required support and how the support should be offered. For example, one person enjoyed having two particular drinks each night. Staff supported them and facilitated this, which meant the person was calm and settled at night time.
- The registered manager has allocated a space, to enable staff to continue to practice their religion whilst during work hours.

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

- Relatives told us the registered manager and staff listened to their views and involved them in decisions about the care provided. A relative told us, "The manager is good at getting back to me, they do follow things up". Another told us, "The manager, keeps me in the loop all the time, always asks me". "I know when [my loved one] is not happy and so do the staff".
- We saw staff encouraging people to make day-to-day decisions, such as how they wanted to spend their time.
- Records showed people had been involved as much as they were able in planning how their care would be provided. For example, satisfaction surveys were provided in an easy read format; other easy read documents included the complaints procedure, accessible information policy, equality and diversity policy and consent to care and treatment policy, amongst others.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff and management always treated people with dignity and respect. We saw staff supporting people in a respectful and dignified manner. Staff ensured they didn't discuss anything personal in front of other people and knocked and requested entry before entering people's rooms.
- The registered manager had an excellent understanding of the people living at the home and was committed to supporting people to achieve as much as they could.
- The registered manager told us, "The staff team, had worked above and beyond, [for the people living at

the home]".

- The provider had procedures in place for protecting people's personal information and staff followed these.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us people's care was planned around people's needs and preferences.
- People were supported to maintain contact with their family. People's relatives told us they were always made to feel welcome when they visited.
- People had support to participate in some social activities, both in the home and the local community, however, improvements were still being made. New activity care plans had been implemented. The registered manager had recently made a referral to a day service opportunity for one person. Their relative told us they were pleased about this, as this provided the person with, "New scenery and the opportunity to mix with new people".
- People's care plans were individual to them and contained current information about people's needs, likes and dislikes. They covered key aspects of their care needs and included detailed personalised information. Professionals confirmed they were working with the staff team to improve the personalisation for the people they had placed at the home.
- Staff said they read and followed people's care plans and demonstrated good knowledge of people's support needs when we spoke with them during the inspection.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs had been assessed in detail. A range of communication tools were used to support effective communication with people and ensure they had information in a way they could understand. For example, individually adapted pictorial information.
- Care plans included detailed communication strategies for staff to follow. This included detailed information about how the person may express themselves and what this may mean.
- The registered manager told us, the provider strives to make information as accessible as possible for everyone who has access to their care homes .

### Improving care quality in response to complaints or concerns

- The provider's complaints policy was in an accessible format for the people who lived at the home. It was available in an easy read format.
- Relatives were clear how to raise any concerns or complaints about the home and were confident these

would be addressed.

- There was a complaints procedure in place. Records showed all complaints had been dealt with in line with the provider's complaints procedure.

# 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 requiring improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had quality assurance systems in place to monitor the quality of the service, including an internal quality assurance team who regularly visited the home, to provide the staff team with external scrutiny. However, we did not see any organisational oversight of the suitability of the environment to meet people's needs, as highlighted earlier in the report. Or how the organisation promoted a healthy working environment, how they were ensuring provision is made to allow compensatory rest breaks for staff or had a breakaway area at the home.
- The home had a registered manager in place, who ensured staff were aware of their roles and responsibilities during supervisions and meetings, staff confirmed this.
- The registered manager carried out regular audits to check the quality of records and people's experiences. Spot checks at various times, were also carried out by to ensure people received safe care at all times. Improvements needed to be sustained, to ensure these are fully embedded into staff's daily practice.

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

- Relatives and professionals, both confirmed the morale at the home had improved, since the last inspection. The registered manager had started to embed cultural changes at the home, which had impacted the staff team and their care interventions with the people they were caring for. A staff member told us, "We have a good staff team and our manager encourages to us talk about issues". "People cannot always leave their home issues at home. When staff are going through a hard time. We now talk and support one another".
- Feedback from people's relatives confirmed people felt well cared for in the home. We received consistent feedback the staff were providing good care to people.

- All staff provided positive feedback about their experiences working at the home and the support was provided to them. Staff told us they were listened to when they raised concerns and prompt action was taken in response.

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 was fully aware of their duty of candour responsibilities and the need to be open and transparent if something went wrong.
- Both relatives and professionals told us the registered manager was open and transparent with them.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff supported people to give feedback regularly and their relatives confirmed this.
- Staff surveys were sent out by the provider and the most recent responses received were shared with us. Staff had highlighted some dissatisfaction with salary scales and staff promotion. The regional manager told us the provider had increased the pay recently for staff.
- Team meetings took place and staff confirmed they attended and found them useful to share best practice and discuss people they cared for.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged and promoted regular learning from their staff.
- Staff told us they attended regular training events to develop their skills.
- The registered manager was undertaking training with the provider and found the learning to be very useful, especially as it provided an opportunity to share best practice with the home's staff team.
- The registered manager and staff worked in partnership with local commissioners and community health and social care teams to ensure people were receiving care which met their needs.