

# Park Homes (UK) Limited

# Heartly Green

## Inspection report

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Irlam  
Manchester  
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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Heartly Green is situated in a residential area of Irlam, Salford. The home provides accommodation and personal care for up to 59 people across 2 floors. The home is separated into 4 units, Kingfisher, Barton Bell, Nightingale and Ferryrose. At the time of inspection 50 people were living at the home.

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

People received care in line with their wishes. We identified some inconsistencies in the quality and quantity of information in care plans, and supplementary charts were not always completed consistently or in sufficient detail. However, these issues had already been identified by the registered manager, with actions in place to drive improvements. The home provided a number of activities in order to meet peoples' social and recreational needs although better record keeping was required to evidence what had been provided. People and relatives told us they knew how to complain and would happily speak to staff or the registered manager if needed.

People felt safe living at Heartly Green and told us they received good quality care from staff who knew them well and how they wanted to be cared for. Relatives were also complimentary of the safe care provided. Staff received training in safeguarding and knew how to identify and report any concerns. Accidents, incidents and falls were documented and reviewed to identify any patterns and trends. Medicines were managed safely by trained staff who had their competency assessed. The home was clean, with effective cleaning and infection control processes in place.

Staff received regular training, supervision and support to help them carry out their roles. 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. People spoke positively about the food and drink provided, telling us they received enough to eat and drink. People's healthcare needs were being met with referrals to professional made timely where required.

People told us they were very happy with the care they received and the staff who provided this. People spoke about the companionship of their peers, which they enjoyed and the home and staff feeling like part of their family. Relatives were equally positive in their feedback; with each confirming they would recommend the home to others. People confirmed they were offered choice, encouraged to maintain their independence and treated with dignity and respect.

People and relatives told us the home was well run, management were approachable and responsive and staff were friendly and attentive. People's views were sought through meetings and surveys. The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed.

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

This service was registered with us on 12 October 2021 and this is the first inspection under the current provider. The last rating for the service under the previous provider was good, published May 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heartly Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Heartly Green

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Heartly Green is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heartly Green is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection to ensure we had prior information to promote safety, due to there being an infection outbreak in the home and to ensure the registered manager and/or a representative

from the provider would be present to support the inspection. Inspection activity started on 10 January 2023 and ended on 19 January 2023, by which time we had received, and reviewed evidence provided after our visits to the home. We visited Heartly Green on 11 and 12 January 2023.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 9 people, 3 relatives and 2 visitors to the home, about the home and the care provided. We also spoke with 9 members of staff, which included the registered manager, deputy manager, chief operating officer, activities coordinator and care staff.

We reviewed a range of records and other documentation. This included 5 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 9 people.

#### After the inspection

We requested and reviewed additional evidence from the provider. This included safety records, medicines audits, Deprivation of Liberty information, training records, induction checklists, activities information, compliments, meeting minutes and audit and quality monitoring data.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Heartly Green. Comments included, "I couldn't manage at home I kept falling, I feel much safer here" and "I am safe here... I am surrounded by people day and night."
- Relatives also felt the home provided safe care which met people's needs. One told us, "As a family we feel they are in the best place and well looked after, we have no concerns." Another stated, "We have peace of mind that they are totally safe and well looked after."
- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
- Safeguarding concerns had been reported in line with local authority guidance. A log was used to document referrals, which included what had occurred and action taken.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were completed using this information.
- People, relatives and staff felt enough staff were deployed to meet needs and keep people safe. A staff member told us "Yes, we have enough staff. They [provider] put out for overtime if know someone will be off."
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed safely, by staff who had been trained and had their competency to administer medicines assessed at least once a year.
- The home had recently introduced an electronic medicines system to replace paper records. Reviews of this system showed people had received their medicines correctly and at the right time.
- Where people were prescribed 'as required' medicines; such as paracetamol, clear guidance was in place to ensure staff knew when and how to administer these.
- Medicines were stored securely; the service adhered to the requirements for the storage of controlled drugs. The medicines refrigerator was locked and temperatures were monitored to ensure medicines were stored correctly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care documentation contained a range of risk assessments, which provided staff with information about how to keep people safe and meet their needs.
- Accidents, incidents and falls had been logged on the provider's electronic system. A separate review document was completed, which looked at what had occurred, actions taken, any lessons learned, as well as listing any preventative measures which had been put in place, to try and minimise the risk of a reoccurrence.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

#### Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. We observed staff wearing and disposing of PPE appropriately.
- Infection control policies and procedures were up to date and reflected current national guidance.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow infection control procedures.

#### Visiting in care homes

- Government guidance around visiting had been followed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This means people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us they felt care staff were well trained and competent. One person stated, "The staff know what they are doing and have been trained." A relative said, "We have total confidence in the staff, they are well trained."
- Staff training was documented on a matrix. At the time of inspection, 93% of staff at the home were up to date with all required training. The registered manager encouraged staff through meetings and supervision to ensure training was completed.
- Staff had received supervision, though the number of meetings staff had completed varied. The registered manager had identified the process of only management completing supervision meetings was not manageable. To improve consistency, a new process had been introduced, with team leaders now being allocated set staff they were responsible for. Staff told us they liked the new format and having a named supervisor.

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

- People told us they received enough to eat and drink and were offered choices. One person told us, "I enjoy the food and its good that we have choices." Another stated, "The food is good here and I get lots to drink."
- The mealtime experience was positive. People were supported to eat meals in a place of their choosing. Although people had chosen their meal the day before, each person was offered a choice of the options available at point of service. Where people required support to eat, staff were attentive and patient.
- Food and fluid charts were being kept, however, food charts lacked detail about what people had actually eaten, and fluid intake was not always recorded consistently. This had been identified through the home's audit process and had been addressed in team meetings and through staff supervision. We will follow this up at the next inspection, to ensure progress has been made.

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

- Weight monitoring was being completed and people's risk of malnutrition was being assessed using the Malnutrition Universal Scoring Tool. Where necessary, people had been referred to necessary professionals, such as a dietician.
- People received support to stay well and access medical services and professionals as required. People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians.
- Staff told us how they ensured people's oral care needs were met and care plans contained information

about the support people required.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively. Initial DoLS applications had been submitted where required, with reapplications made timely and in line with current guidance.
- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest and documented within their care records.

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

- Assessments had been completed prior to people's admission, to help ensure the home was suitable and could meet people's needs.
- Information about people's likes, dislikes and support needs had been included in the assessment process, to enable staff to provide care in line with people's wishes.

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

- Some consideration had been given to ensuring the environment was suitable for the people living at the home. People had been allocated to the unit which best met their needs. One person told us, "I was initially on the ground floor but was given the opportunity to move. I am happier on this floor and it suits my needs."
- Pictorial signage was in use on some units to help people identify toilets, bathrooms and other communal areas, but not on all. The provider was in the process of employing a dementia lead. It was planned for this person to review each unit's décor and make recommendations on how this could be improved moving forwards.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People spoke positively about their care and the staff who provided this. One person stated, "I love living here it's my new family. I know the staff and they know me; they are all lovely and caring." Another told us, "The carers are very good and kind and go out of their way to help you. This is not a care home, it's a home that cares."
- Relatives were also complimentary about the care provided. One told us, "I feel reassured [relative] is in a good place where people care. We are really pleased with the home." Another relative stated, "The staff are friendly and keep us well informed. Our [relative] is always well presented and clean."
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented in their care plan. We spoke with a visitor from the local church who told us the home was very welcoming and nothing was too much trouble. People's spiritual needs were fully supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well. One person told us, "The staff respect my wishes and treat me with dignity as I do them." Another person told us, "I enjoy being on my own sometimes. The staff know and respect this. I am well looked after."
- Staff told us how they ensured people's dignity was respected. One staff said, "Treat people as you would your own family. Close doors and curtains, talk to people and explain what you are doing, making sure they are okay with this."
- People were encouraged to maintain their independence as much as possible. One person told us, "The staff are very supportive and help me if I need help, which is usually to have a shower as can't manage this on my own." Another person said, "I try to do as much as I can for myself, though it's reassuring to have the staff around if I can't manage."

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

- People told us they were offered choices and able to make decisions about their care, such as when to get up, what to wear and how they spent their time.
- One person told us, "I love living here. I can choose what I want to do, where I want to sit. We are one family here; we look after each other and the staff look after all of us." Another person stated, "I have plenty of freedom. I can lie in bed until late morning, I sit wherever I want and am involved in my care plan."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The home was in the process of transferring to an electronic care planning system. This was still a work in progress; as such we found the quality and quantity of information varied across the care plans we viewed. Some care plans contained lots of person centred information and details of people's background and life histories, whereas others contained more limited information.
- The registered manager was aware of this and a plan was in place which explained how the process would be managed. This included ensuring electronic care plans were reviewed upon completion to ensure information was accurate and consistent with people's needs and wishes.
- We also found supplementary charts; used to document specific aspects of people's care such as personal care or welfare checks, were being completed inconsistently. This had been identified by the provider in October 2022 through internal audits and added to the home's improvement plan. The registered manager agreed work to improve this area was ongoing.

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

- People told us activities were offered, though the amount and frequency varied. One person stated, "The company here is fantastic. I don't feel lonely, there are people around who I can talk to and who listen to me. Whilst another said, "There isn't much by way of activities, but staff keep me amused and I enjoy dancing in my chair, having a sing-song and watching TV."
- The home had an activity schedule in place which was overseen by an activity coordinator, who worked 20 hours per week. The provider had identified further resource was necessary to ensure more activities could be provided. As such, they had recently recruited an additional activity coordinator who was due to start the week following the inspection.
- The staff took lots of photographs which showed activities being completed. However, written activity records were not currently being kept. As such, we could not confirm the activity schedule was being followed or how often each person took part in activities of their choosing. Following the first day of inspection, the registered manager introduced new documentation to capture this information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person had a communication care plan which explained any sensory issues they had, aids or equipment being used and how staff should communicate with them.
- The quantity and quality of accessible information varied across the home. Information was available in a range of formats and styles. However, the layout of posters used to explain and communicate information to people living at the home, for example the complaints process, required further consideration, to ensure people on each unit could understand them.

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

- The provider had an up to date complaints policy and a log was in place to document any concerns raised and actions taken. However, no complaints had been submitted within the last 12 months.
- People and relatives told us they would speak to a staff member of the registered manager if they had any concerns. One person stated, "I am very happy but wouldn't hesitate to tell staff if I wasn't." Another person said, "If I need anything I can speak to any of them [staff] and if I felt I needed to or had any concerns I would speak to the manager."

#### End of life care and support

- At the time of inspection no-one was receiving end of life care. Where people had consented, their wishes for this time of their life had been captured and formed part of their care plan.
- A number of staff had recently completed externally accredited end of life training, to compliment what was provided internally. It was planned for additional staff to complete this training moving forwards.
- The home had strong links with the local palliative care nurse, who became involved when a person was deemed to be approaching end of life. They would coordinate and oversee the provision of end of life care for each person.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audits and quality monitoring processes had been completed, to assess the provision of care and the providers adherence to regulations. These had been completed consistently in line with the provider's audit schedule.
- The registered manager used an improvement plan to collate the actions from each audit. The plan detailed the area for improvement, who was responsible, planned timescales for completion and outcomes. Any issues we identified during the inspection were already listed on the improvement plan, which indicated the audit process was effective.
- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual resident, relative and staff surveys were completed to gather their views about all aspects of the home and care provided. Resident and relative surveys viewed on inspection were all positive, with people commenting on the good care they received. Additional resident and staff surveys had been circulated in January 2023.
- Regular relative meetings were held with an annual schedule on display within the home. Residents were also welcome at these meetings.
- Through the relative meetings, a new initiative was being set up called 'Friends of Heartly Green'. The purpose of this group was for relatives to provide peer support to other families who were placing their relatives in care for the first time. A staff member, whose relative lived at the home was a key part of this.
- People and relatives spoke positively about the home and care provided. One person told us, "I am well looked after and cannot think of how the home could improve on anything, I would recommend the home." A relative stated, "We are really happy with the home and have total confidence in the staff."
- Staff told us they enjoyed working at the home and felt supported. Comments included, "I love working here, I feel supported and comfortable raising concerns" and "I enjoy working at the home. We work well as a team and the management are approachable."
- An employee of the month process was in place to recognise staff accomplishments and good practice. Staff were involved in choosing who won the award.

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 home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest, and people and their relatives had no concerns around communication, or action taken when any issues or suggestions had been raised. A relative told us, "The manager is very good at informing us if there are any concerns. Each time we visit, the staff are friendly and keep us well informed."

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.