

Care UK Community Partnerships Ltd

# Heavers Court

## 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

Care UK Community Partnerships Ltd, is registered to provide accommodation, and personal and nursing care to up to 60 people at Heavers Court. The service specialises in supporting older people, some of whom are living with dementia. The provider is only contractually obliged by the commissioning local authority to provide personal and nursing care to people. Another organisation maintains the premises and equipment and provides the cleaning, laundry and catering services. As the registered provider, Care UK Community Partnerships Ltd retains overall responsibility for ensuring all the legal requirements are met in relation to the accommodation and the care and support provided to people. At the time of our inspection there were 52 people using the service.

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

Staff understood how to safeguard people from abuse and reported safeguarding concerns to the relevant people and agencies. Risks to people's safety and wellbeing were managed well.

There were enough staff to support people and meet their needs. Recruitment checks were undertaken on staff to make sure they were suitable to support people.

Senior staff undertook checks of the premises and equipment to make sure these were safe. They worked well with the organisation responsible for maintaining the premises and equipment, to make sure any issues were dealt with appropriately. Staff followed current infection control and hygiene practice to reduce the risk of infections.

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 were supported and valued by managers and encouraged to put people's needs and wishes at the heart of everything they did. People were satisfied with the care and support they received from staff.

The service worked proactively with healthcare professionals and acted on their recommendations to deliver care and support that met people's needs. People were supported to take their prescribed medicines.

The service was managed well. The registered manager had the skills and experience to perform their role. They undertook checks to monitor, review and improve the quality and safety of the service. The registered manager was well supported by the provider, who undertook their own checks of the service to make sure required standards were being met.

The provider obtained people's feedback about how the service could be improved and these were acted on. There were systems in place to ensure accidents and incidents were investigated and the learning from

these shared with the staff team, to help the service improve the quality and safety of the support provided.

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 the service was good (published on 20 November 2018).

#### Why we inspected

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

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.

#### 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?**

**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.

# Heavers Court

## 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

Three inspectors and an Expert by Experience carried out this inspection. 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

Heavers Court 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. Heavers Court is a care home with 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

### During the inspection

We spoke with 10 people using the service. We asked them for their views about the safety and quality of care and support provided at the service. We observed interactions between people and staff to understand people's experiences. We spoke with the registered manager, the deputy manager, the regional manager, 2 team leaders and 5 care support workers. We reviewed a range of records. This included 5 people's care records, records relating to medicines management, 3 staff recruitment files, staff training and supervision information and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People told us they felt safe. One person said, "It is a safe place. Always someone around." Another person told us, "The staff make me feel safe." Another person said, "I can relax here and know I am being looked after."
- Staff had been provided relevant training and support to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this. A staff member told us, "I've had training in this subject. There are different types of abuse. I've never had any concerns about the people here. I would report any concerns immediately." Another staff member said, "We are responsible for ensuring people are free from the risk of abuse."
- The registered manager liaised with the relevant agencies when a safeguarding concern was reported to them. Records showed the registered manager took appropriate action when safeguarding concerns had been raised, to reduce the risk of further harm to people.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well. One person told us, "We have walking frames and things in our rooms, and it is all in good condition, and the staff are good." Another person said, "[Staff] do tell you why you need to be careful."
- People's records contained current information about identified risks to their safety. This meant staff had up to date information about the action they should take to manage these risks and keep people safe.
- Staff told us they had been provided with relevant training to help them reduce safety risks to people. A staff member said, "I've done moving and handling training. Some people need the hoist and 2 of us will support them."

- Managers undertook regular monitoring checks of the premises and equipment. They raised any concerns found through their checks, with the organisation responsible for maintaining and cleaning the premises and equipment. The registered manager worked closely with them to make sure action was taken to address any concerns, to reduce any ongoing safety risks to people.
- Staff had been trained to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances.

#### Staffing and recruitment

- There were enough staff to support people. Staffing levels were reviewed at regular intervals to make sure there were enough suitably skilled and experienced staff to meet people's needs.
- People said there were enough staff to support them. One person told us, "I would say there are enough." Another person said, "I think there are. They are all lovely."
- The provider operated safe recruitment practices. They carried out checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely and as prescribed. People's records contained current information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- Medicines stock, records and staff's competency were checked and audited at regular intervals. Issues identified through checks were dealt with promptly and appropriate support was provided to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were managed well. There were systems in place for staff to report and record accidents and incidents and staff understood when and how to report these.



- Managers investigated accidents and incidents and took action to reduce the risk of these reoccurring. We saw a good example of this for one person, who had experienced a number of falls and new equipment was purchased for them to help reduce the risk of these reoccurring. The registered manager told us after the equipment had been purchased and put in use, the person had not experienced another fall.
- The registered manager reviewed outcomes from investigations to check for any overall trends or themes. They made sure learning from investigations was shared with all the staff team, to help the service improve the quality and safety of the support provided.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had clear expectations about the quality of care and support people should receive from the service. Information for people about the standards they should expect were displayed around the home. People were informed of their rights and how these would be respected so that they were not discriminated against or treated unfairly due to their specific needs and circumstances.
- Staff were supported to put people's needs and wishes at the heart of everything they did. The registered manager told us, "When recruiting staff, I ask them to focus on the basics of caring for people."
- The registered manager made sure they were available and accessible to people and visitors. They greeted people and visitors with warmth and kindness and were respectful in their interactions. They took a genuine interest in what people had to say.
- Staff were supported and valued by managers. One staff member told us, "[Registered manager's] a very good manager. Very supportive and friendly." Another staff member said, "[Registered manager] is a good manager. From the way I see her, she's a good leader. No discrimination, she will teach you what you need to know. She's there for us."
- People's feedback and views about the service were sought and used to plan how the service could be improved for them. For example, menus had been planned based on people's feedback about the meals they would like to eat at the service.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved for people. Staff also had opportunities to give feedback through the provider's initiative, 'colleague voices'. Through this initiative, a nominated staff representative attended meetings with senior staff within the provider's organisation to give feedback and asked for their views on changes, for example to policies and procedures.

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

- The service was managed well. One person told us, "Judging by results it must be well run." Another person said, "It must be very good if the staff are this good."
- The registered manager joined the service in April 2023. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.

- The registered manager had been well supported by the provider since taking up their role. Senior managers attended the service regularly to provide them with the guidance and support they needed to succeed and undertake their responsibilities effectively.
- The registered manager had good oversight of the service. They used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service.
- The provider undertook their own checks and reviews of the service at regular intervals to make sure the service was meeting required standards.
- Staff were focused on meeting people's needs and delivered good quality support consistently. Comments we received about staff and the support they provided, included, "They are good and I am very happy with them"; "It doesn't matter who it is, they are good"; "They know us so well it makes everything better and easier"; "We all know each other well and the care is good because of it" and "If I can't live at home here is a good second best."
- The provider sought people's views about the safety and quality of the support they received, through satisfaction surveys. This helped them to identify areas of the service that needed to be improved for people. The most recent survey, published in June 2023, showed people had high levels of satisfaction with the safety and quality of the support they received.
- The registered manager understood and demonstrated compliance with regulatory requirements and best practice guidance
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

#### Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's need.
- The registered manager worked proactively with senior staff from the organisation responsible for maintaining the premises and equipment and providing the cleaning, laundry and catering services. The registered manager told us senior staff were responsive and quick to respond to any issues and concerns raised to minimise any impact on people using the service.