Heathcotes Care Limited

Heathcotes Yorkshire Supported Living Office

Inspection report

Unit 6
10 Great North Way
York
YO26 6RB

Date of inspection visit:
13 September 2022
22 September 2022

Date of publication:
07 February 2023

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Heathcotes Yorkshire Supported Living Office provides care and support to people living in six 'supported living' settings, so that they can live in their own homes as independently as possible. The service supports people with a learning or physical disability, autism or mental health needs.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was supporting eight people with a regulated activity across two of the supported living settings.

People's experience of using this service and what we found
Right support: The care provided did not maximise people's choice, control and independence. Support provided did not always promote daily living skills and access to a range of activities and events. Outcomes for people were not always positive.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right care: People did not always receive safe care as staff were not always provided with the correct skills or were suitably deployed to meet the needs of people. Good practice guidance and organisational policies were not always consistently followed. Oversight of the supported living services was inconsistent.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff did not ensure people using services led confident, inclusive and empowered lives; Relatives spoke negatively about the culture of the service and felt unable to approach management with their concerns. Relatives felt the inconsistency of a management team within the service had impacted negatively on the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 15 September 2021.)

Why we inspected
The inspection was prompted in part due to concerns received about the safety of care received in one 'supported living' setting. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate the risks identified during inspection and regular meetings are being held to ensure improvements are made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Yorkshire Supported Living on our website at www.cqc.org.uk.

Enforcement and Recommendations.

We have identified breaches in relation to safeguarding, systems and processes, medicines, iInfection control, staff training and support and quality assurance. We have also made recommendations in relation to the principles of the MCA, dealing with complaints and supporting people to have a healthy diet.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Heathcotes Yorkshire Supported Living Office

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.

Inspection team
The inspection was carried out by three inspectors.

Service and service type
This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave the service short notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the head of services, operations manager, regional manager, managers of the 'supported living' services and care staff. We observed interactions between staff and people receiving regulated activities and observed people's living areas when people gave us consent to do so.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Inadequate

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 has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always kept safe from avoidable harm because staff did not always know people well and how to protect people from abuse. The provider did not always follow appropriate processes to safeguard people from risk of harm.
- Safeguarding concerns were not always investigated, and actions were not always implemented in a timely manner. This put people at possible risk of abuse or neglect.
- Some staff had not completed their safeguarding training and some required refresher training. Staff said they felt able to raise safeguarding concerns however, staff had not raised concerns regarding issues found during this inspection.
- Restrictions were placed on some people without the lawful authority to do so. We observed people having to knock to get out of their flat and go in to the communal area.
- The provider had policies and procedures to deal with allegations of abuse, but staff did not follow these consistently.

A failure to ensure systems and processes were in place to protect people from abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely.
- The provider had not ensured that all staff were trained and competent to administer medication. Staff training was inconsistent, and some staff required refresher training and competency checks to ensure they had the skills and knowledge to safely carry out their role.
- Guidance for staff to safely and consistently administer medicines prescribed 'as and when required' (PRN) was in place, however, often lacked personalised detail. This meant staff may not have full guidance to help them when making decisions about when and how much medicine to give to people.
- We found that when people had been prescribed PRN medicines these had not been administered in line with the prescriber's instructions. This resulted in poor outcomes for people. We could not always be assured that staff understood and consistently implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism of both.)

The failure to adequately manage robust medicine systems and practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● People were not protected from the risk of infection. We observed staff not wearing the appropriate personal protective equipment (PPE) in line with current government guidance.
● When people required support with their cleaning the provider did not have robust cleaning schedules in place at one 'supported living' service to support people to live in a safe and clean environment.
● There were no checks of the environment to ensure standards of cleanliness were maintained to a high standard. During inspection, we found dirty toilets, dirty and damaged flooring, holes in walls, damaged furniture and we noted malodours in some people's homes. Whilst some of these concerns had been reported to the landlord for actioning, the provider had failed to assess how to ensure infection control was to be safely promoted in these areas.
● Furniture was damaged in communal areas and the laundry room was disorganised and chaotic. This increased the risk of infection.
● When people required support with meal preparation, staff did not always follow correct procedures for storing food to minimise the risk of infection.

The failure to prevent and control the risk of infection is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the provider to seek assurances that improvements would be made. The provider took action to address the poor standards of hygiene in the home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Risk management was not robust, whilst risk was appropriately managed at one 'supported living' service, we identified significant concerns at the other 'supported living' service. People were placed at increased risk. Risk assessments and care plans were out of date and lacked guidance for staff to respond to risk effectively. This included behaviours which the staff found difficult to manage and the risks to people's safety.
● People's health related risks were not safely assessed. Assessments in relation to specific health conditions were not clear for staff to follow.
● People's 'positive behavioural support' plans designed to ensure people were safe and supported in a person-centred way were not always effectively followed. This resulted in poor outcomes for people. For example, we could not be assured one person's sensory needs were always considered.
● Checks and actions to minimise environmental risks were not always robust or addressed in a timely manner.
● The provider had identified some concerns before inspection and had put an action plan in place to learn from mistakes made. However, actions had not always been taken in a timely manner to reduce risk to people. For example, the action plan included daily cleaning schedules for people's homes however, we observed some flats to be unclean and unsanitary.

Staffing and recruitment
● The service did not always have enough correctly trained staff, to safely support people. Staffing levels were not always arranged in line with people's support needs. Trained staff were not always deployed according to peoples' care plan requirements. For example, one person had specific needs which required staff to have training to keep the person safe when they were distressed. On the day of our visit, there were not enough trained staff deployed to work with the person to keep them and others around them safe.

Failure to provide adequate staffing levels to support peoples care needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Following our inspection, we wrote to the provider to seek assurances that action would be taken, and staffing levels reviewed to keep people safe. The provider gave us assurances that staffing levels had been reconsidered and staff were being suitably deployed.

- Safe recruitment processes were in place.

Inadequate

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received relevant and good quality training. The provider had not ensured staff were suitably trained or supported to perform their roles. Some staff training had not been completed and refresher training was out of date. For example, at one 'supported living' service we identified that some staff had not received any learning disability awareness training, despite them supporting people with a learning disability.
- Staff were not deployed with the correct skills and knowledge to be able to carry out their role effectively. Some staff were supporting people with complex needs with minimal training. This placed the staff and the person being supported at risk of harm.
- Staff had not always received supervision and appraisal of their work performance in line with the provider's policy.

A failure to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the provider to seek assurances that improvements would be made in relation to staff training and support. The provider took action to address the lack of training within the service.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Principles of the MCA were not always followed.
- Mental capacity assessments and best interests' decisions were carried out however, care given was not always the least restrictive option.

We recommend the provider seek advice and guidance from a reputable source, about the principles of the MCA and least restrictive practice.

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

- Care plans were in the process of being updated. We saw some examples of personalised care plans in one 'supported living' setting however, care plans were out of date in another. Some areas required updating to ensure they provided clear guidance for staff on how to deliver effective care to meet people's diverse needs.

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

- Peoples nutrition and hydration needs were not effectively met.
- Records of people's food and fluid intake were not consistently completed and where they were it showed people were not always encouraged to eat a healthy, balanced diet.

We recommend the provider seek advice and guidance from a reputable source, about how to support people to maintain a healthy balanced diet.

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

- One 'supported living' service did not always ensure that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events. One relative told us "[Family member's] life has become significantly smaller since living there, they can no longer do the things they used to enjoy doing and have lost a lot of skills."
- The provider worked closely with other professionals such as the local authority and community learning disability team however, advice given was not always reflected in the care given to people.
- Professionals highlighted their concerns regarding the safety and cleanliness of one 'supported living' setting.
- People were not always supported to access healthcare in a timely manner.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to access healthcare services and to live healthier lives.

Following the inspection, we wrote to the provider to seek assurances that improvements would be made. The provider confirmed they had introduced daily checks and were reviewing people's participation in daily activities.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- Relatives told us at one 'supported living' service they did not feel able to express their views. Relatives told us communication between management and relatives was poor. Relatives stated this was often to do with the regular change in management.
- People were not always asked their views or wishes regarding their care. Care was delivered to some people to reduce risk to staff instead of people's choice.
- Staff did not support people to express their views using their preferred method of communication.
- We observed people in one setting being supported appropriately to express their wishes and views.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity
- People's privacy and dignity was not always respected. Staff did not always knock on people's doors and ask permission to enter before entering people's homes.
- People did not have the opportunity to try new experiences, develop new skills and gain independence.
- People were not always treated with compassion. On one occasion, staff had failed to follow a person's care plan which had been developed to support the person, when they were feeling unwell.
- Feedback from relatives was negative at one service. One relative said, "Staff just do not care about people in the service, [family member's] flat is dirty and food is mouldy and out of date. I don't think staff have the training or support to be able to care for people with complex needs, they don't support them with the things they need., I don't think staff respect us or [family member] at all."
- We observed some meaningful communication between staff and people using the service. People told us they were happy living there and that staff were caring.

Inadequate

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- Staff did not always have access to up to date person centred information to provide people with personalised care and support, resulting in task based guidance for staff to follow.
- Staff did not provide people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- When people did have support plans in place, staff did not always follow these to ensure people received person-centred care. For example, one person's support plan clearly identified how to communicate with one person to allow them to feel in control. We observed staff failing to follow this.
- People's preferences were not always taken into account when delivering care. Staff used a risk avoidance strategy with some people instead of taking in to account their wishes and needs.

Failure to ensure people received person-centred care was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this concern and confirmed their plans to review all care plans and positive behavioural support plans (PBS) to ensure person centred practice.

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 were not always actively supported to follow their interests or encouraged to take part in social activities. One relative told us "[Family member] does not go out or do anything anymore. They are not encouraged to go out and often just stay in their flat and in bed. They have no stimulation and have declined so much." In another 'supported living' setting we observed people going out into the community and choosing activities which they wanted to participate in.
- At one 'supported living' placement, People were not supported by staff to try new things and to develop their skills.
- At one 'supported living' placement, people maintained good personal relationships. Families were encouraged to visit, and people were supported to use technology to communicate when needed.

Improving care quality in response to complaints or concerns

- Complaints and concerns were not dealt with effectively or in a timely manner as per the providers policy. People told us the manager was difficult to get hold of and was always busy.
- People found the management team unapproachable. One relative said, "If you want to complain you have to do it in an email as you can never speak with the manager. I have tried several times to contact them

and they never reply. I do not feel any issues I have raised have been resolved. Communication between staff and management can be poor."

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from complaints.

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 carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans for staff to follow. However, we could not be assured these were consistently followed.
- Information was available in a variety of formats to ensure people had access to information they required.
- In one setting the manager discussed the benefits of a small team to support people. They explained how this enabled them to familiarise themselves with people's individual expressions which meant they understood when people were in pain, happy or required assistance.

End of life care and support
- An end of life policy was in place to provide appropriate care if required.

Inadequate

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 has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

●Governance processes were inconsistent and ineffective and failed to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Oversight of one 'supported living' service was poor, good practice guidance was not consistently applied and organisational procedures were not followed.

● Some quality assurance processes were operated, but they did not identify concerns we found. The lack of robust systems and processes in place to identify concerns or shortfalls within the service placed people at increased risk of harm. For example, lack of staff training relating to restraint and failure to ensure appropriate infection prevention control measures were in place.

● The medicines policy was not always followed by staff and the provider had not identified this.

● The provider failed to ensure there was effective and competent management arrangements in place. Findings showed that there had been a lack of improvement at the service. Actions identified in the providers action plan had not always been achieved. This had placed people at significant risk of harm.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● A culture of high quality, person-centred care which valued and respected people's rights was not embedded within the service. Managers did not always set a culture that valued reflection, learning and improvement. Managers and staff did not always put people's needs and wishes at the heart of everything they did.

● Record keeping had not been properly monitored at the service and this impacted on staff's ability to provide person centred care. For example, care plans were not up to date and did not always reflect people's needs and preferences.

● Staff supported people to give feedback however, this may not have given people the opportunity to give an honest account of their thoughts and feelings on their home and care for fear of repercussions.

● Investigations and auditing of incidents and accidents were not always robust, fully completed or managed appropriately to mitigate future risks to people.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- The outcome of investigations was inconsistent and did not demonstrate an open and transparent approach to investigating concerns within the service, or those which had been received from relatives.

Working in partnership with others

- Further development of working in partnership with key organisations including the local authority safeguarding team and social services was required to ensure transparency and good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to comply with Regulation 9 (1) (a) (b) (c) (3) (a) (b) (c) (d) (h) (I)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to comply with Regulation 13 (1) (2) (3) (4) (b) (c) (d) (5) Safeguarding service users from abuse and improper treatment.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to comply with Regulation 18 (1) (2) (a) Staffing

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to comply with Regulation 12 (1), (2) (a) (b) (c) (g) (h)Safe Care and Treatment.

The enforcement action we took:

Issued REG 12 WARNING NOTICE

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to comply with Regulation 17, Regulation 17, (1) (2) (a) (b) (c) (e) , Good governance.

The enforcement action we took:

Issued a REG 17 warning notice