

Northern Healthcare Limited

# Northern Healthcare Head Office

## Inspection report

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29 July 2021  
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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Northern Healthcare is a 'supported living' service that provides support for people with a recognised diagnosis relating to mental health, learning disabilities, autism or acquired a brain injury, which includes support and recovery programmes. Each person has their own individual lease agreement with the housing association and a separate contractual agreement for their care.

The provider has 13 'supported living' locations nationwide and other locations currently under development. Each location contains a number of individual bedrooms or flats and shared or communal gardens, lounges, kitchens and dining areas. The service provides 24-hour support from mental health professionals, including registered mental health nurses, occupational therapists, and a cognitive behavioural therapist.

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

Support plans were detailed and included risk assessments in relation to people's specific support needs. Accidents and incidents were monitored and documented. We saw the service had systems in place to keep medicines secure and oversee people administer their own medicines safely. Appropriate staffing levels were in place during our visits to the provider's locations. Good infection prevention and control practises were in place.

The provider had changed their management structure to ensure further oversight of the service and each site. Audit systems were in place to monitor the standard of support people received. Staff felt supported by the wider management team. The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health staff.

Although, statutory notifications were being submitted to the CQC when required, they were not always submitted timely. We have made a recommendation about the provider reviewing their notification systems.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This was a targeted inspection that considered safe management of medicines, management of risks, staffing levels and good governance. Based on our inspection of these areas the service was maximising people's choice, control and independence through their support planning and

delivery. The support people received was person-centred and the provider's ethos involved empowering people to live independent lives.

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 and update

The last rating for this service was requires improvement (published 08 June 2021) and there was a breach in regulations. 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 regulations.

#### Why we inspected

We undertook this targeted inspection to look at specific concerns we had about staffing levels, safe use of medicines, whether the risks to people were safely managed, and governance systems. The overall rating for the service has not changed following this targeted inspection and remains as requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home or supported living 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.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question as requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question as requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check staffing levels, safe use of medicines, whether the risks to people were safely managed, and governance systems.

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

Two inspectors carried out the inspection.

#### Service and service type

This service provides support to people living in 13 'supported living' locations, 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We visited two of the provider's 'supported living' locations. We spoke with seven people who used the service about their experience of the support provided. We spoke with 14 members of staff including the provider, registered manager, clinical leads, occupational therapists, registered nurses, team leaders, training co-ordinator and support workers.

We reviewed a range of records. This included five people's support plans and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staffing levels, safe use of medicines, whether the risks to people were safely managed, and governance systems. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- Support plans were detailed and included risk assessments in relation to people's specific care needs. The risk assessments were person centred. People's ongoing assessments were reviewed on a regular basis or when people's needs changed.
- Accidents and incidents were monitored and documented. The service had a robust system in place to investigate incidents and shared learning with staff. Processes were in place to analyse and identify any trends. The service worked with other health professionals and escalated concerns when required. For example, in the event a person had a deterioration to their mental health.

### Using medicines safely

- As part of the provider's ethos the service did not administer medicines as people were supported and encouraged to live as independently as possible. We saw the service had systems in place to keep medicines secure and oversee people administer their own medicines safely. People told us they received their medicines when required. Their comments included, "I get them [medicines] on time, recently I started sleeping in very late, but I still get my medication on time."
- Regular clinical governance meetings took place which also involved reviewing people's medicine needs or escalating any concerns.
- Although people were supported to manage their own medicines, the provider did not have a robust system in place, on the occasion a person was unable to administer their own medicine. For example, if a person was too poorly. At the last inspection we had already made a recommendation about the provider reviewing their medicine training, policies and processes. We have not followed up the recommendation during this targeted inspection due to the limited timeframe between both inspections. We will review this at our next inspection.

### Staffing

- Appropriate staffing levels were in place during our visits to the provider's locations. Staffing level assessments were used which were reviewed weekly. Regular meetings took place to review occupancy in the homes alongside staffing levels. Weekly manager's reports were introduced to ensure safe staffing levels were in place for the week ahead.
- At the last inspection we had made a recommendation about the provider reviewing their staffing levels across locations. We have not followed up the recommendation during this targeted inspection due to the

limited timeframe between both inspections. We will review this at our next inspection.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staffing levels, safe use of medicines, whether the risks to people were safely managed, and governance systems. We will assess all of the key question at the next comprehensive inspection of the service.

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 ensure people's right to privacy was maintained. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- Microphone recording had been deactivated in all areas. Where CCTV recording (in communal areas) was in place for people's safety, people were informed and they had signed authorisation forms to consent to the recording.
- Audit systems were in place to monitor the standard of support people received. Regular audits of people's support plans, daily communication records, medicine records and locations took place. Various regular meetings also took place to monitor the support people received.
- The provider had changed their management structure to ensure further oversight of the service and each site. Area managers were introduced across regions who worked with the home managers and deputy managers to ensure good governance systems were in place. A new role within training and compliance had been recently introduced.
- Staff felt supported by the wider management team. Staff comments included, "There is enough management cover here and [registered manager] come regularly, "I feel supported by the managers definitely."
- The provider had a detailed system in place to review incidents and submit statutory notifications to the CQC, which gave the provider and the registered manager a good oversight of incidents across all their locations. Although, statutory notifications were being submitted to the CQC when required, they were not always submitted timely.

We recommend the provider reviews their notification systems.

#### Working in partnership with others

- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health staff. For example, the service participated in quarterly meetings with commissioners to report on various factors within the service and share best practise.
- The service had developed links with the local community. For example, the service had links with the local farm where people spent time learning new skills.