

Healycare Limited

Healy House

Inspection report

11 Omerod Road
Burnley
BB11 2RU

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09 May 2019

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Healy House is a care home which is registered to provide care and accommodation for up to eight adults with mental ill health. Nursing care is not provided. At the time of our inspection six people were using the service.

People's experience of using this service:

People received safe care from competent and skilled staff. People had been supported to manage the risks in their daily lives.

Medicines were now managed safely with stock balances being checked daily. Spot checks and competency assessments ensured staff followed the correct procedures. Controlled medicines had been managed properly.

Staff had been recruited safely with all necessary checks being completed prior to them starting work. Staffing levels were enough to support people safely.

People had been involved in assessments of their needs and in developing their plans of care including setting goals. Some people were working towards increased independence and considering moving on. Staff had received appropriate training and support to enable them to support people effectively. The service worked closely with mental health practitioners and community resources to maintain consistent support which followed best practice guidance. People had access to health services and were supported to achieve their healthy living goals. There was a positive focus on wellbeing. Consent to care was sought appropriately and the service was compliant with the requirements of the Mental Capacity Act.

Staff were described as caring and kind by people who used the service. Staff understood the importance of respecting people's privacy and dignity. People were actively supported to express their views through regular meetings, forums and questionnaires.

People received personalised care which was responsive to their needs and preferences. The service now had a clear complaints process and log of concerns received. We saw they had followed their process in relation to complaints.

There was a commitment to achieving high- quality person-centred care. Staff we spoke with were equally committed and confident in the new registered manager. Effective monitoring and auditing was in place which ensured standards of care and practice had been maintained.

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

Why we inspected:

At our last inspection in April 2018 we found the provider was in breach of four parts of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; in relation to Safe care and treatment, Receiving and

acting on complaints, Good governance and Fit and proper persons employed. We issued requirement notices in relation to each breach of the regulations and asked the provider to complete an action plan which showed how they intended to improve, and by when, to address the concerns and achieve a rating of good or above. At this inspection we found the provider had met the requirements and were no longer in breach of the regulations.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, 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?

Good ●

The service had improved to Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service had improved to Good

Details are in our Effective findings below

Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service had improved to Good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved to Good

Details are in our Well-Led findings below

Healy House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and provide a rating for the service under the Care Act 2014.

Inspection Team:

This inspection was completed by one adult social care inspector.

Service and Service Type:

Healy House is a care home providing personal care and accommodation for up to eight people with mental health support needs. At the time of inspection there were six people living in the care home.

Notice of inspection:

This inspection was unannounced.

What we did:

Our inspection plan took into account information the provider sent us since they were last inspected in June 2018. We also considered information about incidents the provider must notify us about, such as abuse or serious injuries. We requested information from Lancashire county council and safeguarding team.

During the inspection we reviewed the care records for three people, spoke with the registered manager, and three members of staff. We spoke with three people who lived in the home. We reviewed the recruitment records of three staff. We also reviewed the service's policies and procedures, records of incidents, accidents and complaints and the audits and governance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a robust safeguarding policy and procedure to help protect people from the risk of abuse. Staff had received training on safeguarding and were able to identify what might be a safeguarding concern. Staff knew how to raise their concerns both within the organisation and outside if required. There was a safeguarding file containing safeguarding alerts raised, details of the investigations and the outcome of each alert. We could see the provider had followed the procedure thoroughly.

Assessing risk, safety monitoring and management

- Staff completed risk assessments in relation to all aspects of people's health and social care needs. Staff reviewed risk assessments every six months and adjusted them earlier if required. The service supported people to consider and manage the risks in their daily lives.
- A current fire risk assessment identified no outstanding issues needing action. Each person had a personal emergency evacuation plan which provided guidance on the support each person needed in the event of having to leave the home in an emergency, such as a fire.
- The provider had a checklist for safety relating to the premises. This had been completed by the manager each week and included, the lighting, heating, odour, cables, toilets, and hand washing facilities, first aid stocks, fire, PPE and cleaning practice. This ensured any matters could be identified and addressed in a timely way.

Staffing and recruitment

- At the last inspection we found not all staff had been recruited safely because pre-employment safety checks had not always been completed. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Using medicines safely

- At the last inspection we found medicines had not always been managed safely. This was because audits of stocks had not been completed. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Medicine records were accurate and filled in correctly. We counted some medicines and found the balance stocks were accurate.

Preventing and controlling infection

- People were protected against the risk of infection. The provider ensured all staff had training in infection control. Personal protective equipment; including, gloves, aprons and hand gel was available throughout

the property. Spot checks of practice ensured staff remained vigilant to prevent the risk of infection.

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. The registered manager ensured all incidents had been reported and investigated to lessen the risk of reoccurrence. We could see how the service had responded to the previous inspection and developed an action plan to address the concerns we raised.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and choices to ensure the service could meet them. Thorough assessments had been completed which identified all aspects of the persons health and social care needs. People had opportunities to be involved in their assessments and care plans though not everyone wanted to do this. Consultation with a broad range of professionals ensured plans reflected some people's complex needs.

Staff support: induction, training, skills and experience

- Staff received regular supervision and appraisal

At the last inspection training records had not been available. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The provider used a system which identified when staff needed to have refresher training. Where staff had not completed their e-learning the registered manager had arranged to meet with them to ensure it was completed and a letter had been sent to staff to remind staff of their obligations.

- The provider planned to book first aid training tailored to supporting people with mental health needs. Staff had completed a distance learning course in relation to positive behaviour therapy, challenging behaviour workbooks and autism. However, we found not all staff understood how to use some of the paperwork in relation to assessing and understanding some people's behaviours. We discussed this with the registered manager who responded immediately to address this. We will review staff's knowledge at our next inspection.

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

- People were supported to eat and drink enough to meet their needs. No one was identified as being nutritionally at risk. People were able to prepare their own meals and had the option of a meal prepared by staff each day.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed evidence of the staff team working with other agencies to provide consistent and effective care. Reviews were regularly held with multi-disciplinary teams which included social care staff and mental health professionals.

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

- People were able to decide how to decorate their own rooms. Communal areas were nicely decorated and furnished. There was a conservatory dining area, a smoking area outside and games area with a pool table and darts board. There were several small office spaces throughout the property. The conservatory had been raised to make it on one level with the kitchen and games room area. This generated more communal

areas and made it safer.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to live healthy lives and provided information about how to achieve this. Staff assessed people's health needs and access to health care professionals was apparent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The service was compliant with the principles of the MCA. Staff understood the importance of consent and asked people before providing support. People could sign their care plans and say what they felt about them.
- Staff followed the MCA code of practice. They completed assessments around people's capacity and decision making. Where people needed support with decisions this had been detailed.
- At the time of inspection applications under DoLS in relation to restrictive practices which included, managing finances and some property, had been submitted to the local authority.

Is the service caring?

Our findings

Caring - this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

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; Respecting and promoting people's privacy, dignity and independence

- Respecting people as individuals and their personal space was part of the house rules. Discussions about equality and rights were regularly included in house meetings. Gender issues were addressed through discussion to embed respect. The registered manager advised conversations were quite broad. Abusive statements were always challenged.
- People's equality and diversity needs had been recorded in their care plans. Any support a person needed in relation to these had been identified.
- People were encouraged to maintain and develop their skills to increase their independence. Some people were hoping to move on in the near future to more independent housing. One person told us, "I do my own shopping and cleaning, I go out for walks, I am hoping to move on."

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

- People were encouraged to express their views and be involved in decisions which affected them. There were regular residents'/house meetings. People could also have one to one discussion with staff. Surveys were used to establish people's views. One person told us, "I like it here, it's a nice place to be, staff are friendly and I feel relaxed."
- The service supported people to access advocacy services, if they needed someone independent to help them make decisions. Information about advocacy services was displayed and included in the information provided to people living in the home. At the time of this inspection, one person had an advocate to support them represent their views.
- The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.
- People's communication needs were assessed. Everyone had a bedroom pack, which included essential information about the service and could be provided in different languages and formats. People also had a 'staying safe' card they could hand over if they needed support when out which provided contact details and a request to contact staff.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which reflected their needs and preferences. People were encouraged to exercise choice and control in their daily lives. People's interests had been identified and the support needed to engage in them was also detailed.
- Staff completed monthly reviews of care plans to ensure they remained up to date. Where any changes had been identified, these had been responded to appropriately, for example, with referrals to mental health practitioners or health services.

Improving care quality in response to complaints or concerns

- At the last inspection we found there was no effective process for managing complaints. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Complaints had been recorded but it was not possible to see how these had been investigated. We discussed this with the registered manager who ensured the records were completed and in place during the inspection.
- People we spoke with told us they knew how to raise their concerns and felt able to do so.

End of life care and support

- Staff had received training in end of life care. At the time of inspection no one was identified as having end of life needs but the service would seek to support people to remain at home as far as possible if that was what they wished.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a statement of purpose. The aim was to promote people's independence through a pathway utilising the different properties owned by Healy Care which had different levels of support.
- People received person-centred care which reflected their needs and aspirations.
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. We found the service had met their duty of candour, notifications had been submitted to CQC when required.

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

- The management structure was clear, and each staff member understood their roles. Regular audits had been completed to ensure support was provided properly. These included; kitchen, cleaning, environment and food hygiene audits. Care records including medicines were audited, any errors identified had been resolved on the day.

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

- The provider encouraged people to engage with the service through meetings, forums and questionnaires. People we spoke with said they were able to raise their views and contribute if they wanted to. One person felt meetings were mainly about rules and chose not to attend.
- Staff engagement was achieved through meetings every two months and handovers at each shift change. In addition, the registered manager tried to catch up with staff via interviews or one to one meetings and some joint supervision. We reviewed the minutes of the last two staff meetings. They covered a broad range of areas including, training needs, encouraging independence, policies and procedures and practice matters. Staff said they were able to contribute to the agenda and discuss areas of interest or concern.

Continuous learning and improving care

- The provider had an annual learning review process to identify areas for development and improvement. The use of reflective practice ensured the service was able to learn from incidents whether good or bad to improve care.

- The registered manager was supported by the proprietor who is registered mental health nurse. They received regular support sessions and attended managers meetings where the managers of associated services looked at case studies and reviewed people's needs.
- The registered manager maintained their skills by researching on the internet and accessed the skills network.

Working in partnership with others

- The provider worked in partnership with community mental health services.
- People were signposted to services such as MIND and counselling services.