

## Heathbank Support Services

# Heathbank Support Services

### 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

Heathbank Support Services is a domiciliary care agency ran by a small charitable organisation in Oldham. The service provides personal care to people with a learning disability or autism living in their own houses and flats. At the time of this inspection 6 people were using the service.

Not everyone who used the service received personal care. 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.

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

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.

### Right Support:

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 received flexible support and they could adapt their daily support to suit their needs and choices. Staff supported people to play an active role in maintaining their own health and wellbeing . We have made a recommendation about the provider reviewing the frequency of staff medicine competency assessments.

### Right Care:

People received kind and compassionate care. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care, abuse and harm. The provider had robust safeguarding systems in place. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual needs.

### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager evaluated the quality of support provided to people, involving the person and their families as appropriate. Managers ensured risks of a closed culture were minimised, so people received support based on transparency, respect and inclusivity. We have made a recommendation about the provider reviewing their auditing processes.

People told us they felt safe and knew how to raise concerns. The registered manager and staff assessed

health and safety. There were enough staff to meet peoples' needs and recruitment processes were ensured staff were suitable to work with vulnerable people. People received consistent support from staff who knew them well. Staff worked with health professionals to support people's health needs.

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 this service was good (published 4 April 2019).

#### Why we inspected

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

#### Recommendations

We have made recommendations about the provider reviewing the frequency of staff medicine competency assessments and reviewing their auditing processes.

#### 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.

# Heathbank Support Services

## **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 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats, and specialist housing.

#### 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2023 and ended on 4 July 2023. We visited the location's office on 22

June 2023.

#### What we did before the 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. 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 1 person who used the service and 1 relative about their experience of the care provided. We spoke with 4 members of staff including the registered manager and support workers.

We reviewed a range of records. This included 2 people's care records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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. 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

- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report concerns straight to the manager. I also know I can make contact with the local authority."
- People were protected from the risks of abuse and staff were trusted to keep them safe. A person told us, "I feel safe. I am happy with the carers and the care." A relative added, "[Person] is safe with the carers."

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

- The registered manager assessed people prior to using the service to ensure the service could safely meet the people's individual needs.
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Risk assessments were detailed and person centred.
- No accidents or incidents had occurred over the past 2 years, however there was a suitable recording system in place.

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. People's care plans contained detailed information about their level of condition, understanding and how to best support them. The local authority had completed mental capacity assessments and best interest decisions when required. We noted the provider had not implemented their own capacity assessments as part of people's care planning. This had not negatively impacted anyone using the service. The registered manager assured us mental capacity assessments would be immediately implemented as part of people's care planning.

Using medicines safely

- Medicines were managed safely. One person was being supported with medicines and they received their medicines as prescribed. Medication administration records [MARs] were completed daily. One person told

us, "They [staff] give me my tablets when they need to."

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had a medication refresher training at the beginning of the year and I have had a medication competency check." However, although staff had a good understanding of the medication administration processes, their competency assessments were not always refreshed in a timely manner.

We recommend the provider reviews the frequency of staff medicine competency assessments.

#### Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. People and relatives told us staff wore PEE as needed.

#### Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. A staff member told us, "I had an induction programme and training [when I first started]. I did shadow shifts for 3 days. It was very explanatory. I was shown everything to do the job safely."
- The provider had systems in place to monitor staffing levels and ensure people received their visits. Rotas confirmed staff shifts were covered and people received regular staff for their care visits. One person told us, "They [staff] are always on time."



# 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. 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

- Staff valued and promoted people's individuality, protected their rights, and enabled them to be as independent as possible. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. Staff told us, "We all work really well as a team, we are always there to support each other" and, "There is good teamwork. There is a good culture between staff and the clients. We are like a family."

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 registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

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

- Staff praised the registered manager and they felt supported in their roles. Staff told us, "[Registered manager] is great, they run a good team. They are very fair, honest, approachable and open to suggestions" and, "[Registered manager] is lovely and supportive. They listen to you and does everything they can to help you. One of the best managers I've known."
- The registered manager had the skills, knowledge and experience to perform their role. They demonstrated a clear understanding of people's needs and regularly completed people's care visits themselves.
- The registered manager had good oversight of the service and checked records on a regular basis. Governance systems were in place to monitor the standard of care people received and some auditing tools were being used. Care plans and medicine records were being checked regularly, however, the checks were not always recorded and an auditing tool was not always being used.

We recommend the provider reviews their auditing processes.

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

#### characteristics

- The registered manager was aware of their role in supporting people's rights and in maintaining equality standards.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the feedback from people and found all the comments were positive. One comment read, "I am cared for very well and my needs are met. Staff always ask me what I want and if I am happy with it [care]."
- Staff views were sought through regular meetings and supervisions. Staff told us they were a part of service development and they could make suggestions to drive improvements.

#### Working in partnership with others

- The registered managers worked effectively in partnership with other health and social care organisations and commissioners. They actively networked with other services to develop good practice and information sharing.
- Staff worked closely with a wide range of professionals to make sure peoples' health and social needs were met. Records showed staff communicated effectively with a range of health care professionals as part of people's daily care and needs.