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Heston Care Services Ltd

Inspection report

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Date of inspection visit:
17 November 2023

Date of publication:
09 February 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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

Heston Care Services Ltd is a supported living service for people with learning disabilities and/or autism. At the time of the inspection, 4 people were living at the service and they had their own bedrooms and tenancies with access to communal areas. One of the people being supported lived in an annexe in the garden of the location. A fifth person who received support was living at another location.

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. There were 4 people who received support or encouragement with personal care and 1 person who received support with their medicines.

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

Right Support

People's medicines were not always administered in line with the provider's procedure and best practice. People were able to go shopping, access their religious community and visit people with staff providing support when requested.

Right Care

People's care plans were not always written in a person-centred manner to identify the support that was required and how the person wanted their care provided. The provider did not always investigate incidents and accidents, safeguarding concerns or complaints to enable them to identify where lessons to be learned to reduce possible risks. Risk management plans were not always developed to provide guidance on how to mitigate the identified risks.

Right Culture

The provider did not have quality assurance processes in place which enabled them to identify when improvements were required to records and the way care was provided. The provider had a recruitment process enabling them to identify new staff with the required skills and experience for the role. The provider worked in partnership with the local authority and healthcare professional involved in people's care.

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 7 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The local authority carried out an assessment of the provider and they shared a copy of the action plan developed by the provider. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, safe care and treatment and good governance at this inspection.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service responsive?</p> <p>The service was not always responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Heston Care Services Ltd

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 undertaken by 1 inspector and a second inspector carried out telephone interviews with staff members.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 provider had 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 the service 3 days' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the 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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual who also a director of the company and 1 person who was receiving support. We looked at a range of records which included the care records for 4 people, 3 care workers' files and a range of records including medicines records and policies. We spoke with 3 staff members following the inspection.

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; Learning lessons when things go wrong

- The provider had a process for recording incidents, accidents and safeguarding but this did not always identify where actions could be taken to reduce further risk.
- We reviewed 3 incidents and accidents which had been recorded and we saw that there was information on what had happened, and any immediate actions taken but there was no analysis of the reasons for the incident and accident and what could be done to limit the risk of reoccurrence.
- We looked at information relating to safeguarding concerns which had been reported to the local authority. The provider had copies of the information which had been shared with the local authority including correspondence but there were no records of improvements being identified and learning put in place following the outcome of the safeguarding.
- The register manager confirmed that not all incidents were recorded. They explained that if an incident occurred between people they were supporting, it was not always recorded. This meant the provider could not identify if there were any specific triggers for a person's actions or any trends in relation to the incident which occurred so the appropriate support could be provided for people.

The provider did not always ensure lessons learned were identified to reduce possible risks following an incident and accidents and safeguarding. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person we spoke with told us they felt safe when they received care and support.

Assessing risk, safety monitoring and management

- The provider had developed risk management plans, but these did not always identify guidance for all risks related to people's care or provide enough information for staff on how to mitigate the risks.
- The registered manager told us they would take people out as a group using the registered manager's car for activities. A risk management plan had not been developed to identify any possible visits related to the registered manager driving people to social activities.
- The provider had not developed personal emergency evacuation plans (PEEPS) for people who were being supported. A PEEP should include information on each person's specific support needs and, if an emergency were to occur, how each person should be assisted to evacuate the building safely.
- Where a person's care needs had changed, risk assessments had not been developed to reflect any changes, such as increased risk of falls or issues with skin integrity. This meant that staff were not provided with guidance on how to mitigate possible risks associated with the changing support needs.
- Some people expressed their frustration and feelings through physical and/or verbal aggression. There was no guidance for staff about how to support people when this happened or to prevent this happening. The

registered manager confirmed they had not developed positive behaviour support plans for people but were looking at developing them following the inspection. A positive behaviour plan is a person-centred framework which helps staff and people to understand the reason for specific behaviours so evidence-based support can be implemented to better meet the person's needs and reduce risks.

- Staff did not complete records about incidents of aggression, so these were not being monitored or analysed to identify possible risks. This would enable staff to identify any triggers or situations which would result in the person required specific additional support.

The provider did not always ensure risks were identified and information provided for staff to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider had a procedure for the management and administration of medicines, but this was not always followed.
- People were being given homely remedies, which are over the counter medicines which have not been prescribed and can be used for a short term illness or where the person does not need to seek medical care or treatment. These medicines included cough mixture, paracetamol, ibuprofen and medicine to treat diarrhoea. The provider had a policy for the administration of homely remedies, but this was not being followed.
- There was no record of the use of these over-the-counter medicines had been checked with a GP to ensure there were no risks of interaction with other medicines or if the person required a medicine to be prescribed to respond to medical condition.
- The registered manager had a hand written list of the over the counter medicines but there was no indication in the person's care plan that they could have these homely remedies.
- When over-the-counter medicines were administered by staff it was noted on the record of the care provided during the day. This did not indicate the dosage of the medicine administered and the time it was given. This meant that the provider could not ensure that people were given medicines in line with the administration guidance for example the directions for paracetamol state there needs to be 4 hours between doses and no more than 8 500mg tablets per 24 hours.
- Training records showed that not all staff had completed training on administration of medicines, and this was supported by a staff member who stated they had not yet completed this training.
- A prescribed medicine for 1 person which was provided in a liquid form. The bottle, which had been opened, had been dispensed by the pharmacy in July 2023 and did not have the date of opening recorded. The label on the bottle indicated that it should be used within 3 months of opening which meant the provider could not ensure the medicine was suitable to be used as they could not show that it was within the 3 month 'use by' limit.
- The registered manager confirmed that medicines competency assessments to monitor staff member's understanding and skills in administering medicines.

The provider did not ensure medicines were always administered in line with their policy and following good practice so that people were protected from the risks associated with medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had prescribed medicines the medicines administration record (MAR) was completed and included information on the name of the medicine, if it is a tablet or capsule, how often and when it should be administered.

Preventing and controlling infection

- The provider did not have processes in place to ensure that infection control procedures were always

followed.

- In the kitchen we found a jar of jam in the fridge without a lid and items on the fridge and cupboards did not have opening dates to ensure they were used in line with the manufacturer's guidance.
- The staff training records indicated that staff had completed infection control training but when we asked 3 staff members about infection control only 1 was able to explain what it meant. A staff member told us, "We use antibacterial products and leave windows open for air. [Person's name] cleans their own room and we help with mopping and wiping down tables. All 3 [people] help to do whatever." However, 2 other staff members could not explain how they managed infection control. A staff member told us, "We ring the doctor (to stop the spread of infection) it's very important for their health. Health and safety are very important" and a third staff member told us they used gloves to apply prescribed creams when asked how they helped to control and prevent the spread of infections.

The provider did not have processes and training in place to ensure infection control risks were managed which could increase the risk to people of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager explained there was 1 staff member providing support to the 4 people living at the home. There was 1 staff member who undertook a sleeping night shift at the home. There was another person who was supported with medicines, but no personal care, who lived at another location and a staff member visited the person every evening to provide support.
- We asked the registered manager what the procedure was for when a person requested a staff member accompany them when they went out. The registered manager explained they would go with the person if required. There was no procedure to explain what would happen if more than 1 person required a staff member to accompany them so that the provider could ensure there was a staff member left at the location to support the remaining people there. This was discussed with the registered manager so they could review their procedures.
- The provider had a process for the recruitment of staff. We reviewed the recruitment records for 3 staff members which included checks on the applicant's right to work in the United Kingdom, 2 references and a Disclosure and Barring Service check for criminal convictions. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 carers, 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 identified in their care plan, but this was not reflected in the way information was provided. People's care plans indicated if the person was able to read and write but the care plan did not provide guidance on how information should be provided.
- Care plans were not accessible for people. This meant they could not always understand what was written about them. The care plan format included a picture for each section to indicate what the information related to, but the text was not presented in a way which was accessible. The information was presented in long sentences, limited use of pictures and the format was more designed for providing staff with information and not the person receiving the support.
- The care plans indicated if the person had consented to their care but there was no explanation as to how the information was shared with the person based upon their communication needs. As the care plans were not in a format which was accessible based upon the person's communication needs to, it was unclear how the care was explained to enable the person to understand and consent to their care.
- This meant information was not provided in a suitable format to meet people's needs.
- People's care plans were not always updated to reflect any changes in their care needs. The care plan for 1 person whose support needs had increased did not reflect their new care needs and how they wanted staff to provide their care. The person had experienced a change in their diet and nutritional needs but this was not identified in the care plan and there was no guidance for staff on how to support them. Their food intake was not recorded or monitored to ensure their needs were being met.
- People's care plans did not provide information in a person-centred way which identified how the person wanted their care provided. The care plans included a list of goals for each person with actions on how to achieve the identified goal. The actions for the majority of goals in people's care plans only advised that the person required encouragement but did not provide staff with any guidance on how to support the person in a way which met their care needs.

The provider did not always ensure information was provided for staff in relation to people's care needs their wishes and how best to support them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had information about complaints that had been received but they did not always follow their complaints policy. Complaints forms with information on the concern had not always been completed in line with their policy.
- The provider had copies of correspondence relating to the concern but had not undertaken an investigation which identified any actions which could be implemented to reduce further risk of the issue occurring again. For example, 1 complaint related to a person accessing a healthcare professional without an appointment. The outcome stated that staff could book appointments but there was no indication of the reason for the complaint nor did the record identify other support which could be provided to reduce the risk of reoccurrence.

The provider did not always ensure lessons learned were identified to reduce possible risks following a complaint. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 supported to maintain family and social relationships. People's care plans included information on their family and people who were important to them.
- People were able to go shopping, access their religious community and visit friends and family with staff providing support when required. There were activities programmes in some people's care plans, but this did not reflect the activities undertaken which were recorded in the records of the care provided each day. The registered manager explained they were looking into new activities for people to take part in which reflected their preferences and things they liked for 2024.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a range of quality assurance processes in place, but these were not always effective at enabling them to identify where action was required. An audit was carried out on care plans every 3 months to check if the documents were in place but not if the information in the documents was accurate, was person centred and reflected people's support needs.
- The Medicines Administration Records (MAR) were reviewed every 3 months which included ordering, storage, and the administration of medicines. The audit was not robust enough as it had not identified that the procedure for the administration of homely remedies was not being followed.
- The provider did not follow their processes for the management of risk as they did not always identify how possible risks could be reduced for people being supported. The process for the investigation of incidents and accidents, safeguarding and complaints was not followed to enable lessons to be learned to support staff to mitigate risks.
- People received support but their care plans did not always provide information in a person-centred manner to enable staff to provide support to meet the person's needs and to enable them to develop their skills and independence.
- Records completed by staff were not always contemporaneous to reflect the support provided for people. Staff completed daily records for each person which covered routine tasks during the day such as personal care and if the person followed directions from staff. There was limited information on any activities carried out with staff or what the person had done during the day. This meant the provider could not always ensure the care being provided met the person's identified needs.
- The provider did not have a cleaning schedule in place so staff could record what cleaning had been completed and when to ensure it had been completed in line with good practice. During the inspection we saw a staff member cleaning the floor but there were no records to show the frequency of cleaning and what had been completed.

The provider did not ensure their quality assurance processes were robust enough to enable them to identify where action was required to make improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not always inform the Care Quality Commission when a notifiable incident

occurred. This was discussed with the registered manager where the requirement was explained, and they confirmed notification would be sent in future.

- The registered manager explained what they felt their roles and responsibilities were as the registered manager. They told us, "I need to make sure the residents have their wishes met and are living their optimum life in all areas. Residents have equal rights to be treated the same and try to ensure they are safe."

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

- A feedback survey for people receiving support, visitors, advocates, staff and professional had been completed in 2022 but the results had not been analysed to identify if there were any issues or concerns raised in the feedback.
- People's cultural and religious preferences were identified and respected. People were supported to have a diet which reflected their religious preferences and to attend religious activities and be part of the community.
- Staff told us they felt supported by the provider. Their comments included, "The registered manager is helping. Every day she informs about the home about how to do the work. When the situation isn't under control, I call her" and "We have monthly supervision and staff meetings monthly."

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 was unable to describe how the duty of candour impacts the way care and support were provided. The registered manager did explain that they treated people who they supported as family. They also said they had regular contact with relatives and with some relatives visiting regularly.
- Monthly meetings were held with staff to discuss any concerns and the support being provided and notes were taken of these meetings.
- The provider had a range of policies and procedures in place.

Working in partnership with others

- The provider worked closely with the local authority and healthcare professionals to provide the care packages. The registered manager explained they were working to reconnect with organisations and voluntary groups they had links with before the pandemic to identify activities for people to take part in.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care plans always provided information in a person centered way on how person wanted their care provided.</p> <p>Regulation 9 (1)</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>The provider did not have processes and procedures in place to ensure infection control risks were managed.</p> <p>Regulation 12 (1) (2)</p>

The enforcement action we took:

The provider and registered manager were issued with a Warning Notice requiring then to comply with the Regulation by 18 March 2024.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>

The enforcement action we took:

The provider and registered manager were issued with a Warning Notice requiring then to comply with the Regulation by 8 April 2024.