

Northern Healthcare Limited

Northern Healthcare Head Office

Inspection report

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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

About the service

Northern Healthcare is a 'supported living' service that provides care packages for people with a recognised diagnosis relating to mental health, learning disabilities, autism or acquired a brain injury, with included 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 service has nine 'supported living' settings nationwide and other settings currently under development. Each setting 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, a cognitive behavioural therapist and support workers.

Not everyone being supported by Northern Healthcare received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' (help with tasks related to personal hygiene and eating) and 'treatment of disease, disorder or injury'. Where they do we also consider any wider social care provided. At the time of inspection 83 people being supported by Northern Healthcare were receiving a regulated activity.

Services for people with learning disabilities and or autism are supported

The service predominantly supports people with a mental health diagnosis, and some of the people they support also have a learning disability and / or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "The support here is amazing and I would recommend this service to anyone."

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse.

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.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People told us staff were kind, courteous and sensitive. One person said, "All the staff are nice, my link worker is like a friend."

The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. The service had developed strong links with the local community and this supported people's independent living.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well led. Person-centred care was promoted and people told us the staff knew them well and responded to their needs in a person-centred way.

Governance and quality assurance systems used provided effective oversight and monitoring of the service.

Staff spoke positively about how the service was managed and one staff member told us, "The management are very good and approachable. They support us very much. I am happy here and love working here. All the staff are nice and we are a good team. I would recommend this service."

The service met the characteristics of Good in all areas.

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

Rating at last inspection

This service was registered with us on 24 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection since the service was newly registered.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northern Healthcare Head 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 Care Act 2014.

Inspection team

One inspector carried out the site inspection at the head office. Two inspectors carried out visits to the 'supported living' settings to speak with staff, and to ask people about their experience of the care provided.

Service and service type

This service provides care and support to people living in nine '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.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and ensure people would be available to speak with us.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited three of the 'supported living' settings and spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), registered mental health nurses, occupational therapists, service managers, team leaders and support workers. We also spoke with three professionals who worked with the service.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "I feel very safe living here. I trust the support workers a lot." An external professional commented, "[Person's name] is in a safe location and in good hands."
- Professionals who worked with the service spoke positively about how the service managed safeguarding concerns. A professional wrote to us and said, "Northern Healthcare respond promptly to any incidents or safeguarding concerns, they inform us as commissioners and the appointed care coordinator".
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. There was a safeguarding and whistleblowing policy in place, which set out the types of abuse and how to raise concerns. One member of staff told us, "I would document everything and inform the manager of the information. If I felt the manager had not responded to the information, I would go to higher management and if needed escalate to the local authority or the CQC myself."

Assessing risk, safety monitoring and management; using medicines safely

- People's care needs were risk assessed and their risk assessments were person-centred. Staff knew how to support people safely whilst respecting their freedom. People's ongoing risk assessments were reviewed as part of their support plan reviews, or when needs changed.
- 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 has systems in place to keep medicines secure and oversee people administer their own medicines safely. Risk assessments and secure storage facilities were in place for people who were not at risk from overdose and could safely keep their medicines in their rooms.

The Secretary of State has asked the CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Preventing and controlling infection

- Staff received training in the management of infection control and food hygiene. Each 'supported living' location had their own regime and checks of ensuring the location was kept clean, which included a daily cleaning rota.
- As part of independent living, people were also encouraged and supported to tidy up after themselves in communal areas and maintain their own rooms.

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.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. A staff member told us, "There is enough staff, some days we are over staffed. It is good though. We get to spend more time with them [people]."

Learning lessons when things go wrong

- Accidents and incidents were recorded individually. Lessons were identified and discussed with staff. Processes were in place to analyse and identify any trends.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and learning was shared with the team. For example, when the service could not meet a person's need, the commissioners were contacted to arrange a re-assessment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs were assessed prior to starting with the service and support plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular frequent intervals or when people's needs changed.
- The service was flexible and responded to people's needs as they arose. A professional who worked with the service said, "The service is very responsive. The work done here has been invaluable for them. [Person's name] is a different person today."

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 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

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA meant whether they [people] can make their own decisions or if they need assistance with making decisions. Those who don't have the mental capacity we need do what is documented in their best interest."
- People's care records showed capacity assessments were undertaken and best interest meetings took place with people, their families and professionals. Best interest decisions were recorded clearly and decision specific.

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

- The management team and staff worked extremely closely with other services. Information sharing and

communication with other services was consistently high to ensure people received consistent, timely, coordinated, person-centred care. We received high praise from external professionals. Comments included, "The service is extremely flexible and pro-active" and "We have been working very closely with the team and the progress [for the person] has been great."

- The arrangements for people's placements fully reflected their individual needs and preferences. The management team and staff found effective ways to provide joined-up care to enable people to have a smooth transition between services. For example, arranging introductory visits and graded transitions before securing long-term placements. A professional wrote, "Both commissioners and care coordinators are invited to ensure forward planning is explored to enable a safe and uneventful transition to point of discharge [for people]".
- The management team and staff had excellent links with other health and social care services such as social workers, care coordinators, GPs and cognitive behavioural therapists to improve people's quality of life. Where necessary staff supported people to attend their healthcare appointments. An external professional wrote, "They [staff] work alongside the community mental health teams to support service users stepping out of acute hospital placement or locked rehabilitation services, they provide ongoing support to complex service users to develop life skills to enable them to live independently in the future."

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

- Some people independently managed their food and nutrition. Where people did require support, the level of support was agreed and documented in their support plan. People were supported to carry out their own shopping and make healthier food choices as part of their care planning. For example, staff encouraged one person to consume less takeaway meals.
- Staff encouraged people to prepare their own meals and incentives such as 'food groups' were used to encourage this where one person would make a meal (with support if needed) for the whole group.

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started to provide support work. Staff told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident. One staff member told us, "The induction consisted of all sorts, company values, online training, practical training and shadowing shifts."
- Staff received appropriate training and regular spot checks were carried out to ensure staff were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. A relative told us, "Staff are really good at their jobs. [Name of staff] is great and very knowledgeable." A person commented, "The staff are trained, they are all good."
- The management team conducted regular, meaningful supervision and monitoring visits with staff which included checking their competence and identifying any further learning and development needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "I ask questions on a one to one basis and let people make their own choice."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "The support workers always ask me what I want to do and give me choices." A second person said, "Staff respect my choices."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive. One person said, "The staff are very polite, understanding, helpful and caring." Another person added, "The staff are nice, caring and lovely. They always have time for you."
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Staff described how they supported people with different cultural and religious backgrounds. One staff member told us, "We have a [person] who is of [name of religion] faith and has a selected diet. We support with shopping and selecting foods to suit that diet."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "Staff respect me and my privacy, they always knock. They do a flat check, they don't go in unless you ask them to. If you are not in, they wait for you to get back."
- Staff knew people well and could recognise situations which may cause people distress or conflict. This enabled an early intervention to ease a situation. Staff provided sensitive and discreet support to protect people's privacy and dignity.
- The service promoted people to live as independently as possible. One staff member told us, "We always encourage independence. For example, we encourage [name of person] to take walks and go shopping, rather than staff just going for them. We encourage independent living." A person added, "Staff always promote my independence. They encourage me and have a way of understanding when things are difficult."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- The provider ensured support plans had detailed support guidelines for staff and it was clear positive behaviour support plans were implemented for people. Multi-disciplinary teams, people and families were involved in the care planning and regular review meetings. One relative told us, "Review meetings take place regular, they inform us by telephone and letter. We are always at the meetings."
- Care planning focussed on what interests people had and how support workers could help people to achieve their personal goals and positive outcomes. They considered people's age, character, gender and social interests. Professionals who worked with the service said, "The service is very responsive and innovative" and "Northern Healthcare engage in local community projects, they access local gyms and a local boxing club, they encourage service users to get involved and allocate support workers with similar interests to service users whenever possible".
- Staff empowered people to take control of their lives and they were given the independence and freedom to try new experiences. There were examples of support workers going the extra mile to enrich people's lives. For example, one person enjoyed using gaming consoles and a staff member brought in their own console to enable this person to pursue their interests.
- People had been inspired and motivated by the staff to pursue activities that were pleasurable, meaningful and rewarding. This included going on holiday for the first time, attending concerts and visiting church. One person explained how going on holiday had boosted their confidence and increased their mental health and well-being. A relative added, "[Name of person] is a different person since being on holiday. Their confidence has increased lots."
- One person's social skills and confidence increased since being supported by the service and had undertaken various courses at college. A relative commented, "To us this place is wonderful. The progress has been absolutely marvellous since [person's name] came here. They enjoy baking and on Wednesdays, they make us [relatives] a meal in the kitchen. [Person's name] confidence has increased lots. All positive, I can't praise them [staff] enough."
- People told us, "It is amazing here. I would never think a place like this would be so good. There are lots of things to do here" and "There is a lot of activities, I love doing the activities."
- People enjoyed a range of pursuits, education and work-related activities which fulfilled them and reduced the risk of social isolation and loneliness. One person had limited understanding of the English language and was supported to access college to vastly improve their communication. Other people were supported to take upon voluntary work that were related to their interests. An external professional told us, "I am impressed with the occupational therapy emphasis. Meaningful occupation and community integration is key in making supported living a success for these people and they [the provider] have

recognised this in advance and built a service with good opportunities and links into the community. I think the visual board in the lobby offering daily opportunities to opt in or out of is a real strength and I haven't seen this in any other service".

- People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was supported to relocate from one 'supported living' location to another to allow them to be closer to their family and maintain regular contact, as this was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. We saw pre-admission assessments include pictorial formats to support people to identify their hobbies and interests. Information in easy to read formats were available upon request or where there was an identified need. At the time of the inspection, there was no one using the service who required their information in an alternative way.
- People's support plans clearly recorded people's communication needs and provided staff with very detailed guidelines of how to support people. For example, one person whose first language was not English had a comprehensive plan to enable staff to support them and improve their communication skills. This person had made a lot of progress which enabled them to speak with other people in the English language more freely. From observing and speaking with staff, it was evident they knew people very well and were able to communicate effectively with them.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with were aware of how to make a complaint. One person said, "I am happy being here and I have no complaints. If I needed to complain, I would write a formal complaint and ask for the correct address, or I would speak to the manager."
- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. People could choose to make their end of life wishes known and had the option to document this in their care records. The registered manager told us staff did not receive end of life training, however they could facilitate training should the need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 management team and staff demonstrated a genuine passion and commitment to people and they displayed strong person-centred values. They all strived to provide continuous high-quality care to meet the needs of people. A professional who worked with the service said, "We have lots of contact with the registered manager and house managers. They are very good, excellent communication and we are kept well informed. They are prepared to trial complex cases, are realistic and manage the support well."
- People told us the staff knew them well and responded to their needs in a person-centred way. One person said, "All the staff are very good and know me well." An external professional added, "[Manager's name] knows [person's name] very well. They have a huge knowledge of the service users and their behaviours and how to deal with that. A professional and friendly environment, with the right balance between professionalism and rapport building."
- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; Continuous learning and improving care

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service and staff were happy in their role. Comments included, "I would give it [the service] five stars in every way" and "I have plenty of freedom. I manage my own finance and I like it. I do what I want within reason. I am respected, and I have my own personal space."
- Regular management and staff meetings were held. Regular meetings with people also took place where people had the opportunity to express what they thought about the service and whether anything could be improved.
- 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 to ensure the people they supported received appropriate and timely care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The service had developed strong links with the local community and this supported people's independent living. The provider facilitated national conferences to educate professionals and organisations about their service. A professional who worked with the service told us, "I have found them

[the service] to be professional and honest with the various people we have dealt with and attended one of their national conferences which was also instilled my confidence in them as a provider.

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

- The registered manager had an active role within the service and visited the 'supported living' locations regularly. Effective governance systems ensured the registered manager had clear oversight of the service. Audit systems were in place to monitor and maintain a high standard of care for people. Regular audits of people's support plans, daily communication records and locations took place.
- The registered manager was knowledgeable around their regulatory requirements and wider legal requirements, such as health and safety.
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "I speak to [registered manager name] and [nominated individual name] daily and they are brilliant. I can always ring someone if needed." Another staff member added, "[Name of service manager] is really good and I have learnt a lot from them. I can go to them with anything and they are very approachable."