Elysium Healthcare (Healthlinc) Limited

Healthlinc Apartments

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
Healthlinc Apartments are a residential care service providing personal and nursing care for up to seven people who live with a learning disability. Some people may also require support with mental health, sensory or physical needs. There were six people living in the service at the time of our inspection.

People's experience of using this service and what we found
People told us they felt safe with the staff who supported them. Staff understood how to identify and report any concerns for people's health, safety and welfare.

Risks were assessed and management plans were in place to minimise the impact on people's health, safety and welfare. Risks were regularly reviewed and any changes in people's needs were quickly responded to.

Measures were in place to prevent the spread of infection in the service. Medicines were managed safely.

There were enough, safely recruited staff to meet people's individual needs and wishes. Staff were provided with training and support to help them deliver good quality care for people.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People, and those who were important to them, were involved in planning their care so that the way they lived their life reflected their choices and wishes.

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.

There was an open and inclusive culture within the service. Everyone's views were listened to and respected. The manager and staff worked in partnership with other health and social care professionals for the benefit of people who lived in the service.

Systems were in place monitor the quality of the services provided for people. This enabled any gaps or shortfalls to be identified and addressed in a timely way and promoted a culture of continuous improvement.

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 18 December 2017).

Why we inspected
The inspection was prompted in part due to concerns received about staff deployment. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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 well-led?

Good

The service was well-led.
Details are in our well-led findings below.

Healthlinc Apartments

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors

Service and service type
Healthlinc Apartments is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave Healthlinc Apartments a short period notice of the inspection. This was due to the COVID-19 pandemic to ensure we had enough information prior to the inspection to promote safety.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who lived at Healthlinc Apartments about their experience of the care provided. We also observed the care and support people received as some people were not able to share their experiences with us. We spoke with four members of care staff, a registered nurse, the nurse manager and the service manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff were trained about how to keep people safe from the risk of abuse. They demonstrated their understanding of how to recognise and report any concerns they had and knew about the provider's policy and procedures.
• People told us they felt safe. One person said, "They [staff] make sure we're all safe, even when I do stuff when I'm angry; they talk to me and calm me down." Another person said, "I do feel safe in here and outside with the staff."
• Information about keeping safe was displayed, in easy to read formats, so people knew how to get help if they need to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks to people's health, safety and welfare had been identified and assessed. This included risks related to epilepsy, choking and skin care.
• Management plans were in place to minimise identified risks and they had been regularly reviewed.
• Risks related to the use of equipment, such as bed rails, had also been assessed and regular monitoring was in place to check they were working safely.
• Incidents and accidents were reviewed to ensure lessons were learned and action was taken to reduce the risk of similar incidents occurring in the future.

Staffing and recruitment
• Systems were in place to ensure staff who were recruited were suitable to work in the home. This included checks about their previous employment, their identity and with the Disclosure and Barring Service (DBS). DBS checks help employers to identify if staff have any criminal convictions that may affect their suitability to work with the people they care for.
• Checks were also in place to confirm nursing staff maintained their registration with their governing body (Nursing and Midwifery Council).
• There were enough appropriately trained staff employed to meet people's needs. Staff described a two-week induction period and a programme of on-going training.
• The provider ensured the staff training programme reflected people's needs. For example, training had been provided for staff in end of life care and dementia when people's needs had changed.

Using medicines safely
• People received their medicines as prescribed and in the ways they preferred. One person said, "The nurses are good; they're on time with my tablets and I take them how I want to."
• Medicines were managed and stored safely, including those which required special storage and recording

arrangements (known as controlled medicines).
• Where people were prescribed creams or lotions, body maps showed staff exactly where to apply them so they would be used consistently.
• Where people were prescribed medicines to be used only when they needed them (known as PRN), care plans described how and when they should be used so that they would be administered in a consistent manner.
• Staff who administered medicines were trained to do so in line with best practice and national guidelines.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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
• People and staff were able to raise concerns or issues openly with the management team and were confident they would be addressed. Staff knew about whistleblowing procedures if they felt at any time issues were not addressed.
• Staff told us they enjoyed working at Healthlinc Apartments and would recommend it as good place to work. They said the team worked well together and they felt supported by the management team. One staff member said, "Staff are knowledgeable; there's a good mix of youth and experience; the atmosphere is loads better than it used to be."
• Staff demonstrated their commitment to person-centred care. They made comments such as, "We put a lot of effort into giving people the best life possible," and "All the staff treat people with respect and dignity, it's their home, that's what they deserve."
• We spoke with one person about how the Care Quality Commission (CQC) makes judgements and rates services. They said, "I would give them an outstanding; I need a lot of help, but they treat me like a proper person."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service did not have a registered manager. The manager had applied to CQC for registration and their application was being processed.
• The manager was also responsible for two other registered locations on the same site as Healthlinc Apartments. They recognised this had reduced their visibility within the apartments during the COVID-19 pandemic. However, they worked closely with the deputy manager and the nurse manager to ensure effective oversight. They also had an action plan in place to increase their visibility going forward.
• The manager was aware of their regulatory responsibilities and submitted notifications to CQC as required.
• Systems were in place to ensure the quality of the service was monitored. Action plans were developed following audits to ensure any action required was taken in a timely way.
• Policies were in place and reviewed regularly. New policies or changes to existing policies were effectively communicated to staff.
• Systems were in place to ensure compliance with the duty of candour. The manager worked in an open and transparent way when incidents occurred, in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, and those who were important to them were involved in planning and making decisions about their care. One person told us, "I do my care plan with [named nurse]. I get to say what I want."
• People and those who were important to them were encouraged to share their views about the services provided in a variety of ways. For example, through house meetings and satisfaction surveys. An easy to read 'You said; We did' board was created when surveys were completed to show everyone's views had been listened to.
• Staff were also encouraged to share their views. One staff member told us, "I feel listened to and feel my views are respected."
• The manager recognised the frequency of staff meetings had been impacted during the pandemic and had plans in place to reinstate more regular meetings. In addition, a weekly newsletter for staff was in the process of being developed.

Continuous learning and improving care; Working in partnership with others
• The manager and staff worked in partnership with health and social care professionals to promote people's health and well-being. For example, external palliative care services had worked in the home to provide staff with learning and support for a person nearing the end of their life.
• The manager had monitored the changes in guidance from the government during the COVID-19 pandemic and made changes to the care provided to keep people safe.