Healthlinc Individual Care Limited

Healthlinc Apartments

Inspection report

Cliff Road
Welton
Lincoln
Lincolnshire
LN2 3JN
Tel: 01673 862000
Website:

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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

Overall summary

This was an announced inspection carried out on 1 December 2015.

Healthlinc Apartments can provide accommodation and nursing care for seven people who have a learning disability. There were five people living in the service at the time of our inspection. Some of the people living in the service had special communication needs and used a combination of words, signs and gestures to express themselves.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People were helped to promote their wellbeing, steps had been

Summary of findings

taken to reduce the risk of accidents and medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way. This included how to respond to people who had special communication needs. People had received all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who could become distressed and who needed reassurance. People had been consulted about the care they wanted to receive and staff supported people to express their individuality. Staff had supported people to pursue a wide range of interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed to ensure that people received all of the care they needed. People and their relatives had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and relaxed way. People had benefited from staff acting upon good practice guidance because it helped to ensure that they received care which met their individual needs and wishes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to keep people safe from harm.

People had been helped to promote their good health, to avoid accidents and to use medicines safely.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

Good

Is the service effective?
The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good

Is the service caring?
The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and confidential information was kept private.

Good

Is the service responsive?
The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed and who needed reassurance.

People had been supported to express their individuality and to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Good

Is the service well-led?
The service was well led.

Quality checks had been completed to ensure that people received safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Good

Summary of findings

There was a registered manager and staff were well supported.

People had benefited from staff acting upon good practice guidance.

Healthlinc Apartments

Detailed findings

Background to this inspection

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

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 1 December 2015. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of four of the people who lived in the service. We also spoke with a nurse, three care workers and the registered manager. In addition, we spoke with the 'service lead' who managed the service whenever the registered manager was not present. We observed care that was provided in communal areas and looked at the care records for three of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with two relatives and with one health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Good

Is the service safe?

Our findings

People showed us that they felt safe living in the service. We saw that they were happy to seek the company of staff and were relaxed when staff were present. For example, we saw a lot of examples of people smiling when staff were near to them. In addition, we noted that people went out of their way to be close to staff. A person said, "The staff are good to me and I get on very well with them." Another person said, "I can give them jip but they're okay with me." Both of the relatives said they were confident that their family members were safe in the service.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately on two occasions to raise concerns with external agencies about the safety of the people who lived in the service. We noted that action had subsequently been taken to help prevent the same thing from happening again. This included requiring a member of staff not to return to work until an investigation of their conduct had been concluded. The actions that had been taken had helped to ensure that people who lived in the service were kept safe.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made to assist a person to safely get up after they sat down on the floor and then needed assistance to move. This involved staff using a pneumatic cushion that could be pumped up to help the person stand without the risk of losing their balance. In addition, we noted that the registered manager had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that no accidents resulting in an injury had occurred in the 12 months preceding our inspection. We saw that the registered manager used a system to identify, record and respond to accidents and near misses. We were told that this was done to ensure that any events could be promptly analysed so that practical steps could then be taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Nurses who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

The registered manager had reviewed each person's care needs and calculated how many staff were needed to meet them. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service indicated that there were enough staff on duty to meet their needs. For example, a person said, "The staff are around all the time and they help me a lot with everything I need." Another person who was relaxing in one of the lounges clapped their hands and smiled when a member of staff entered the room and asked them how they were doing. A relative said, "I'm quite sure there are enough staff because my family member wouldn't be able to lead the full life they do without a great deal of support."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining

Good

Is the service safe?

references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

Staff had regularly met with the service lead to review their work and to plan for their professional development. In addition, we noted that the service lead regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs for care. Records showed that that staff had been supported to obtain a nationally recognised qualification in care. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for care. The registered manager said that this training was necessary to confirm that staff were competent to care for people in the right way.

We saw that staff had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. A relative said, "I think that the staff definitely do know what they're talking about because when they describe what assistance they've given I remark to myself that their actions are pretty much what I would do."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person pointed a nearby member of staff and whispered to us the word, "Good."

People were provided with enough to eat and drink. Staff kept records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to support a person to eat a more balanced diet to enable them to lose some weight. Another person was being assisted to avoid eating too quickly so that the risk of them choking was reduced.

Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves and in addition it contributed to catering being enjoyed as a shared activity.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. For example, we noted that key people in a person's life had been consulted when it had been necessary for the person to have a dental operation that involved the use of a general anaesthetic.

In addition, the registered manager knew about the Deprivation of Liberty Safeguards and had sought the necessary permissions from the local authority. These permissions had only been granted because the restrictions in use were the least necessary and were designed to keep people safe. The arrangements had ensured that the registered persons were only using lawful restrictions that protected people's rights.

Good

Is the service caring?

Our findings

People who lived in the service were positive about the quality of care they received. We saw a person spending quiet time in their bedroom with a member of staff. They were organising the clothes they wanted to wear when they attended a party later on that day. Both of them were chatting about what garments went together and how to achieve a colour coordinated look. A relative said, "I do think that it's a very caring service and I'm happy to know that my family member is well cared for and settled there."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive interactions that promoted people's wellbeing. For example, we noted that one person needed to be supported in a particular way when their relative was due to visit the service. This involved discussing with them when their relative was due to call, reassuring them about the arrangements that had been made for them to stay with their relative and explaining when they would return to the service.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time with a member of staff who was speaking with a colleague in the office about some administrative arrangements. We noted that as soon as the member of staff noticed the person's request they finished what they were doing as quickly as possible so that they could spend time with the person as requested.

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. We noted that an advocate called to the service regularly, spoke with people who lived there and was well placed to represent their interests.

Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas and waited for permission before entering. We noted that before our inspector spoke with a person who was sitting in one of the lounges a member of staff asked the person if they were happy for us to meet them.

People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We noted that one person had been provided with their own self-contained flat. This had been done because the person found it difficult to share their accommodation and needed extra space if they were to be settled at home.

People had been supported to personalise their bedrooms so that they reflected their interests and preferences. For example, one person liked to have their room neatly organised while another person preferred things to be more casual. A person said, "I have my bedroom how I like it and the staff don't interfere with things."

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to keep in touch with relatives by sending birthday and Christmas cards.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

Good

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded the results in their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose which activities they undertook when they went out shopping. This was helpful because it avoided the person not trying to do too much and then not enjoying the event because they were tired.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money. A person said, "I do a lot of things with the staff and they always try get me to do stuff for myself."

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. For example, we observed how staff knew how to respond to a person who indicated that they wanted to change the channel showing on the television in one of the lounges. The person concerned pointed to the television and then abruptly looked away to indicate they did not want to watch that particular programme. A member of staff then used the remote control to switch between programmes until one came on about clothes that engaged the person's interests.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the presence of someone else who lived in the service. The member of staff responded to this by suggesting that the people concerned spend some time in different areas of the service in order to reduce their contact with each other. Soon after this event we saw the people concerned relaxing in different rooms.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included going shopping with staff, visiting places of interest and attending social functions. In addition, people had been supported to visit and stay with their relatives.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that explained their right to make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. A relative said, "I've never had to consider making a complaint because if there's something I want to raise I just speak to the staff and they're very accommodating."

Good

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

Checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered persons had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "The staff do keep in touch with me, we telephone each other and I feel parts of things."

People showed us that they knew who the registered manager and service lead were and that they were helpful. During our inspection visit we saw the registered manager and service lead talking with people who lived in the service and with staff. They had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and service lead and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the way in which a nationally recognised care planning model had been used in the service. This model focused on presenting information in a user-friendly way so that people could be more engaged in reviewing and making decisions about their care. In addition, staff had provided people with easy-read guidance to help them understand key parts of their care such as the legal protections they had in relation to the Deprivation of Liberty Safeguards.