

Heath Care Services Ltd

Heath Care Services

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

Heath Care Services is a supported living service. The service supports people with learning disabilities, physical disabilities and autistic people. The service supports up to 31 people living in 9 different supported living premises.

The support people receive can include personal care. 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.

At the time of our inspection, 10 people received support with personal care.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

We found improvements had been made in the service following our last inspection.

Right support:

Systems were in place to protect people from the risk of abuse. Risks related to people's care and environment were assessed so staff could support them safely. People's medicines were managed safely. Processes to assess people's needs to determine if the service could support them were in place. The provider recruited staff safely and checked they were suitable to work with people. Systems were in place to prevent and control infections. Lessons were learned following accidents and incidents in the service.

Right care:

People received care and support that was person centred. Staff were trained to carry out their roles and received support with their development. People were supported to attend healthcare appointments to help maintain their health. They were supported with their food and drink preferences to keep a balanced diet. 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.

Right culture:

People's dignity, privacy and human rights were respected. There was an equality and diversity policy in place. People's needs in relation to their religion, culture and sexuality were respected. People had control

of how their care and support was arranged. People were supported to integrate into the local community and be as independent as possible. They were supported to achieve positive outcomes. The attitudes of staff and managers enabled people to be as independent as possible. People pursued their interests and were supported to avoid social isolation. For example, we saw people go out to a day centre or enjoy the sunny weather outside. Systems were in place to manage complaints. People's communication needs were met. Feedback was sought from people and relatives to help make continuous improvements to the service.

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 the service was Requires Improvement, (published 6 June 2022) and there were breaches of regulations. We issued requirement notices to the provider for breaches of regulation 9 (Person-centred care) and regulation 17 (Good governance).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heath Care Services on our website at www.cqc.org.uk

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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.

Heath Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 9 '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.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the nominated individual or registered manager would be in the office to support the inspection. Inspection activity started on 14 June 2023 and ended on 16 June 2023. We visited the office location on 14 June 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included feedback from social care

professionals, the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

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

During the inspection

We spoke with the registered manager, the nominated individual, the deputy manager and 2 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited 2 supported living properties and met with 5 people who used the service. We carried out the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 4 people's care plans, which included risk assessments and 4 staff recruitment files. We looked at other documents such as those for medicine management, training and infection control.

After the inspection we continued to seek clarification from the provider to validate evidence found. We spoke with 2 relatives and 4 support workers by telephone.

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

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts and records showed they complied with recommendations set out by local authority safeguarding teams.
- The management team discussed concerns with staff to ensure lessons were learned and staff understood their responsibilities to keep people safe from abuse.
- Staff had received training in safeguarding people from abuse. They were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.
- People and relatives told us the service was safe. One relative said, "Yes, I think [family member] is safe."

Assessing risk, safety monitoring and management;

- At our last inspection we found personal emergency evacuation plans (PEEP) were not comprehensive for all people with mobility needs and who lived on upper floors of their flats or houses. At this inspection, we noted PEEPs included evacuation plans for people who lived on upper floors and lower floors. This ensured processes were in place for people to be evacuated safely from their homes.
- Risks to people were assessed, monitored and managed to keep them safe. Risks relating to people's health and care needs were assessed. For example for people's personal care, their mobility and health conditions, such as epilepsy and diabetes. Where risks were particularly high, specific guidance was in place for staff for them to understand what action they needed to take to make sure the person was safe.
- Details of risks around people's dietary needs were also assessed and included in their care plans. Triggers that could lead to a person becoming anxious or distressed were identified for staff to be aware of, so that they knew how to de-escalate potential incidents.

Staffing and recruitment

- There were enough staff to support people in the service. The provider had assessed the staffing levels needed for each supported living scheme. Some people required more intensive staff support and records showed people had the correct numbers of staff supporting them at all times.
- The provider carried out appropriate recruitment checks to ensure staff were safe to work with people. They were able to recruit people from outside of the UK through a sponsorship arrangement. The checks included criminal background checks, obtaining references, proof of identity and eligibility to work in the UK.

Using medicines safely

- Medicines were managed safely. Staff followed systems and processes to administer medicines safely. People were supported by trained staff, who had been assessed as competent, to take their medicines.
- There were protocols for medicines to be taken 'when required.' Staff completed medicine administration records after they supported people to take their medicines.
- Medicine errors were identified through management audits and action was taken to ensure people were safe. Additional training was provided to staff to ensure they could support people with medicines in a safe way.
- Staff sought guidance from healthcare professionals about people's medicines and shared this information appropriately with all members of staff and the management team.

Learning lessons when things go wrong

- The provider had systems to learn lessons when things went wrong in the service. There were procedures for the recording of incidents and accidents.
- Records showed the registered manager or other senior staff investigated accidents or incidents. Action, such as reviewing a person's risk assessment, was taken to keep people safe.
- The management team drew lessons from incidents and shared these with staff, for example, if there was an incident involving people's medicines.

Preventing and controlling infection

- The provider had a policy to ensure infections were prevented or controlled from spreading.
- Personal Protective Equipment, such as face masks and gloves were used effectively and safely by staff when supporting people with personal care.
- Staff told us they washed their hands thoroughly before and after providing personal care.
- The provider had assessed the risk of infections such as COVID-19 to help protect people and staff. They followed the latest government guidance to ensure visitors and professionals were protected from the risk of infection.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to 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

At our last inspection the provider did not carry out a comprehensive assessment of people's needs prior to the provision of care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection, pre-admission assessments for people did not cover all needs related to equality and diversity, such as those related to people's ethnicity, gender or sexuality. There was a risk the service would not be able to meet needs that had not been assessed. At this inspection, we saw the provider had taken action to address this issue.
- Assessments were carried out when a person started to use the service to determine if their needs could be supported by staff. Although there had been no new admissions of people since our last inspection, the registered manager had developed a more thorough assessment process for use.
- People's health and support needs and their equality needs were included. The assessment took into account people's preferences around their sexuality, religion and culture, as well as their care needs.
- People already using the service also had their existing care plans reviewed to include their full equality and diversity needs. This meant people would receive care and support targeted to lead to good outcomes.

Staff support: induction, training, skills and experience

- Staff were supported with training to provide people with safe care and records showed staff were up to date with their training.
- Staff had been trained in a range of specialist topics that included safeguarding adults, autism and learning disability awareness, positive behaviour support, substance misuse, preventing and controlling infections, the Mental Capacity Act (2005), communication, medicines and nutrition. The training was a combination of online and practical courses.
- Staff told us the training helped them develop their skills to support people safely and effectively. Staff completed an induction and training after they were recruited and received refresher training to update their knowledge.
- Records showed staff received regular supervision and a yearly appraisal from the registered manager or deputy manager to discuss their performance at work and any issues.

- Records showed the management team also held group supervision meetings for staff to cover wider topics as a team.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to consent to decisions made about their care were assessed and recorded. Their liberty was not being restricted.
- People's care plans included the involvement of the person, their relatives or other representatives to ensure support was delivered with their consent.
- Best interest decisions that had been made for people were recorded. Records showed they were made with the assistance of people's relatives or their advocates.
- Staff understood the principles of the MCA. They told us they asked for people's consent at all times before providing them with support. People's choices and decisions were respected.

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

- People were supported to eat and drink to maintain their health and diet. They were involved in choosing what they wanted to eat each day and when. People's preferences and choices were clearly set out in their care plans. A relative said, "[Family member] is supported with their diet and eats well."
- Staff told us they understood people's dietary needs and risks, such as those related to their weight, diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals, such as dieticians.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health. They were referred to health services such as the local GP and dentist. Staff supported people to attend face to face healthcare appointments. People's health and wellbeing was monitored.
- Care plans included the contact details of health and social care professionals who were involved in the person's support and healthcare. The staff and management team worked well with external professionals to ensure people were in the best of health.
- People also held hospital passports as part of their care plan arrangements. These contained important information about them for doctors and other professionals to be aware of.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity

- At our last inspection we found people's dignity and privacy were not always maintained. We made a recommendation for the provider to ensure staff followed best practice in regard to treating people with dignity and respect. At this inspection, we visited some people in their homes and observed staff treating people respectfully. The registered manager said, "We have reminded staff to make sure they use respectful language when supporting service users."
- Relatives told us staff were caring and respectful. A relative said, "Yes, the staff are kind and polite." Another relative said, "The staff are caring and nice. I think they show respect to [family member]."
- Staff were attentive to people and spoke about people in a dignified way. They told us they always knocked on people's doors to not intrude on their privacy. When personal care was provided to people in their rooms, staff ensured they closed the doors. A staff member said, "I close the door behind me and draw curtains to give the person some privacy. I always knock first to get their permission to enter."
- Staff told us they had got to know people well and had positive relationships with them.
- Staff understood the provider's equality and diversity policies and what it meant for people's protected characteristics such as their gender, race, religion, disabilities and sexuality. Staff told us they respected people's individual characteristics. Care plans included people's sexual needs or sexual preference and how they could be supported.
- People were supported to lead a private life and develop relationships. People's cultural or religious requirements were recorded and understood by staff. For example, staff supported people to eat food that was permissible according to their religious beliefs. A staff member said, "I respect everyone as a person. I understand how to respect their religion, culture and sexuality and would not show discrimination."
- We saw people were well dressed for the day. Records showed their personal care needs were met.
- People's confidential information was stored securely and only accessed by authorised staff. Information was protected in line with regulations.

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

- People and their relatives were involved in decisions about their care. People's preferences and consent were recorded in their care plans.
- Staff told us they encouraged people to be independent, express their views and make choices about their day to day care and how they spent their time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to 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.

At our last inspection, the provider did not have arrangements to ensure that people received care that was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we found care plans were not always personalised to include people's equality and diversity needs, and in particular their sexuality needs or preferences. These areas had been improved at this inspection. Care plans provided information about people's equality needs, including their sexuality.
- Care plans also covered people's interests, hobbies, communication abilities and relationships. Other details included the person's background, their physical and mental health needs, and things that were important to them.
- Care plans gave a person-centred profile of the person. They were reviewed monthly and updated with any changes to people's preferences or health.
- Staff told us they communicated with each other to ensure people received the support they needed. They updated information about people in digital devices so that the data could be seen by all staff immediately.

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.

- People's communication abilities were set out in their care and support plans. Staff told us they followed the person's communication plan.
- Staff used images and gestures to help people communicate their needs and make daily decisions, such as what they wanted to eat or what they wanted to wear.
- Information for people was available in easy read formats or large print to help people understand them.

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 follow interests that were socially and culturally relevant to them. People could go about their daily lives as much as possible and follow their own individual hobbies and interests. For example, going to the day centre, playing games on their smartphone or tablet, going for walks, eating at a restaurant or going for a haircut.
- When we visited people, we saw people enjoying the hot weather in the garden by the pool. Staff were spending time with people and engaging with them.
- People kept in touch with their relatives by visiting them or receiving visits themselves. This helped to maintain their personal relationships and avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the service should people and relatives have concerns they wished to be addressed.
- Records showed the registered manager investigated complaints and followed the provider's complaints policy to resolve and respond to concerns within the timescales set out in the policy.

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 requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to implement effective quality assurance and monitoring systems for the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection, the provider's monitoring systems were not always effective. Care plans and risk assessments had failed to identify shortfalls with care plans in relation to equality and diversity or fire evacuation risk assessments. We found these areas to have improved at this inspection.
- Care plans contained more detailed assessments of people's needs, including their sexuality and diversity needs. Suitable personalised evacuation plans were in place for each person.
- The registered manager carried out audits and checks to ensure the quality and safety of the service was being improved and maintained. These included infection control, medicines and health and safety checks. Care plans and staff training records were monitored. This helped to make sure people received support that was safe.
- There was a system for continuous learning and improving the service. The management team met regularly to review the service and identify areas for improvement. For example, providing extra guidance for staff to overcome language barriers and use appropriate wording in their daily records.
- The registered manager told us they were well supported by the provider, the nominated individual and the deputy manager. The registered manager said, "We want our staff to have excellent attitudes and be very caring and understanding of people. That's very important for our service. I have a good team here who are very helpful."
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is really helpful and approachable."

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 provider notified the Care Quality Commission of any allegations of abuse, serious injuries or

incidents involving the police, as they are legally required to do.

- The registered manager was open and transparent with people and relatives when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us the service was managed well. A relative said, "[Family member] seems happy and well looked after. The staff are good." Staff told us there was an open-door policy and could approach the management team with any issues.
- Staff were positive about the service and the support they received. A staff member said, "I feel very supported. Everyone works together well, and we get plenty of advice from the managers."
- We saw records of feedback and compliments about the service. One person had written, "I am so thankful to the staff who do their upmost to support me mentally and physically. The staff have helped me and encouraged me to build a happy future." A relative had written, "I am very happy with the care [family member] is receiving at Heath Care. They are happy and they get on well with the staff and their peers. The staff help with all [family member's] needs and take good care of them."

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

- People and relatives were engaged with the service and were kept informed of any changes regarding their family member. A relative said, "I am in touch with the manager. He is nice and keeps me updated about [family member]."
- Staff meetings were used by the management team to share important information and discuss any issues. Topics included safeguarding, complaints, incidents and following policies and procedures. Disciplinary action was taken when necessary, if staff did not follow correct procedures or fulfil their responsibilities towards keeping people safe.
- Staff working in each supported living scheme had their own meetings with line managers to ensure all staff were up to date with policies and to resolve any specific issues.
- Staff were encouraged to develop their skills and the management team sought to promote staff that had the capability to undertake more senior roles. The deputy manager said, "I have great support and feel really encouraged and motivated to do well. It can be a challenging job but it's rewarding."
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the service. The registered manager analysed the feedback to make improvements. For example, looking into improving the experience of people who had raised complaints.

Working in partnership with others

- Due to the range of people's needs and learning disabilities, the provider worked with other social care agencies and learning disability professionals and advocates to maintain people's health and wellbeing.
- The management team attended provider forums and kept up to date with new developments in the care sector to share best practice ideas within the service.
- The provider worked in partnership with the local authority to help improve and maintain the service.