

Healycare Limited

Healy House

Inspection report

11 Omerod Road
Burnley
BB11 2RU

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11 April 2018
12 April 2018

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31 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Healy House on 11 and 12 April 2018.

Healy House is a 'care home' which is registered to provide care and accommodation for up to eight adults with mental ill health. People in care homes receive accommodation and nursing 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. Nursing care is not provided. At the time of our inspection six people were using the service.

At the time of the inspection the registered manager had taken planned leave of absence from the service. 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. In the absence of the registered manager the provider had made interim arrangements for the management of the service.

At our last inspection the service was rated Good. At this inspection we found there were four breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to a lack of robust processes for recruiting staff, a lack of assessing and managing risks to individuals, a lack of effective processes for dealing with complaints and a lack of effective governance. As a result, the overall rating has deteriorated to 'Requires improvement'. You can see what action we told the provider to take at the back of the full version of this report.

We found all the proper staff recruitment checks had not been carried out for the protection of people who used the service.

People were not adequately protected from the risks associated with hot water. The temperature of fridges and freezers indicated there were risks around the safe storage of food.

We found some improvements were need in medicines management and systems for checking the service. Therefore we have made recommendations on these matters. Staff responsible for supporting people with medicines had completed training. They had been assessed to make sure they were competent in this task.

The management and leadership arrangements needed some stability to support the day to day running of the service.

People were actively involved with recruiting new staff. However, we found a lack of evidence to show all the required checks had been completed.

There were enough staff on duty to provide care and support; however staffing arrangements need to be

kept under review.

There were systems in place for staff to receive development and supervision. However, we found some supervisions were overdue and there was a lack of information to show training had been provided and arranged.

People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had received training on safeguarding and protection matters.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service. However the assessment records for one person were not available.

Each person had a care plan, describing their individual needs and choices. This provided clear guidance for staff on how to provide support. People had been involved with planning and reviewing their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

We found people were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People were satisfied with the meals provided at Healy House. Their individual dietary needs, likes and dislikes were known and catered for. People were actively involved with devising menus, shopping and cooking.

People made some positive comments about the care and support they received from staff. We observed respectful and friendly interactions between people who used the service and staff.

People were supported with their lifestyle choices and interests, including activities in the local community and keeping in touch with their relatives and friends. There were opportunities for skill development and promoting independence.

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 not always safe.

Staff recruitment did not include all relevant checks for the protection of people who used the service. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Processes were in place to maintain a safe environment for people who used the service. However some health and safety matters required attention to ensure people were protected from unnecessary risks. Some individual risk assessments were not available.

We found medicine management practices needed some improvement for people's well-being and safety.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We were told people's individual needs, abilities and preferences were assessed prior to using the service, however some assessment records were not available.

Arrangements were in place to train and support new staff in carrying out their roles. Some staff supervisions were overdue, but action had been taken on this matter. There was a lack of information to show training was ongoing.

People's health and wellbeing was monitored and they had access to healthcare services when necessary. People were supported with their nutritional needs and meal preferences.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People made some positive comments about the supportive and caring approach of staff. We observed positive and respectful interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which aimed to promote their dignity, privacy and independence.

Is the service responsive?

The service was not always responsive.

We found concerns and complaints were not properly, received, recorded, managed and responded to.

People had the opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

Each person had a detailed care plan which included their needs and preferences. Processes were in place to monitor, review and respond to people's changing needs and choices.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The leadership arrangements needed improvement to promote a consistent management of the service. We found staff morale and team work could be better.

There were processes in place to monitor the quality of people's experience at the service. We found that some of the quality assurance systems could be better.

Requires Improvement ●

Healy House

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 checked whether the provider is 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.

We visited Healy House on 11 and 12 April 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, commissioners of care and care coordinators. The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent some time with people, observing the care and support being delivered. We talked with five people who used the service about their experiences of their care. We talked with three staff, a manager and the nominated individual who represents Healy Care Limited.

We looked at a sample of records, including two care plans and other related care documentation, three staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

We checked how the service protected people from abuse, neglect and discrimination. All the people we spoke with indicated they felt safe at the service. Their comments included, "Of course, I feel safe here," "They don't mistreat me, not at all" and "There's no shouting or anything like that."

We checked if the staff recruitment procedures protected people who used the service. We found there was a lack of information to confirm all the required clearance checks had been carried out. We noted there was a lack of satisfactory information about any physical or mental health conditions for one person. A reference from a previous employer had not been pursued, which meant evidence of the staff members conduct in a previous registered care setting had not been obtained. Records did not show previously attained qualifications had been verified and copies of certificates were not available. There was also a lack of evidence to confirm an appropriate DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The manager and provider took action to rectify these matters during the inspection. We require all appropriate recruitment checks to be completed and recorded prior to staff commencing employment at the service.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks had been carried out. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety and fire extinguishers. Arrangements were in place for the safe storage of records to promote confidentiality of information. Fire drills and fire equipment tests had been carried out and records showed fire procedures were discussed with people at the house meetings.

We noted the record of water temperatures from showers, baths and wash basins indicated the water had on occasion, been above the required safe temperature for people who are vulnerable. For example, the water temperature to one bath was three degrees above and one shower was four degrees above, the required safe temperature. This meant there was a risk scalding by full body emersion. Despite there being a clear directive on the recording sheet to report excessive temperatures to the manager, action had not been taken to rectify this matter. There was a lack of risk assessments and risk management plans to consider and respond to people's access to excessive water temperatures. The records also showed times when the water temperature was inappropriately low. In addition, we noted from monitoring records, that the fridge and freezer temperatures had regularly been in excess of the optimum temperatures. The records included an instruction to inform the manager of any variance. However there was no evidence to confirm this matter had been reported and resolved. Therefore there was a risk the safe storage of food could be compromised.

There was a lack of evidence to demonstrate the electrical wiring and electrical equipment had been

checked and maintained for safety.

When reviewing care records, we found one person did not have any individual risk assessments and there was no evidence to show they had been completed. We also found people who used the service did not have a personal emergency evacuation plan. This meant their specific support needs in the event of fire had not been assessed and identified.

The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way people were supported with the proper and safe use of medicines. Since our last inspection, improvements had been made with providing a more person centred approach to the management of medicines and also the safe storage of controlled drugs. These are medicines which may be at risk of misuse. Records and discussion showed, people's preferences and abilities to manage their medicines had been assessed and were kept under review. People commented, "Staff support me with medicines and I remind them when I need them," "I take my medication in my room," and "I request my own medicines, I had a risk assessment for this." Staff had received medicines management training and their competencies in undertaking this task had been assessed.

The medicines administration records we reviewed were appropriately kept, complete and accurate. We found there were individual protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols were important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered.

However, the current record of medicines returns to the pharmacist could not be located, we therefore were unable to check if processes were in place to support safe practices. We noted one prescribed item had been discontinued, however this item had been left accessible with current medicines which could be misleading. Records and discussion showed one prescribed item had been consistently refused by the person; however this had been removed from the medicines management system without GP confirmation of it being discontinued. We also found a lack of effective processes in place to support people when they take their medicines away from the service. For example, one item was not retained in its original container and the label was not easy to read.

There were processes in place to complete weekly and monthly audits on aspects of medicine management practices. However our findings showed the above discrepancies and shortfalls had not been identified and rectified in a timely way. There was no wide-ranging audit on the complete management processes.

We recommend that the provider considers the current The National Institute for Health and Care Excellence (NICE) guidance on medicines management and take action to review and update their processes accordingly.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. People spoken with did not express any concerns availability about the of staff at the service. One person commented, "I think there are enough staff." Staff spoken with considered there were usually enough staff available to provide safe support. We were told staffing levels were flexible in response to people's needs, lifestyles, appointments and activities. Although we found there were sufficient staff on duty to support people, we noted manager absences were not always effectively covered. Staff were also working across other locations to provide cover, which on occasion had an impact upon the availability

of staff at Healy House. We discussed with manager the importance of having sufficient staff available to meet people's changing needs and choices. Also that the deployment of appropriate staff needed to be kept under review. The manager indicated staffing arrangements were being increased and we noted recruitment was ongoing.

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the concerns with the manager. We found action had been taken to liaise with local the authority in relation to all allegations and incidents. Systems were in place to record and manage safeguarding matters. We discussed with the manager their responsibilities to monitor any safeguarding incidents and accidents at the service, to ensure there was a proactive 'lessons learned' approach. Staff spoken with expressed an understanding of safeguarding. They were aware of the various signs and indicators of abuse, including physical abuse, psychological harm and potential discrimination. They were clear about what action they would take if they witnessed or suspected any abusive practice. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff spoken with were aware of the provider's 'whistle blowing' (reporting poor practice) policy.

We reviewed how people were protected by the prevention and control of infection. The areas we saw looked were mostly clean. We noted one item of furniture was badly stained, records showed this matter had been reported to the provider in January 2018, however the item had not been replaced. The provider took action to replace the item of furniture during the inspection. We noted that paper towel dispensers had been fitted in toilets but were empty. There was a lack of paper towels and hand wash in the laundry and some items of food were being stored in the laundry area. The manager took action to rectify these shortfalls. There were cleaning schedules and recording systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. However, the infection prevention and control audit in use was brief and lacking in ensuring effective checks are carried out.

Is the service effective?

Our findings

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. The people spoken with were mostly satisfied with the care and support they experienced. One person told us, "Things are okay."

The manager described the process of initially assessing people's needs and abilities before they used the service. This involved meeting with the person and completing a needs assessment, by gathering information from them and any relevant health and social care professionals. People were encouraged to visit the service, for meals and short stays. This was to actively support the ongoing assessment process and provide people with the opportunity to experience the service before moving in. The service had policies and procedures to support the principles of equality and human rights. This meant consideration was given to protected characteristics including: race, sexual orientation and religion or belief.

One person who used the service confirmed they had been involved with the assessment process before moving into Healy House. They told us, "[The registered manager] came to see me for an assessment. We went through things. I was familiar with the service so I knew what to expect." However, records of their assessment could not be located during the inspection. We were therefore unable to confirm an assessment had been completed or if the process had been effective in identifying the person's needs, abilities and choices.

We looked at how consent to care and treatment was sought in line with legislation and guidance. During the inspection, we observed staff consulting with people on their individual needs and choices. They involved people in routine decisions and sought their agreement when providing support. People spoken with expressed an awareness of their care records and said they had signed in agreement with them. They also had signed individual contracts which outlined the terms and conditions of residence. We noted from the three care records we reviewed, one person did not have an agreed contract of residence. The manager was unable to explain the reasons for this omission.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us that everyone at the service had capacity to make their own decisions and choices. Processes were in place to risk assess people's capacity to make decisions and the specific support to be provided, this was kept under review. On reviewing one person's care records, there was a lack of

information to demonstrate this assessment had been completed. The manager explained that people's care co-ordinators took a lead role with capacity assessments. Policies and procedures had been devised and introduced to provide guidance and direction on meeting the requirements of the MCA. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and provide care and support in the least restrictive way possible.

We looked at how people were supported to live healthier lives. People were offered the opportunity for and encouragement with physical exercise. Some people described the specific support they were receiving with healthier lifestyle choices. We discussed with the manager the value of including 'physical fitness' as a specific area of need in the care plan process. All the people we spoke with indicated they had access to health care professionals when needed and told us staff supported them with appointments. People said, "I make my own appointments with staff support," "I have ongoing health checks with the opticians and dentist," another told us, "I'm seeing the GP tomorrow for a routine health check."

People's medical histories and any health conditions were included in the care planning process. This included a profile of their mental and physical health needs. There were 'health checks assessments' and 'staying well plans.' Healthcare needs and well-being were monitored and considered as part of ongoing reviews. This meant support workers could identify any areas of concern and respond accordingly. There were 'sharing information sheets' to transfer personalised details when people accessed other services.

We checked how people were supported to eat and drink enough to maintain a balanced diet. We asked people for their opinion of the meals provided at the service, their comments included, "I think the food is okay" and "The food is fine." Records were kept of people's specific dietary needs, likes and dislikes. Processes were in place to check people's weight at regular intervals. This was to help monitor risks and support people with their diet and food intake.

The week's menu was on display; this had been discussed and agreed with people during the weekly house meetings. People also shared responsibility for shopping and cooking, some with staff support. Some people did their own grocery shopping and made their own meals. One person told us, "I cook everyday apart from Sunday," another said, "I make my own menu out every week." Staff had an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food, diet, meal preparation and cooking. We noted there was a 'user friendly' information pack on healthy eating for people and staff to refer to. We observed people making drinks and snacks for themselves during our visit.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. People were satisfied with the accommodation and facilities available at Healy House. They told us, "I am happy with my room," "Oh yes my room is alright" and "I have my own things everything is okay. I chose the new flooring." There were two lounges, a dining kitchen and a games room. There was a yard area to the rear of the premises and garden furniture was provided. The provider showed us their plans to extend the premises and provide additional improved facilities. We reviewed how the service used technology to enhance the delivery of effective care and support. There was a video games console to promote interaction and exercise. People had been supported individually to make positive use of their 'smart' telephones. The service did not have internet access or a computer for people who used the service and staff to access, however we were told by the manager this provision was being considered.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. One person spoken with said, "Most of the staff seem to know what they are doing. They had some training a couple of months ago."

Records and discussion showed arrangements were in place for staff learning and development, to help them meet people's needs. Processes were in place to support an initial induction training programme which included the completion of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. One member of staff described their initial induction, which had included the completion of work books and theoretical learning. They said, "I feel confident in the role." Records seen confirmed the induction training had been completed.

We noted examples of certificates confirming the training in staff files. However the training matrix record was incomplete, which meant the provider was unable to confirm that all staff had completed their programme of mandatory training and training updates.

Staff were enabled to attain recognised qualifications in health and social care. Most staff at the service had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care or equivalent, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care.

The manager and provider explained that they had identified shortfalls in the programme of staff supervision and appraisal. We found action had been taken to rectify this matter. Staff spoken with confirmed supervision meetings had been reintroduced. We saw records of the supervisions which had recently taken place and diary plans for future meetings. The meetings had provided the opportunity for two-way discussions on the staff's role, responsibilities and any concerns.

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. We observed some patient and respectful interactions between people using the service and staff. Staff showed sensitivity and consideration when responding to people's needs and requests.

People spoken with made some positive comments about the staff team and the care and support they received. They said: "The staff are caring," "They are good carers," "The staff here are okay" and "The care and support I get is second to none." However we received some comments which indicated people were not always comfortable with some aspects of their support. We discussed these matters with the manager who agreed to pursue them.

We found positive and meaningful relationships were encouraged. People told us how they were actively supported to have contact with their family and friends. The service had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. The main aim of the 'keyworker system' was to develop more trusting and beneficial relationships. People spoken with knew who their 'keyworker' was and described aspects of the support they received from them, "I have a one to one outing twice per week," explained one person. Staff indicated they usually had time to provide care and support, to listen to people and involve them with decisions. One person who used the service told us, "The staff are always here to talk to."

Staff spoken with knew people well and understood their role in providing people with person centred care and support. Staff were aware of people's individual needs, specific routines, backgrounds and personalities. One staff member told us, "I have got to know people very well at Healy House." They gave examples of how they supported and promoted people's individuality and choices. Staff had been provided with equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences.

People had support plans, which identified their individual needs and preferences and how they wished to be supported. The information was written in a sensitive and person centred way. There were 'care profiles' which included a summary of the person's background history, interests and hobbies, their mental health diagnosis and personal relationships. People indicated they had been actively involved in compiling their care plans and ongoing reviews. Their comments included, "I am aware of my support plan. I have had a review we went through everything" and "I have reviews with my care coordinator and the manager." We noted there was a specific section in the care records for people to add their comments on the content.

We reviewed how the service empowered and enabled people to be independent. We asked people if the support they received promoted their independence. They described how they had been enabled to develop independence skills, by accessing the community resources and doing things for themselves and others. They said, "I ring up to make appointments," "I keep my own room clean and change my bed," "I go

shopping for clothes" and "I go out independently." Promoting choices and encouraging independence was reflected in the care plan process. Staff spoken with explained how they encouraged independence, in response to people's individual abilities and choices.

People had free movement within the service and could choose where to spend their time; however there were some expectations around respecting each other's privacy. Bedrooms had suitable locks. One person told us they did not have a key for their room; however the manager took action to rectify this matter. We saw staff respecting people's private space by knocking on doors and waiting for a reply before entering. One person explained, "Staff always ask if they want to go in my room and when I'm in they knock on the door." Staff described how they upheld people's privacy within their work, by prompting people sensitively with their personal care needs and maintaining confidentiality of information.

There was a notice board at the service. This provided a range of information for people to access and be kept aware of their rights and choices. Including details of 'self-help' groups, information on adults at risk, human rights, the complaints procedures and details of local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions.

Is the service responsive?

Our findings

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. The people we spoke with freely expressed their views and opinions on their experiences at the service. This provided a good indication that the culture of the service encouraged people to be comfortable and confident in speaking up. People said, "I have complained lots of times" and "If I had a complaint I would fill in a form and leave it in the manager's office."

People were aware of the complaints procedure, which was displayed on the notice board. This information provided guidance on how to make a complaint, along with an indication of how concerns would be managed. There were complaints forms available for people using the service to use. One person told us about a recent complaint they had made, however when we reviewed the complaints records we found their concern had not been logged for investigation and action. We also noted there was a written complaint from a person who used the service dated February 2018. The complaint expressed specific concerns about staff conduct. Although the provider was able to demonstrate this concern was being addressed; there was a lack of evidence to show the matter had been recorded, responded to and managed as part of the complaints procedures. Furthermore, we found the complaint's file contained three separate letters of complaint from staff dated March 2016, which had not been recorded, investigated and managed using the complaints procedures.

The provider had failed to ensure there were suitable arrangements in place for receiving and acting on complaints. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people spoken with told us that 'house meetings' were held regularly. They said that during the meetings, staff kept them informed of any changes that might be happening. However, we received some comments from people which suggested improvements could be made on how the meetings were managed. People's comments included, "I don't like the 'house meetings' they are always the same," "We just talk about the same things" and "We can say what we want, but they don't really do what we say." We noted from the records of meetings we reviewed that various matters had been raised, including menus, holidays, fire procedures and complaints procedures. However there was a lack of information to show how people's comments and suggestions had been responded to and followed up.

We looked at how people received personalised care that was responsive to their needs. People spoken with gave us examples of how they had been supported with their recovery, aspirations and skill development. One person described how they were progressing towards more independent living. Another person explained their hopes for the future and the progress they had made in achieving their goals. They said, "I am hoping to move on I feel ready for the change."

People had individual care and support plans, which had been developed in response to their needs and preferences. There was evidence to confirm people had been consulted on the content of their care plans and ongoing reviews. One person said, "They have gone through my support plan with me and I have

reviews." The care and support plans and other related records we reviewed, included people's needs and choices. The plans contained details on how people's care and support was to be delivered by staff. They identified specific areas of support such as; physical health, personal hygiene, nutritional health/diet, finances, vulnerability, relationships, cultural needs and religious beliefs. There was additional information around people's likes, dislikes and choices, for example in relation to their bedrooms and activities. There were detailed action plans in response to identified needs and preferences.

There was an emphasis in the care planning process on proactively responding to individuals, promoting their well-being and developing their skills. There were identified 'signs and triggers' to help staff respond to people when they needed support. People had 'independence living assessments' and there were short term goals, to support them in developing skills and achieving greater levels of independence. We discussed with people and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours and specific health care needs. There were 'hand over' discussion meetings between staff to communicate and share relevant information. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being.

People indicated they were mostly satisfied with the individual and group activities offered at Healy House. They told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. This included paid employment, trips to local towns, gardening, shopping, short holidays, attending clubs and meals out. People were encouraged and supported to complete domestic tasks such as laundry, cooking and cleaning. They also had the opportunity to be actively involved in the recruitment and selection of new staff. People said, "I have a job gardening," "I clean my room and wash my bedding," "I have just been out for lunch in town" and "We are planning a holiday in Blackpool."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The manager told us they were unaware of this standard. We noted people's communication needs were included in the care planning process; however one person described to us their preferences when engaging with staff, which had not been responded to. The manager agreed to take action to review this matter. Although people were aware of the content of their care plans, they were all written in a conventional style. We discussed with the manager ways of presenting written material, including care plans and important policies, in a more 'user friendly' format which would help with meeting the expectations of the Accessible Information Standard.

The service did not usually provide end of life care. However the care plan process made provision for people's specific wishes and choices to be recorded and the manager described how the service would respond in meeting people's needs.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service. Most people spoken with expressed an appreciation of how the service was run. They told us, "I like it here at Healy House," "The manager is alright" and "I can't think how anything could be better." There was a 'suggestion box' where people who use the service, visitors and staff could submit their ideas for improvement and development. People told us they had previously been consulted on their views of the service through satisfaction surveys. However, other than the 'house meetings' and individual reviews, there was a lack of information available to show there had been any recent consultations with people on their experience of the service.

At the time of the inspection, the registered manager had taken planned leave from the service. 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. The provider had appropriately notified us of the interim arrangements for the management of Healy House. We were advised that management responsibilities had been delegated to a deputy manager and action was being taken to recruit and register a temporary manager. The deputy manager was not available at the time of our visit. Therefore, a registered manager from another location owned by Healy Care Ltd, attended Healy House and took management lead in the inspection process.

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. We found arrangements were in place for regular audits and checks to be carried out on processes and systems. However, we found shortfalls in assessing and managing risks for the well-being protection and safety of people who used the service, staff recruitment and complaints management. We also found some improvements were needed with medicines processes. Some of these matters were responded to during the inspection process. However, we would expect such shortfalls and matters for development to be identified and addressed without our intervention.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual for Healy Care Ltd had regular contact with the service; they had recently increased their visits to check matters and to speak with people who used the service and staff. We saw records of their visits and discussed their findings. The nominated individual and manager had identified several shortfalls and there was evidence to indicate progress was ongoing to make improvements. However it was apparent progress was needed to ensure the governance processes were effective for the well-being and safety of people who used the service.

We recommend the registered provider review and update their governance and oversight systems to ensure they provide a more structured, dependable and accountable process.

The provider's vision and philosophy of care was reflected within written material including the guide to the service and policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training. We found staff were mostly positive about their work, some expressed dissatisfaction around the changes in management, however one staff member commented, "It's really good working here, particularly when we are supporting people to move on." Staff were well informed and had a good working knowledge of their role and responsibilities. They had been provided with job descriptions, they had access to policies and procedures which outlined their roles, responsibilities and duty of care. There had not been any recent staff meetings, however we were told a team meeting was due to be arranged. Staff confirmed there were daily communication 'handover meetings' and regular staff meetings.

The provider described some of the proposed changes at the service. There was a business plan which identified proposed developments at the service over a 12 month period. Information in the PIR also showed us the provider and registered manager had identified some matters for ongoing development.

The service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local authorities, the health authorities, and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were also on display. This was to inform people of the outcome of the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. Regulation 12 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. Regulation 16 (1)(2))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve their service. (Regulation 17 (1)(2))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3))

