

Heathcotes Care Limited

Heathcotes Yorkshire Supported Living Office

Inspection report

Unit 6
10 Great North Way
York
YO26 6RB

Date of inspection visit:
14 July 2021
15 July 2021
21 July 2021

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15 September 2021

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:

Heathcotes Yorkshire Supported Living Office provides care and support to people living in six 'supported living' settings, so that they can live in their own homes as independently as possible. At the time of our inspection, the service was supporting 26 people with a learning or physical disability, autism or mental health needs.

Not everyone who used the service received personal care. The Care Quality commission (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.

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

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People had their own flats and received a personalised service, with choice and control. Staff promoted people's dignity and privacy and human rights. There was a positive culture, where people and staff felt supported.

People received a responsive service from staff who were appropriately trained and supervised. There were enough staff to meet people's needs and people received their medicines as prescribed. Staff assessed and mitigated risks to people's safety and wellbeing.

People were supported with their nutritional and health needs. Staff worked with healthcare professionals and specialists when required, and maintained good records in relation to people's health needs.

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. Staff sought people's consent before delivering care and respected their choices.

Support plans contained information about people's needs, preferences and goals, so staff had access to the information they needed to support people. People accessed activities and facilities in the community and there was a system to ensure any complaints were investigated and responded to.

We have made a recommendation about quality assurance. There was a quality assurance system and policies in place. However, some changes were needed to ensure any identified improvements were always

made in a timely way and to make some aspects of policies and quality assurance more appropriate to the service model. The provider was already aware of this issue and working to address it.

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

Rating at last inspection:

This service was registered with us on 20 November 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection based on the date of the provider's registration.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Heathcotes Yorkshire Supported Living Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One inspector conducted the inspection.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure there would be staff available at the office to assist with the inspection and make arrangements for us to visit people.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since their registration. We sought feedback from local authorities who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the office twice and went to one of the supported living settings. The provider sent us a variety of documentation electronically. We spoke with two people who used the service; one at their home and the other via video call. We made observations of the care provided and looked at documentation at the supported living setting. We spoke with nine staff, some at the supported living setting we visited, and others over the telephone.

At the office we spoke with the registered manager and head of service. We looked at records related to people's care and the management of the service. We viewed three people's support plans, daily notes and medication records, three staff recruitment and induction files, training and supervision information, and a range of records used to monitor the quality and safety of the service.

We spoke with three people's relatives over the telephone about their experience of the care provided. We received feedback via email from a health and social care professional who had contact with the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The provider assessed and reviewed risks to people's safety and wellbeing, to help keep people safe.
- Staff recorded any accidents and incidents. These were reviewed by the registered manager to identify any action required to prevent a potential recurrence. Accidents, incidents and safeguarding issues were also routinely monitored by the head of service to identify any themes or responsive action required.
- Positive behaviour support plans were clear and helped staff prevent any unnecessary forms of restraint.

Staffing and recruitment

- People received care from safely recruited and skilled staff.
- There were enough staff to meet people's needs; support was organised in way that enabled people to have flexibility and choice. However, the system to monitor that people had always received the amount of support hours commissioned by funders could be more robust.
- Appropriate recruitment checks were completed to make sure applicants were suitable to work with people who may be vulnerable. One staff member's records did not show gaps in employment history had been appropriately explored. The registered manager addressed this.

Preventing and controlling infection

- The provider had infection prevention and control policies and procedures in place, in line with relevant national guidance.
- The provider had assessed risks to people and staff and taken appropriate steps to minimise the risks from COVID-19. This included wearing personal protective equipment (PPE) and training staff. Refresher guidance was issued following our visit.
- PPE was not always appropriately stored. The provider addressed this during the inspection.

Using medicines safely

- People received their medicines as prescribed.
- Staff received medication training and knew how to administer and record medicines properly.
- Medication checks were conducted to identify any errors or anomalies.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse; staff were trained and knowledgeable about how to report any concerns.
- There was a safeguarding policy and referrals had been made when required. The provider took appropriate action when incidents or allegations had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction, training and supervision.
- Staff were satisfied with the training and support they received. One staff member told us, "The training is excellent."
- Training records showed a number of staff had gaps in their training, including some staff who had started more recently. The provider showed us training was booked for these staff.
- Most relatives and a visiting professional spoke positively about the skills of staff. One relative told us, "The staff are great."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff assessed people's capacity to make particular decisions and sought people's consent before delivering support.
- The provider worked with relevant local authorities regarding applications to authorise restrictions to people's liberty, where required.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People received effective support to access healthcare services.
- A health professional provided very positive feedback about their experiences of working with the staff and management at one service. They told us, "The team were always willing to work collaboratively to provide effective care and support the best outcomes for the clients."
- People were supported to attend health checks and staff were proactive in trying to source dental care for people.
- Information about people's health needs, including their oral health, was available in their support plans.

There were detailed health action plans in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed.
- The registered manager promoted best practice in the delivery of care.

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

- Staff supported people with their nutrition and hydration needs. Information about any dietary needs and support required was available to staff.
- There were detailed food and fluid intake records, but fluid monitoring records could be used more effectively. The registered manager agreed to review this.
- Where people were able to, they had involvement in preparing their own meals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- Staff were caring and treated people with respect.
- We received primarily positive feedback about staff. Relatives told us, "Staff know [my relative] well and there are a couple of staff they particularly love" and, "The present staff seem very nice."
- People appeared relaxed and at ease with the staff who supported them.
- Staff completed equality and diversity training as part of their induction. Information about people's needs in relation to any protected characteristics, such as ethnicity and disability, was included in their support plans. Some people had personal development plans in relation to their faith needs, so staff knew how to support with this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff described how they promoted people's dignity when providing support with personal care and hygiene tasks.
- Staff promoted people's independence and skills. For example, one person enjoyed baking and staff used photographs and visual cues to help them when shopping for ingredients and preparing their cooking.
- Some people also had personal development plans for certain goals. However, we discussed with the registered manager how people's support plans could be developed further with more detailed instruction for staff about how to consistently promote people's daily living skills and work towards independence goals where appropriate.

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

- Staff listened to people's verbal and non-verbal communication and respected their wishes.
- One person had an advocate for independent support with expressing their views.

Is the service responsive?

Our findings

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

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

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

- Personalised support plans were in place for each person, to guide staff on how to support them. These were regularly reviewed.
- Staff recorded the care they delivered, so management could ensure support was delivered in line with people's individual needs and preferences.
- Staff were responsive to people's requests and tailored their support accordingly.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's individual communication needs, in line with the AIS. This was available to share with other services if needed.
- Staff understood and responded to people's different communication methods, including non-verbal communication.
- Where appropriate, some information was available in easy read or pictorial format.

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 access their local community and took part in activities. The COVID-19 pandemic and lockdowns over the previous year had impacted on the range of opportunities available, but staff were working with people to increase community-based activities again. We discussed with the provider that support plans could be developed further to evidence how staff were working with people towards specific ambitions. For instance, one person aimed to go horse-riding. The registered manager noted this feedback for discussion with teams.
- People were supported to keep in contact with friends and relatives.

End of life care and support

- The provider had an end of life care policy and systems in place to ensure people received any support they needed at the end stage of their lives.
- No-one using the service at the time of our inspection required support with end of life care, but the registered manager explained how staff would work alongside healthcare professionals should this be

needed, to ensure people were comfortable and pain free.

- Support plans contained limited information about people's advanced wishes in relation to end of life care, but the provider had resources available to support people with discussing this topic. They told us people's wishes were recorded, where people were willing to discuss this.

Improving care quality in response to complaints or concerns

- There was a system to ensure any complaints were appropriately addressed and responded to.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager for the service, with additional management support at each of the supported living services. There was regular communication between the management team.
- The registered manager was aware of regulatory requirements and staff were clear about their roles.
- The provider had a quality assurance system. This included regular audits of service delivery and service improvement plans which were monitored by the provider. Some actions on one service's audits had not been completed in a timely way to ensure issues had been fully addressed. The registered manager was aware of this, and additional resources had been allocated to this service to support improvements.
- We noted aspects of the quality assurance system and policies were less relevant for the 'supported living' model of care. The provider was already aware of this issue and was taking action to address it and develop separate policies for the different service models it delivered.

We recommend the provider reviews quality assurance systems in line with best practice and ensures action is always taken in a timely way to effectively drive improvement and consistency of practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive, person-centred culture.
- Staff attended team meetings and received regular supervisions and appraisal. Staff felt supported and told us the management team were approachable. One said, "The management are fantastic. They've been really good" and another said, "I think there's good management. If there's any disagreements between staff management do step in and address it."
- Staff told us they enjoyed their work.
- Most relatives told us they had very good communication with staff and were regularly updated. Although this view was not shared by all. The registered manager agreed to monitor communication with families to ensure consistency of practice and involvement across the services, where appropriate.

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 registered manager was aware of requirements in relation to the duty of candour.

Working in partnership with others

- Staff worked with healthcare professionals to meet people's needs.
- The provider shared good practice with external partners on occasion.