

Elysium Healthcare (Healthlinc) Limited

Healthlinc Apartments

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Healthlinc Apartments is a residential care service providing nursing and personal care for up to seven people who live with a learning disability. Some people may also require support with mental health, sensory or physical needs. There were five people living in the service at the time of the inspection. Healthlinc Apartments is one of three registered services on the same site.

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

The provider's management systems were not robust enough to demonstrate effective oversight of the quality of the service. There was a lack of distinction between two registered services on site. The provider had not fully acknowledged the impact of the high use of agency staff on people and staff. Staff lacked confidence in the provider. Audits had taken place but needed minor improvements regarding action plans.

People were supported by enough staff. However, regular deployment of agency staff meant there was a lack of meaningful interaction between people and those agency staff. Staff understood their responsibilities to keep people safe. People's medicines were managed safely and reviewed frequently. Measures were in place to reduce the risk of infection to people.

People were supported to take part in activities which were important to them. However, people's opportunities were impacted when being supported by agency staff who did not know them well. Information was available to people in different methods depending on their needs and preferences. The provider had a policy to effectively manage complaints.

Staff received training relevant to their role. People's care records reflected their current needs and assessment tools were used to monitor people's on-going support. People were supported with eating and drinking and staff supported people with different aspects of their daily living. The service and facilities met people's needs. People had access to on-going healthcare support. People's mental capacity had been formally assessed and best interests decisions were in place where required.

People were encouraged to express themselves freely using their preferred communication method. Staff treated people with dignity and respect. Staff and people were involved in the running of the service and their views were sought.

Right Culture

There was a lack of visible leadership from the service manager. Agency staff use was high, and this resulted in people not always receiving consistent care from staff who knew them well. People and those important to them were involved in planning their care. Permanent staff placed people's wishes, needs and rights at the heart of everything they did.

Right Support

Staff supported people to have maximum possible choice and control over their own lives. The service gave people care and support in a safe, clean and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to make decisions following best practice in decision-making. Staff supported people with their medicines in a way that and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

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

Rating at last inspection

The last rating for this service was good (published 21 May 2021).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

Enforcement

We have identified a breach in relation to the provider's oversight of the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Healthlinc Apartments

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an inspection manager.

Service and service type

Healthlinc Apartments is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Healthlinc House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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.

During the inspection

We spoke with three people who used the service. People had various ways of communicating including talking with us, using sign language and using body language. We observed the care and support people received as well as how people and staff interacted. We spoke with five care staff, a registered nurse, the service manager and the nurse manager. We reviewed a range of records including three people's care records, multiple medicines records and staff recruitment and support records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We reviewed staff training data and quality assurance records. We also spoke with a further four care staff 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Rotas showed there were enough staff on duty to meet people's needs. However, the availability of permanently employed care staff had been affected by the Covid-19 pandemic and changes within an adjoining service. There was a high use of agency staff, some of whom did not know people's needs well.
- Permanently employed staff made comments about permanent staff shortages, with several saying it had been this way for the last six months.
- The manager was open and transparent about staffing issues. They told us plans were in place to address the high use of agency staff. However, this was dependent on the redeployment of staff from an adjoining service.
- The provider carried out checks to make sure staff were suitable and had the right experience for their roles. These checks included staff identity, previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions if they had any previous criminal convictions.

Learning lessons when things go wrong

- Staff told us there were informal opportunities to debrief as individuals when they had been involved in challenging situations. However, this did not always lead to wider team discussions about more effective management of such situations. This meant that some opportunities to learn lessons from challenging situations may be missed. The provider had a policy in place for formal debriefing following more serious untoward incidents and this had been utilised to good effect in the past.
- Managers investigated incidents and shared the lessons learned with the staff team.
- Monthly analyses of accidents and incidents took place. This meant the management team could identify if there were any themes and trends emerging, and take action to reduce the risk of the same thing happening again.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff had received training and understood how to protect people from avoidable harm or abuse. They were aware of the procedures to follow if they had any concerns for people's safety.
- The provider worked with other agencies such as the local authority to ensure people were protected from avoidable harm or abuse.
- Risks to people's health, safety and welfare were identified and assessed regularly or as their needs changed.

- Clear management plans were in place to assist staff to manage known risks. For example, one person's risk management plan guided staff in how to support the person to minimise their experience of distress if other people inadvertently came within their personal space.
- Staff were trained in the use of restrictive interventions, including physical restraint. However, records showed there had been no use of physical restraint in the previous 12 months.

Using medicines safely

- Medicines were managed safely and administered by staff who were trained to do so.
- Protocols for medicines prescribed 'as and when required' (known as PRN) were in place to guide staff on when to administer these medicines. This meant people would receive their medicines in a consistent way.
- Staff understood the principles of STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines). People's medicines were regularly reviewed in line with STOMP guidance to ensure people only received the medicines that were right for them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The manager followed the current government guidance to facilitate visits safely. During a recent active COVID-19 outbreak people were supported to stay in touch with their relatives by phone and video calls.

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 our last comprehensive inspection we rated this key question good. At this inspection the key question has remained the same. This meant people's outcomes were consistently good.

Staff support: induction, training, skills and experience

- We received mixed opinions about how effective staff supervision arrangements were. One member of staff told us, "They do happen (supervisions) but whether anything gets done about it. We don't see this."
- The nurse manager acknowledged that not all senior staff who provide supervision had been trained effectively to carry out this role. Plans were put in place during the inspection to address this issue.
- Other members of staff told us they found supervision sessions helpful in identifying any support needs and expressing their views about the service.
- Staff meetings took place. However, the frequency of the meetings had been impacted by the Covid-19 pandemic. The nurse manager told us they had used video conferencing as a way of conducting meetings. They added face to face meetings would resume with easing of pandemic restrictions.
- All of the staff we spoke with told us the nurse manager was supportive. One staff member said, "She listens, takes action and follows through with things you bring up to her."
- Staff received an induction and a package of on-going training to maintain their skills and knowledge. This included training around learning disability, autism, human rights and restrictive interventions.

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

- Care plans reflected people's needs and wishes and were regularly reviewed.
- An assessment of people's needs was completed before they went to live at the service. Staff used a range of evidence-based tools to assess people's risks and needs such as nutrition, communication and sensory assessments.
- The provider had up to date policies in place which reflected legislation and best practice. Staff knew how to access the policies and systems in place to ensure they kept up to date with changes.

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

- People were supported with their nutritional and hydration needs. Care records showed staff monitored people's nutritional intake when necessary and raised any concerns in a timely manner.
- Specialist services such as speech and language therapists (SALT) were involved in people's care when a need had been identified.
- People were supported to choose, prepare and cook their meals where they were able to. Where they were not able to do this, care plans gave details of people's likes, dislikes and preferences so staff could support them effectively.
- One person indicated to us using sign language that they enjoyed the food prepared for them and had plenty to drink. Another person said the food was, "Yummy."

Adapting service, design, decoration to meet people's needs

- People were supported to personalise their rooms with furniture and other belongings. One person spoke proudly about their memorabilia on display and how they had chosen the colour of their walls.
- People had access to communal areas such as lounges, a dining area and well-kept gardens. One person had their own outdoor space to protect their privacy and dignity.
- Maintenance issues were reported and resolved in a timely manner. One person's apartment required extensive refurbishment. Alternative accommodation had been identified and plans were in place to support the person to move shortly after the inspection visit.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The nurse manager and staff worked in partnership with health and social care professionals to ensure people's health and welfare needs were met. This included GP's, psychiatrists and social workers.
- Care records showed people were supported to access local healthcare services when needed. For example, when people visited their GP or local hospital, staff who knew them well accompanied them to ensure their needs were understood and responded to effectively.
- Care records provided clear guidance for staff about how to support people with their assessed needs. This included how people who used a range of non-verbal communication methods expressed pain or distressed emotions. This meant staff were able to recognise when people needed support in a timely manner.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people the service assessed as lacking mental capacity to make certain decisions, assessments and best interests decisions were clearly recorded.
- Care plans related to the MCA were detailed and personalised. This meant staff had clear guidance about how to support a person to make decisions and choices.
- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.
- The service manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety and we saw any conditions attached to these were met.

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 our last comprehensive inspection we rated this key question good. At this inspection the rating has remained the same. 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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's likes, dislikes and personal history were detailed in their care plans. This helped staff support them to make decisions and everyday choices where they were able to do so.
- Staff were supported to understand how people used their own ways to communicate their choices and wishes. For example, we saw staff responded effectively to a person's own interpretation of a sign language known as Makaton. A staff member told us how they updated the person's care plan when they used signs that other staff may not be familiar with. This was to ensure staff responded to the person in a consistent way.
- Where people were not able to effectively express their choices, wishes and decisions staff followed best interest guidance.
- People responded positively to interactions they had with staff. Staff spoke with people in a warm and respectful way. A member of staff told us, "The staff here they do care and the [managers] makes sure we care for [people] in a kind and generous way, I love that."
- Staff had been trained and understood how to promote and support people's human rights, equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and staff demonstrated a good understanding of people's preferences. For example, one person was supported by female staff only and had their own apartment and outdoor space. This enabled them to carry on their daily life in the ways they preferred whilst maintaining their privacy and dignity.
- Staff encouraged people do as much for themselves as they could, for example with personal care or preparing food and drink.
- Systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met in a person-centred way.

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

- Staff told us due to the high use of agency they had less time to provide effective person-centred support in this area. They told us some agency staff did not know people's likes and preferences well and were not always motivated to engage productively with people.
- One member of staff referred to agency staff as 'place holders' meaning they were used to ensure there were safe levels of staff. They said, "[Using agency staff] has an impact on people and permanent staff as they don't really know people or know what they are doing."
- Agency staff had not been deployed or monitored effectively on the day of the inspection. For example, we saw three agency care workers spent most of their time in the lounge area. Whilst they met people's personal care needs when required there was little or no social interaction with people.
- Records showed during the last month people had few opportunities to engage in structured and meaningful activities other than, for example, walks, chatting with staff or watching TV.
- There were no individualised or structured care plans in place to support people with meaningful activity.

We found no evidence that people had been harmed. However, people had not been enabled to receive all of their support in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the challenges encountered by the high use of agency, permanent staff recognised some people had limited social experience and had started to develop plans to expand their opportunities. Staff understood the challenges this may present for people and set small, achievable goals to enable people to build confidence and feel safe with new experiences.
- People were supported to maintain relationships with people who were important to them. Some people had visits from family members and others were supported to go out to visit people. Technology was also used to enable people to see and speak with people they wanted to.
- Staff supported people by using recognised models of care and treatment for people with a learning disability or autistic people. For example, person-centred planning and positive behaviour support planning tools.
- People's preferences were identified and appropriate staff were available to support them, such as appropriate staff genders.

End of life care and support

- The nurse manager acknowledged that information about how people's care at the end of their lives should be provided could be more detailed to ensure their wishes were fully met.
- No-one was receiving end of life care at the time of the inspection. However, information we already held about the service demonstrated staff provided kind, compassionate and person-centred care for people who were reaching the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate their needs and choices in different ways. Staff understood people's different ways of communicating and care records supported their understanding.
- Staff used pictures, signs and body language to help people express their choices and wishes.
- The provider ensured written documents were available in alternative formats to ensure they were easily accessible.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was available in alternative formats to ensure they were easily accessible.
- The provider had not received any recent complaints, however the management team were able to demonstrate how previous complaints had been managed in line with the provider's 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not have a registered manager. During the inspection the service manager told us their position was temporary and the provider had not yet confirmed plans for future management of Healthlinc Apartments. Following the inspection, the service manager informed us the provider had confirmed the future management structure and would begin recruitment to a manager post for Healthlinc Apartments in the coming months.
- The service manager was responsible for two other registered services on the same site as Healthlinc Apartments. However, their visibility within Healthlinc Apartments had been markedly reduced due to increased need to support another registered service. This meant the service manager could not maintain effective oversight of the service.
- Staff said they saw the service manager infrequently and relied on the day to day leadership provided by the nurse manager.
- There was no clear distinction between staff teams working at Healthlinc Apartments and another, smaller service on the same site. For example, we arranged with managers to have telephone contact with some staff after the site visit and found that one member of staff identified to us worked in the other service.
- The provider had centralised agency staff allocation arrangements for the three registered services on the site. This did not promote consistency for people or mitigate the risks associated with staff working across services. In addition, staff told us they often had to chase up agency staff allocated to Healthlinc Apartments as they did not always check allocation sheets to see where they would be working.
- As noted earlier in this report, the provider acknowledged the impact that high use of agency had on both people and staff. However, we found no evidence to demonstrate they had considered alternative ways to deploy agency staff in order to mitigate the concerns.
- There had been no oversight from the provider to ensure that people had personalised care plans in place that the agency staff could follow that would ensure activities continued as people wanted them.
- Although staff had confidence in the nurse manager's day to day leadership, they had less confidence in the provider. They told us how issues arising at an adjoining service had impacted on morale due to uncertainty about their future and staff changes. A member of staff told us, "Due to [adjoining service] issues its affecting the whole workforce, there's a flatness here."

We found no evidence that people had been harmed. However, the provider's management systems were not robust enough to demonstrate effective oversight of quality of the service. This was a breach of

regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular audits were carried out by the nurse manager for areas such as medicines management, care plans and infection prevention and control. Action plans were in place to address any shortfalls identified. However, action plans would benefit from more detail such as timescales for completion.
- The service manager and nurse manager understood their responsibilities and reported incidents and safeguarding concerns to CQC accordingly.
- The management team demonstrated a good understanding of the duty of candour and how it applied to their work. The nurse manager told us, "It's important to be open, honest and apologise when things go wrong otherwise we don't learn from mistakes."

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

- One person told us they liked living at Healthlinc Apartments and liked the staff team. Another person indicated the same using sounds and signs.
- Care records showed people had been involved in planning their care where they were able and wanted to be. Where people lacked mental capacity to make certain decision or make their wishes clearly known, the service had involved others who were important in people's lives. This was to ensure everyone's views were represented and planned care was in people's best interests.
- The nurse manager worked with people and staff to continually improve care and opportunities for people. Community meetings were held with people and staff where ideas, views and concerns could be discussed. The nurse manager acknowledged that these meetings were not always meaningful for some people and was looking at different ways to ensure everyone's voice was heard.
- Staff felt supported and valued by the nurse manager. They felt able to raise concerns without fear of what might happen as a result. One staff member told us, "[Nurse manager] has great influence of how things are run here. She is exceptionally approachable, gives you time." Another staff member said, "[Nurse manager] is a good leader, in the sense she will always ensure [people] are properly cared for. [She] tries to keep spirits up"

Continuous learning and improving care; Working in partnership with others

- The nurse manager and staff worked proactively with external health and social care professionals to ensure people received the care they needed and wanted. For example; records showed GP's and mental health teams were contacted in a timely manner to support people's changing needs.
- Staff told us they were able to share their ideas for improving people's support. For example, one member of staff showed us how they were developing a more effective system to ensure people's support with activities and interests was more meaningful for them.
- The service manager and nurse manager had continued to monitor the changes in guidance from the government during the pandemic and to make changes to the care provided to keep people safe.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure people were consistently supported in a person-centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure effective oversight of the quality of the service.