

Heathcotes Care Limited

Heathcotes Yorkshire Supported Living Office

Inspection report

Unit 6
10 Great North Way
York
YO26 6RB

Date of inspection visit:

01 November 2023

02 November 2023

06 November 2023

08 November 2023

Date of publication:

05 January 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Heathcotes Yorkshire Supported Living Office provides care and support to people living in their own home with the aim of maximising people's independence. People lived within 1 of 6 supported living properties. The service provides support to older and younger adults who may be living with mental health needs, a learning disability or autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service supported 4 people with a regulated activity across 2 properties.

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

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.

Right Support

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice. Records were not consistently available to show the service had worked within the principles of the Mental Capacity Act (2005). The provider failed to demonstrate how they were promoting elements of best practice at this service.

Right Care

Staff training was not always completed or up to date to ensure staff had the skills and knowledge needed, which could have compromised people's safety. The provider did not operate a robust system to review accidents and incidents to consider learning or improvements. Person-centred information was available to guide staff and staff knew the people they supported well. Staff spoke about and with people in a respectful manner and promoted their dignity. People had access to healthcare professionals and information was available about how to monitor and respond to any changes in their health.

Right Culture

There were continued issues with the oversight and management of the service which compromised the quality and safety of the service. Audits had not been used effectively to identify and drive improvements. There had not been sufficient improvement since the last inspection. A high turnover of managers within the supported living settings affected the stability of the service and did aid establishing trusting relationships with people. We received mixed feedback about the service, with some people stating the care had been

ineffective and unsafe and this had impacted on people's health and well-being. Others praised the service and the positive impact the staff had made. Limited feedback was sought from people to understand their experience of the service and consider how this could be improved.

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 requires improvement (published 07 February 2023). At this inspection we found the provider to be in breach of regulations and the service remains rated requires improvement. The service has been rated requires improvement or inadequate for the last 3 inspections.

At our last inspection we recommended the provider seek advice from a reputable source about guidance for 'as and when needed' medicines, how to support people with their fluid intake and the principles of the MCA including understanding of least restrictive practice. At this inspection we found the provider had not fully acted on these recommendations or made sufficient improvements.

Why we inspected

We received concerns in relation to the staff culture and safety of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. You can see what action we have asked the provider to take at the end of this full report. Since our inspection, the provider has started to take action to mitigate risks to people

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Yorkshire Supported Living on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to consent, safe care and treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

| | |
|--|--------------------------------------|
| <p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p> | <p>Requires Improvement ●</p> |
| <p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p> | <p>Requires Improvement ●</p> |
| <p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p> | <p>Inadequate ●</p> |

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 4 inspectors. A regulatory coordinator made telephone calls to staff. An Expert by Experience sought feedback from people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

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

Notice of inspection

We gave a short period notice of the inspection because the service has properties in several locations. We also required the provider to seek people's consent to enter their homes.

What we did before the inspection

We reviewed information received from and about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care and support. We spoke with 11 members of staff including support workers, service manager, registered manager, the head of operations and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited 2 properties where people received a regulated activity and viewed people's flats with their consent. We received feedback from 3 professionals who worked with the service.

We reviewed a range of records including 4 people's care plans, medication records and 2 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the running of the service, including policies and procedures. We used technology including electronic file sharing to enable us to review additional documentation following our site visits.



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 requires improvement. At this inspection the rating has remained 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.

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

- People were at increased risk of harm as systems for monitoring and learning from accidents and incidents were not robust. Accidents and incidents were not consistently reviewed to identify any patterns or trends or potential learning for staff.
- Staff were not always provided with the opportunity to discuss learning following incidents and accidents. This was not in line with providers policy which highlighted the importance of de-briefing staff to learn lessons and improve support to people following incidents.
- Some staff training, specific to the needs of people, was not completed or out-of-date. This presented a risk staff may not have the required skills and knowledge to support people safely.

The provider had not ensured all practicable steps were taken to mitigate risk. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider informed us of new procedures that will be introduced to monitor accidents and incidents.
- Risk assessments were completed for areas of identified risk. These were detailed and provided guidance for staff to follow.
- We received mixed feedback from people's relatives about the care. Some had little confidence in the care and support provided, whilst others were much more positive. For example, a person told us, "I feel (the person) is safe, staff are there all the time and I can tell (the person) is happy and settled from their behaviour."

Using medicines safely

- There was a risk people would not be safely supported should they have needed medicines at night-time. There were insufficient numbers of night-time staff assessed as competent to administer medicines. This meant people may not receive their medicines or be supported by staff who did not have the required skills and knowledge. Medicines training and competency of staff had been raised at previous inspections.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection the provider noted immediate actions were being taken to address staff training with medicines.

- Protocols for 'as and when needed' medicines had improved and were in place to guide staff about when to administer these.

Systems and processes to safeguard people from the risk of abuse

- We found safeguarding concerns were raised appropriately with the local authority. Ineffective systems of oversight presented a risk that potential safeguarding matters may not be identified. The provider was in the process of reviewing their governance structures to ensure they had sufficient oversight of services.
- Staff undertook safeguarding training to assist them in identifying potential abuse. Most staff felt confident in their knowledge, whilst some felt further discussion and support would aid their practice.
- The service worked with local authority to investigate and respond to safeguarding concerns.

Staffing and recruitment

- Rotas did not always demonstrate there were enough staff on duty to support people. Concerns were not raised with us about staffing levels which suggested this was a recording issue. We observed appropriate staffing levels during our visits.
- Agency staff were sometimes used when staffing levels were low but there was limited oversight to ensure they had the correct knowledge and skills. Staff noted this could place further pressure on the team.
- Recruitment processes were mostly operated safely to ensure only suitable staff were employed. For a recently recruited member of staff the provider was unable to locate some of the documentation. The provider had recently transferred recruitment records to a new system which was disorganised.

Preventing and controlling infection

- Most staff told us they had enough PPE to use when supporting people. Some staff told us there had historically been occasions where they did not have all the required PPE to ensure there's or others safety.
- The provider had infection control policy in place to guide staff practice.
- Staff undertook infection control training and felt confident in their understanding in this area.

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 inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service did not act in line with the principles of the MCA.
- People's legal rights were not always protected. Records did consistently evidence when people's mental capacity had been assessed or that best interest decisions were in place. This increased the risk that people could be subject to unlawful restrictions that were not the least restrictive option.
- The service had not always obtained documentation to check people had the legal authority to make decisions on people's behalf.
- People had not consistently consented to the care provided to them by staff.

The provider had failed to ensure care and treatment with the consent of the relevant person was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff completed mental capacity training to aid them in their day-to-day practice.
- Information about people's communication needs was available to help guide staff as to the most effective way to communicate with people.
- Some people fed back they did feel included in discussions about their relative's care and were asked for their input. For example, "The staff talk openly to me, they are like family, we trust each other."

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

- Support was not consistently delivered in line with legislative standards.

- Best practice was not always promoted in the service. For example, the REAL tenancy test sets out key standards to determine with a person's tenancy within a supported living setting is genuine. The provider did not demonstrate how they were meeting these standards.
- Staff were knowledgeable about people's needs. We observed staff spoke with people and about them in a respectful manner.

Staff support: induction, training, skills and experience

- The provider did not have robust systems in place to monitor staff training or competence.
- Staff gave mixed feedback about whether the training had fully equipped them for their role. For example, a staff member described the "bare minimum" of training they had, particularly with how to support people who presented with distressed behaviours.
- Staff received supervisions and annual appraisals to support them in their role.
- New staff completed an induction. For staff who were new to caring they completed the Care Certificate. The Care Certificate is an agreed set of standards that is expected of people who work in the care sector. However, the ineffective systems to monitor staff training and competency did not ensure they felt equipped and had the skills to meet people's needs.

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

At our last inspection we recommended the provider seek advice and guidance from a reputable source about how to support people their hydration needs and take action to update their practice accordingly.

- Fluid records were in place for a person who required staff to monitor and support to ensure they drank enough. The provider needed to make further improvements to ensure these records were accurate.
- For one person, there were restrictions in place for what they could eat without the relevant assessments and discussions.
- People generally had access to food and drink of their choice and there was detailed information about their preferences and needs within their documentation.
- Staff undertook training to support people with their nutrition.

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

- Professionals provided us with mixed feedback about the effectiveness of the care and support provided to people living at the service.
- Staff worked alongside a range of professionals to support people with their healthcare needs.
- Information was available about people's health needs and who to contact if further support was required.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had failed to make and sustain the necessary improvements. For example, at the last two inspections there were concerns about the application of the MCA and practice in this area had not been addressed. This presented a significant risk to the quality of care people received.
- The systems in place had not been effective at ensuring actions were dealt with a timely manner and failed to identify all the issues raised during this inspection. This included issues with medicines competent staff at night-time and incomplete or out of date training.
- Best practice was not consistently promoted to improve people's quality of life. For example, Stop the over medication of people with a learning disability, autism or both (STOMP) is a national programme aimed at helping to stop the overuse of psychotropic medicines. The principles of this were not being actively promoted through practice at the service.

This provider failed to establish and operate effective systems, which placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the nominated individual informed us that a review of the governance systems would be implemented.

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

- Concerns were repeatedly expressed about the high turnover of managers at the service, with a professional telling us, "I'm lost with managers; there's massive turnover". Each supported living property had a service manager, responsible for the day to day running who also acted as the primary point of contact for most people. The changes in service manager affected the stability of the service, partnership working and communication with people, their families, and staff.
- There was mixed feedback about whether staff felt supported and this appeared dependent on whether an effective service manager was in post. A staff member described things as, "up and down."
- We received mixed feedback from people's relatives about the service. Some people had little trust in the support being provided whilst other's felt the support was having a positive impact on their relative.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was limited evidence of how the provider sought feedback from people who used the service, relatives and professionals to drive improvements. Following the inspection, the provider informed us of plans they had to change how they sought feedback.
- Team meetings were not consistently held but when they had been used to share and receive feedback.
- Staff sought external professional input when needed. Further work was required to establish trusting working relationships between the service and some external organisations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest with people when things went wrong including external organisations.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure that care was provided with the consent of the relevant person.</p> <p>The provider had not ensured compliance with the principles of the Mental Capacity Act (2005).</p> <p>Regulation 11 (1) (3)</p> |

The enforcement action we took:

Warning notice.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to manage risk.</p> <p>The provider had not ensured that persons providing care and treatment to service users had the qualifications, competence and skills.</p> <p>The provider failed to manage medicines safely.</p> <p>Regulation 12 (1) and (2) (b) (c) (g).</p> |

The enforcement action we took:

Warning notice

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were established and operated effectively to ensure compliance with the requirements of this Part.</p> |

The provider had not assessed and monitored the safety to improve the safety and the quality.

Regulation 17 (1) and (2) (a)

The enforcement action we took:

Warning notice