

Headzpace Therapeutic Care Limited

Regus House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Regus House is a supported living service providing personal care to people age 18 and over. 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.

CQC only inspects the service being received by people provided with 'personal care', this is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of this inspection two adults were using the service who had a range of care needs including learning disabilities and autistic spectrum disorder. Of these, both were receiving personal care.

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 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 some of the underpinning principles of Right support, right care, right culture.

Right support:

People were generally supported to have choice and control of their lives however they were not always provided with enough details to support their decision making. Mental Capacity Assessments and Best Interest Decisions were not always in place. Further improvements were needed to ensure the care plans provide consistent and clear guidance to staff on how to support people. Further improvements were needed to increase the management's understanding of mental capacity. People's feedback was requested, listened to and acted on, to improve the service.

Right care:

Staff understood how to safeguard people from abuse and avoidable harm, however not all safeguarding incidents were reported correctly to CQC. Staff were trained to administer medicines; however, the management of medicines was not always safe. People's independence was not always promoted because people were not always made aware of their rights. Staff understood the importance of good hygiene and the prevention and control of infection. Checks were carried out to make sure staff were safe to work at the service.

Right culture:

Staff received training to carry out their roles, however we received mixed feedback from health professionals' regarding the staff's skills and ability to meet people's emotional needs at all the times.

People were adequately supported with the physical needs, staff made sure people had enough to eat and drink, and if anyone became unwell, staff knew how to access health care services to support people's health and wellbeing. Professionals who work with the service told us the management was not always prompt in responding to the request for information and reports. Staff spoke highly about the management however; we found several areas requiring improvement during this inspection. The provider's systems for checking the quality of the service had not identified all of the concerns we found. This meant that further work was needed to make sure everyone using the service always received a high quality and safe service.

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 19/03/2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the poor quality of care and concerns about the management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and good 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Regus House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Regus House is a supported living service for adults living with a learning disability.

The service provides care and support to people living in supported living settings, so 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 the Care Quality Commission. 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 48 hours' notice of the visit to the office, because it is a supported living service and we needed to make sure the registered manager would be available.

Inspection activity started on 10 August 2021 and ended on 6 September 2021. A visit to the office location took place on 19 August 2021.

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 checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We also asked for feedback from the local authorities who work with the service. We used all of this information to plan our inspection.

During the inspection

We attempted to contact both people using the service, however we have not received feedback from them. We received feedback from those people's social workers and other professionals involved in their care. We also attempted to contact with ten staff working at the service. We received feedback from six including: the registered manager, the nominated individual, the deputy manager and three support workers. We looked at various records, including care records and risk assessments for both people using the service. We also looked at records relating to the management of the service. These included staff records, medicine records, complaints and compliments, staff rotas, audits and training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service.

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 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.

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

- Medicines administration and recording was not always safe. Staff did not always record if actions were taken when a person refused to take their medicines. This meant people were not always receiving their medicine as prescribed and there was not oversight as to why they were not taking it. This could have had a negative impact on their health.
- There were no protocols for medicines that were taken 'as needed' to support the staff to administer them correctly. For example, one person's care plan listed four "additional medicines" however there were no protocols in place for why or when the medication was needed. This means the people were put at risk of not receiving their medicine safely.
- Both people's medicines care plans were not signed, dated or reviewed. This means we could not be assured that the medicines care plans were up to date and regularly checked by the appropriate staff.
- The provider completed medicines audits, but these were not always effective in identifying shortfalls. We alerted the manager about the shortfall and advised to put an improved audit system in place.
- People had risk assessments in place, however they were not always followed.
- Health professionals who regularly visit the service had concerns about some staff ability to apply some of the training in practise. For example, it was reported to us that staff were reluctant to physically intervene in incidents where a person was in danger. This meant people were at risk of not being supported safely.
- For example, one professional who was involved in the care of a person who used the service reported that care plans were not always followed by staff. This meant that staff were not always supporting people in a safe way according to their assessed needs.
- Lessons were not always learnt when things went wrong.
- Incidents were recorded and reported, and records reviewed showed that actions were taken in response. For example, when one person absconded, the provider notified the police. However, there was a lack of evidence to show analysis of these incidents, in order to minimise the risk of a reoccurrence in the future.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had an understanding of the main risks to the people who use the service. For example,

one staff told us, "The risk assessments are sufficient and easy to understand. They help me to identify what to keep an eye on. For example, with [service user's name] it is about a safe use of social media."

- Staff knew when to involve external professionals, for example social workers and police when people were at risk.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were not always reported appropriately. During the inspection we found that the management had not reported some incidents to us that should have been reported. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. We raised this with the Nominated Individual and the Registered Manager at the time.

Systems were not in place to ensure that incidents and accidents were identified and reported appropriately. This was a breach of Regulation 18 (Notifications) Registration Regulations Act 2009.

- Staff received training to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to. One staff member told us they would report any suspicion of abuse to their managers.

Staffing and recruitment

- People were supported by sufficient numbers of suitably trained staff.
- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work at the home. This reduced the risk of people being cared for by inappropriate staff.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff confirmed they maintained good hygiene and had access to personal protective equipment (PPE) such as aprons and gloves.
- Staff told us they had received training in infection prevention and control and basic food hygiene.

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 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 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 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 (CoP) for them to authorise people to be deprived of their liberty. 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. We found that CoP applications were being made, where required.

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

- People's individual needs, choices and preferences were assessed prior to them using the service but some care plans lacked details about people's mental capacity.
- People's mental health and social needs were not fully assessed, and their care and support were not always delivered in line with legislation.
- The provider liaised with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment, however the professionals were concerned the provider did not always used the restrictions lawfully. For example, one person was not informed that their restrictions on use of public transport have ended.
- One persons' care plan stated their phone is to be checked for appropriate use several times per day. It was not clear what the rationale was for this, and whether the person had capacity to use their as they wished. This impacted on their privacy.
- Not all staff understood and applied the Mental Capacity Act principles in the way they supported people. We found there were gaps in managements' understanding of mental capacity and we raised our concerns in how this may impact on supporting the staff and the people who use the service.
- Following the inspection, the provider sourced additional training programme for assessing mental capacity. The provider agreed to review all the relevant care plans and risk assessments to include more details around people's mental capacity and to better capture how their interests and rights are promoted.

People's care was not always delivered in line with standards, guidance and the law. This is a breach of

Staff support: induction, training, skills and experience

- Staff spoke positively about their induction and ongoing training they received and told us they felt competent in carrying out their roles. However, health professionals expressed some concerns about staff competence in applying the training in day to day care.

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

- There was guidance regarding supporting people to eat and drink in people's "placement care plans" however it was not detailed. We advised the provider the nutritional care plans were poor quality and the provider agreed to review them.
- Staff knew the people well and understood their food and drink needs and preferences. Staff told us they encouraged healthy eating through educational key worker sessions.
- Staff told us they supported people to menu plan, shop and get involved in cooking.

Staff working with other agencies to provide consistent, effective, timely care

- We received consistent feedback from various professionals working with the service stating the provider is often delayed in providing requested information. This impacted on the ability to effectively and timely communicate with the provider to ensure good governance of the service.
- Staff were clear about when to contact an external healthcare professional if needed, for example in the event of an emergency.

Supporting people to live healthier lives, access healthcare services and support

- People who use the service were encouraged and supported to engage in a variety of activities within their own home and the wider community.
- People's interests were explored in the key worker sessions and activity plans were developed to support people with practising their hobbies.
- People had one to one time with the support workers to discuss peoples' individual support needs to encourage them to live healthier lives. For example, one member of staff told us about the key worker sessions she completed with the person in online safety and sexual health.

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 Requires Improvement. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider told us people were involved in making decisions about their care, however the healthcare professionals who work with the service were concerned that people were not always given sufficient information to be able to make their own choices and decisions. For example, one person was not informed when their bail conditions came to the end, this meant the person was not fully aware of their rights.
- Staff told us people were supported to express their views in day to day care and through one to one sessions with the key workers and we have seen evidence of this.

Respecting and promoting people's privacy, dignity and independence

- We could not be assured that people's independence and dignity was always promoted.
- We found concerns around people's involvement in decision making and decisions being made on their behalf without appropriate assessments in place. Also, the language used in the care plans was not always dignified.
- There was guidance in place on how staff respond to people's emotional distress and staff were aware of the guidance. The staff we spoke to were knowledgeable about how to support people with emotional distress.
- People's confidential information was securely stored, to promote their privacy. One staff member said, "All information is locked away and are only shared with relevant people".

Ensuring people are well treated and supported; respecting equality and diversity

- We attempted to contact but did not receive feedback from the people who use the service or their relatives. The professionals who regularly visit the service reported the people were treated with kindness in their day to day support.
- The staff told us they had time to listen to people and communicate with them in a way to deescalate agitation and conflict. One staff member told us, "We created a consistent team around her [service user's name]. We know their needs, their likes and dislikes and know how to respond when they are upset".
- The staff we spoke with knew the people they were supporting well, including their preferences, personal histories, and backgrounds.
- Staff told us people's diverse needs were discussed in the key worker sessions and people were supported to express themselves through the way they dress and access to hobbies of their choice.

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 Requires Improvement. This meant people's needs were not always met through good organisation and delivery.

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

- People's care plans did not fully reflected their physical, mental, emotional and social needs. We found the care plans were not holistic and did not provide staff with clear guidance on all different care needs. For example, there was no care plans for people's personal care or nutritional needs.
- People's initial assessments had information about their personal history and interests and the staff we spoke to understood those.
- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community and access to education. One staff member told us, '[Person's name] is given the choice to choose between several options for example what she wants to wear, what she wants to eat and what activities she would like to do'.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and told us the policy was available to the people they supported.
- The staff provided people who used the service with opportunities to raise concerns during one to one sessions with the support workers. However, when we looked at people's records, we found that not all of the concerns raised by people on day to day basis were picked up by staff, recorded and dealt with appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- The provider understood their responsibility to follow AIS and told us they could access information in different formats to meet individual needs. We saw evidenced of visual aids such as weekly planners to help people plan ahead.

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 maintain relationships with people that mattered to them. The staff we spoke with evidenced a good understanding on how maintaining relationship impact on people's mood.

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 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.

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

- As part of our inspection we identified that the management of the service required further learning on a range of subjects, for example their responsibilities under CQC regulations and understanding of mental capacity. The provider responded well to our feedback regarding the gaps in learning and informed us that an additional training will be arranged.
- The provider did not have effective quality assurance systems in place to ensure supporting and evaluating learning from current performance. For example, we asked for audits of care plans and daily notes, but the provider informed us there was none in place. This prevented the provider from driving continuous improvement and managing future performance.
- The provider did not have effective oversight of safe medicines management.
- We identified incidents were not always recorded and reported and we received feedback from other professionals regarding information from incidents not being timely recorded. This prevented continuous learning from incidents.
- During this inspection we found a number of areas requiring improvement including not notifying CQC about significant incidents, legibility and accuracy of some records, opportunities to learn lessons from incidents and feedback, mental capacity assessments. This means the provider's governance systems are still not adequately robust and further improvements are needed to meet all legal requirements and to drive continuous improvement.

Working in partnership with others

- We received negative feedback from numerous stakeholders working with the provider regarding effective communication and information sharing. Six professionals we spoke with were concerned about the delays in obtaining requested information and cancelling meetings at a short notice. Following our inspection, we also found the provider did not always provide us with requested information in a timely manner. The delay in sharing information was not in the best interest of people who use the services.
- One professional we spoke with reported, "The provider does not always follow the recommendations from other health professionals. For example, the provider did not follow advice on support with one person's behaviour". This puts people at risk of their wellbeing not being optimised.

We found no evidence that people had been harmed. However, governance systems were not effective

enough to consistently assess, monitor and improve the quality and safety of the service. This was as a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff gathered and recorded feedback from people through the key working sessions but there was no evidence that the feedback was acted on.
- The provider told us they had an open-door policy and 24-hour support was available to staff. The staff we spoke with confirmed they felt the management of the service was fair, supportive and available. One staff member told us, "Managers are really good, I can raise any issues with them over the phone straight away. They seem to care about the people. If you bring anything up, they look into it right away."
- The managers told us staff had regular supervisions. Supervision is a process that involves a manager meeting regularly and interacting with staff to review their work and provide support. We saw evidence of supervisions and the staff we spoke to confirm they had regular meetings with their line managers.
- The staff we spoke with told us they enjoyed working for the provider. One member of staff told us, "I absolutely love working here, it is very rewarding".
- The staff we spoke with told us they felt confident in expressing their ideas. The staff told us they had opportunity to bring up suggestions in team meetings and supervisions.
- Staff described communication as good and the registered manager kept them up to date. Staff had regular handovers and a social media staff group had been set up to send messages and keep staff updated.

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

- We found no evidence of the duty of candour being required; however, the registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 HSCA RA Regulations 2014 Need for consent. Care and treatment were not always provided with consent.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 17 HSCA RA Regulations 2014 Safe care and treatment. The care and treatment were not always provided safely. This placed people at risk of harm.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance. The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm. Regulation 17 (1) (2) (a) (b) (f)

The enforcement action we took:

Warning Notice