

Heathcotes Care Limited

# Heathcotes Yorkshire Supported Living Office

## Inspection report

Unit 6  
10 Great North Way  
York  
YO26 6RB

Date of inspection visit:  
12 December 2022  
13 December 2022  
19 December 2022

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07 February 2023

## 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

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

Heathcotes Yorkshire Supported Living Office provides care and support to people living in six 'supported living' settings, so that they can live in their own homes as independently as possible. The service supports people with a learning or physical disability, autism or mental health needs.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was supporting six people with a regulated activity across two of the supported living settings.

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

**Right support:** Medicines management was not always in line with best practice guidance; staff did not have guidance in place to advise when to give people medicines prescribed 'as and when required' (PRN.) Risks to people had been assessed. People accessed specialist health and social care support where appropriate.

**Right care:** Staff had completed safeguarding training and understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Improvements to staff training and support meant staff had the appropriate skills and knowledge to meet people's needs and keep them safe. Improved oversight by the provider supported the service to make changes and monitor the impact of these changes within the service, learning from mistakes and continuing to improve practice. Systems to protect people from the risk of infection had improved.

**Right culture:** The ethos, values, attitudes and behaviours of leaders and care staff were working towards ensuring people using services led confident, inclusive and empowered lives. Relatives felt improvements had been made in the culture of the service, the new manager was approachable and involved relatives in people's care. However, relatives felt people using the service were not always encouraged to meet their aspirations and goals. People and those important to them, including advocates, were not always involved in planning their care. Reviews of care plans and best interests decisions did not always include relatives or professionals to ensure people received the most appropriate and least restrictive support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 16 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider improve practice in the principles of the MCA, dealing with complaints and supporting people to have a healthy diet. At this inspection we found the provider continued to require improvements regarding the principles of the MCA. Improvements had been made in relation to complaints and supporting people to have a healthy diet.

This service has been in Special Measures since 16 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathcotes Yorkshire Supported Living Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made recommendations in relation to the principles of the MCA, medicines and supporting people to drink enough.

#### Follow up

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 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** ●

# 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 carried out by three inspectors.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been recruited since the last inspection but were not yet registered with CQC, they have been referred to as the manager throughout this report.

#### Notice of inspection

We gave a short period notice of the inspection because the service is spread over several locations. Some

records were requested prior to the site visits.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection including action plans and updates from the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the head of services, operations manager, regional manager, managers of the 'supported living' services and care staff. We observed interactions between staff and people receiving regulated activities and observed people's living areas when people gave us consent to do so.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. 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.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes were in place to protect people from abuse, this was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The service worked closely with the local authority and other professionals to improve the service following the last inspection.
- Restrictions observed at the last inspection had been removed from most flats. We observed people going in and out of their flats and in to communal areas when they wished.
- Safeguarding training had improved however, in 1 'supported living' setting some staff still required refresher training in this area.
- Staff felt able to raise safeguarding concerns and felt confident these would be appropriately dealt with.

### Using medicines safely

At our last inspection the provider failed to adequately manage robust medicine systems and practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and people received their medicines as prescribed.
- Guidance for staff to safely and consistently administer medicines prescribed 'as and when required' (PRN) was not always in place. This meant staff may not have the full guidance to help them when making decisions about when and how much medicine to give to people.

We recommend the provider seek advice from a reputable source, about the guidance and administration of

'PRN' medicines and takes action to improve their practice.

- Improvements had been made regarding staff training for the administration of medicines however, some staff required competency checks to ensure they had the skills and knowledge to safely carry out their role.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

### Preventing and controlling infection

At our last inspection the provider failed to prevent and control the risk of infection this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection. We observed staff wearing appropriate personal protective equipment (PPE) in line with current guidance. The provider carried out spot checks on staff to ensure correct use of PPE and discussed the importance of this regularly with staff.
- Improvements had been made to the standard of cleanliness within the service. Managers carried out daily walk arounds to maintain a good standard of cleanliness.
- Damaged furniture in the communal rooms had been removed and the laundry room organised. Staff supported people to complete their laundry tasks however, this was not always done in a timely manner. One relative told us they had to prompt staff to change their relatives bedding. Another said, "Laundry items often go missing, I have had to replace items at times."
- Improvements had been made to the storage of food and staff followed the correct procedures when supporting people with meal preparation. This minimised the risk of infection.

### Staffing and recruitment

At our last inspection the provider failed to provide adequate staffing levels to support peoples care needs this was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to ensure staffing levels were in line with people's support needs. We observed people receiving the appropriate level of care as identified in their care plan such as 1:1 support.
- Staff recruitment and induction training processes promoted safety.

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

- Improvements had been made to risk management. Most people's risk assessments and care plans were up to date. However, some people's care plan's continued to need updating to reflect their current needs. For example, one person's care plan said they enjoy regular activities such as swimming and crafts club. However, they have not attended any clubs or gone out in to the community for some months and will refuse to go out when asked.
- People's 'positive behavioural support' plans designed to ensure people were safe and supported in a



person-centred way were effectively followed.

- At the last inspection the provider was asked to provide regular action plans to CQC to ensure lessons learned. The provider continued to complete and update action plans to identify concerns and take action in a timely manner.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about how to support people to maintain a healthy balanced diet.

At this inspection we found improvements had been made regarding what people ate and how this was stored and prepared. However, further improvements were required in relation to monitoring people's fluid intake.

- Peoples nutrition and hydration needs were not always met.
- People's fluid intake charts were not consistently completed. Records reviewed did not record how much fluid a person should have in a day and what actions to take if this was not achieved. This increased the risk of people becoming dehydrated.

We recommend the provider seek advice and guidance from a reputable source, about how to support people with their hydration needs and takes action to update their practice accordingly.

- During inspection we observed improvements had been made to how people's food was stored and prepared.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about the principals of the MCA and least restrictive practice.

Improvements were still required to ensure the principals of the MCA were followed.

- Principles of the MCA were not always followed.
- Mental capacity assessments and best interests' decisions were carried out however, these did not include the relevant professionals or relatives to ensure decisions made were the least restrictive and in the person's best interests.

We recommend the provider seek advice and guidance from a reputable source, about the principles of the MCA and least restrictive practice.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff this was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to staff training to ensure staff were suitably trained to carry out their roles.
- The provider had implemented a supervision matrix to ensure staff received regular support and appraisal of their work performance in line with the providers policy.
- The provider had made improvements by monitoring staffing levels to ensure staff deployed had the correct skills and knowledge to carry out their role effectively.
- Competency checks were carried out with staff to ensure they understood the training received and how they put this in to practice. However, some staff still required competency checks in medicines. Competency checks were carried out by the manager who had not yet completed their full induction training with the provider. Therefore, we were unable to ensure competency had been checked to the correct standard expected by the provider.

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

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about supporting people to access and to live healthier lives.

At this inspection we found improvements had been made.

- The provider worked closely with other professionals such as the clinical commissioning group and local authority to improve the service. The provider put an action plan in place and had regular meetings with

other professionals to monitor improvements and progress.

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- One 'supported living service' did not always ensure that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events. One relative told us, " There is not enough encouragement for people to get out in to the community and to do new things, [family member] used to love going to social events and was a very sociable person. They do not go out in to the community anymore."
- People were supported to access healthcare.

# 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 inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Relatives told us the communication with the service had improved since the employment of a new manager following the last inspection.
- Relatives were not always asked their views or wishes regarding their family members care. Reviews of care plans and best interest decisions showed relatives were not involved in the review of people's care.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's privacy and dignity was respected. We observed staff knocking on doors and asking permission before entering people's flats.
- People did not always have the opportunity to try new experiences, develop new skills and gain independence.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when interacting with people.
- Feedback from professionals and relatives was mixed. One relative told us, " Staff are respectful and support [family member] well. I have no complaints how they are treated and cared for." Another relative told us, "Some things have improved with the new manager, but I still do not feel staff understand [family member's] complex care needs. I feel they just do enough to get by, but it isn't enough. They don't have a good quality of life anymore and I don't think staff understand how they could support with that." One professional told us, "[Person] has stopped engaging with professionals and I have not been part of any discussions as to how this could be improved and how to support the person better."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider failed to ensure people received person-centred care was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff had access to up to date person centred information to provide people with personalised support. Some care plans required updating due to people's change of preferences.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

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 not always actively supported to participate in their chosen social and leisure interests on a regular basis as detailed in their care plan.
- People maintained good personal relationships. Families were encouraged to visit, and people were supported to use technology when needed.

Improving care quality in response to complaints or concerns

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about the management and learning from complaints.

Improvements had been made at this inspection.

- Complaints were dealt with effectively and in a timely manner as per the providers policy.
- Relatives told us they found the new manager approachable and knowledgeable. One relative said " The manager seems knowledgeable and is more pro- active in what he does however, I still feel any complaints

need to be in writing as communication between staff and management can be poor."

#### 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.

- Staff ensured people had access to information in formats they could understand.
- Peoples communication needs were recorded in care plans for staff to follow. We observed staff communicating with people effectively.

#### End of life care and support

- An end of life policy was in place to provide appropriate care if needed.

# 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 inadequate. 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

At our last inspection the provider failed to operate robust quality assurance and safety monitoring systems this was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements were made to governance processes which helped hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider introduced daily walk arounds to regularly monitor infection control, staffing levels, staff interactions with people living at the service and incident management.
- Quality assurance processes were operated however, further improvement was required to embed robust systems and processes to identify shortfalls within the service. For example, at one 'supported living setting' records showed three staff members had not completed their refresher training in safeguarding. Audits carried out did not identify this.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

At our last inspection the provider failed to operate robust quality assurance and safety monitoring systems this was a breach of Regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- An improved culture of high quality, person-centred care which valued and respected people's rights was being embedded within the service. Managers encouraged a culture that valued reflection, learning and



improvement.

- The quality of record keeping had improved however, further improvements were required to ensure staff could provide person-centred care. For example, some care plans required updating to reflect people's current care needs and preferences and monitoring charts such as fluid charts required further detail to ensure staff were aware of how much people should drink, what to do if this was not achieved and the risks associated to this.
- Managers worked directly with people and staff and led by example.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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; Continuous learning and improving care

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The provider worked closely with key organisations including the local authority and the CCG to create an action plan to improve the service, ensuring transparency and good outcomes for people. The provider gave weekly updates to CQC on the improvements made in line with the providers action plan and regular meetings with the key organisations were held.