

# Healycare Limited

# Healy House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Healy House is a residential care home providing personal care to 6 people at the time of the inspection. The service can support up to 12.

### 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's independence was promoted and staff encouraged people to take control of their own care through weekly reviews. Risk assessments and strategies were in place and reviewed to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

People received kind and compassionate care. Staff understood and responded to people's individual needs. A multidisciplinary approach was taken towards people's care. The provider had systems to safely manage and store medications. Infection prevention and control measures were in place and being followed. Safety and environmental checks were being made of the premises. We observed radiators without safety covers and furniture in need of securing to keep people safe. The provider took immediate actions to address this.

### Right Culture:

People received good quality care, support and treatment because staff were working with the registered manager to meet people's outcomes. Governance systems were in place to oversee the service and ensure learning and development. Safeguarding referrals were being made to the local authority however we made a recommendation to the provider to ensure notifications are made to the CQC where appropriate. People provided positive feedback on the service. Relatives felt more communication would be beneficial. People's and staff voice were encouraged, feedback was being sought through surveys and house meetings.

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 good (published 4 July 2019).

### Why we inspected

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 received concerns in relation to the culture of the service and the cleanliness of the environment. As a result, we undertook a focused inspection to review the key questions of safe 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 good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Healy 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Healy House 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. Healy House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 3 people who used the service and 2 family members. We spoke with six staff members. These included 1 cleaner, 2 mental health support workers, a home manager, and the registered manager. We spoke to the nominated individual after the visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 2 people's care records, associated documents, medicines records and medicines related documentation. We also looked at records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations of support provided in the communal areas.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe in the service. People told us, "Yes I feel safe. I think they [staff] are amazing" and "I feel safe here."
- Systems and processes were in place to report concerns. Details of investigations and discussions with the local authority was viewed. Staff were aware of how to report concerns.
- Accidents and incidents were being recorded and audited to look for learning. We observed individual incidents of self-harm were not reviewed centrally. The provider implemented a tool to record and review this information to look for broader learning, during the inspection

Assessing risk, safety monitoring and management

- Risks were effectively assessed and managed. Individual risk assessments were on peoples' care files. These included detailed assessments around peoples' mental health needs and risks. We observed that a risk assessment was required around a historical risk for one person and one risk assessment required updating around community support
- Parts of the property were tired and in need of modernising. The other part of the property had been recently renovated to a high standard. We observed radiator guards were not in place in people's rooms and wardrobes were not secured to the walls. This placed people at risk of harm. The provider resolved this during the inspection and assurances were given the service was safe. The registered manager has now included checks of these items within daily audits.
- Environmental certificates and risk assessments were in place. Fire drills were occurring regularly. Vacant outlets were being flushed however it was not clearly recorded in daily checks. Following the inspection, this check was added to daily records.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. This was being recorded on a DoLS tracker.

- Mental capacity assessments and best interest decisions were being completed and recorded.

#### Staffing and recruitment

- There were enough staff to meet people's needs. The provider was using a dependency tool and rotas showed the service was staffed appropriately.
- People told us there were enough staff. They said, "There's more or less the same staff on. They recognise when I am needing extra support... There is enough staff around."
- Staff told us there were sufficient staff deployed in the home. They said, "I feel there is enough staff, we are aware of residents needs and have a stable staff base" and "We have enough staff. Staffing levels are adjusted as and when to meet people's needs and can be increased if needed."
- Staff were recruited safely. Appropriate checks were being completed prior to employment. This included, Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems and processes were in place to safely manage people's medicines. Medicines were secured safely within the service. Recording, and reporting processes were being followed. We observed protocols for 'as and when' medicine were in place although they would benefit from more detail.
- Medicines training was being completed. Regular medicine reviews were occurring and in line with STOMP (Stop the Over Medication of People with a learning disability, autism or both) guidance.

#### Preventing and controlling infection

- The communal areas were clean and tidy. Cleanliness of bedrooms varied due to personal choice and people told us they were supported by staff to attend to their room.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- People were supported to have visitors in the service in line with current guidance.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Reporting requirements were not always being followed. Local safeguarding processes were being followed however we noted that one incident had not been reported to the CQC. Providers must inform the CQC of certain incidents under our regulatory requirements. We did not observe any further concerns around reporting.

We recommend that the provider strengthens their policies and procedures to ensure all relevant incidents are reported to the CQC in line with regulatory requirements

- Governance systems were in place and regular audits were occurring across the service. The registered manager was using the audits to identify areas of learning and improvement. We observed individual incidences of self-harm were not recorded and reviewed centrally to look for trends and themes. The registered manager implemented a governance tool during the inspection to improve oversight.
- During our inspection the registered manager was open and transparent. She was responsive and addressed areas of improvement without delay.
- Policies and procedures were in place and up to date.

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

- Positive feedback was given on the service and the support provided. People told us, "My outcome is to be stable [with their mental health] and they are working with me to achieve this. Not had issues with anyone. It's a really good place to live."
- Staff told us the registered manager was approachable and they enjoyed their job. They said, "The service is run well from what I can see. You can put forward suggestions to management. I've never had any problems. Morale seems fine, all staff give each other support" and "Management are approachable if you need anything. I feel they listen."

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

- The provider was engaging with people and staff who use the service. Minutes from meetings with staff

and house meetings with people were viewed. People told us they were kept informed of information on the service. They said, "They have meetings every now and then, about what's happening in the house and if we have any concerns."

- Relatives spoken with had limited involvement with the service. They told us more communication with the registered manager and staff would be beneficial.
- Weekly planners demonstrated people were involved in reviews of their care plans and risk assessments on a weekly basis to ensure care continued to meet their needs.
- Surveys were being completed with people and staff around the care delivery and culture in the service. The majority of the feedback viewed was excellent. Where lower scores were identified, the registered manager had put measures in to address any shortfalls.
- Evidence of partnership working was viewed. People were supported by a range of professionals to meet their physical and mental health and details of multi-disciplinary team members were recorded in care files.