Healthlinc Individual Care Limited

Healthlinc Apartments

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Healthlinc Apartments are registered to provide accommodation, nursing and personal care for seven people who may be younger adults or older people. The service can provide care for people who have a sensory or physical disability. It can also support people who have special needs for assistance due to a learning disability or mental health issues. There were seven people living in the service at the time of our inspection visit. Most of the people had special communication needs and used a combination of individual words, vocal tones and sign assisted language to express themselves.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 1 December 2015 the service was rated, 'Good'.

At this inspection we found the service remained, 'Good'.

In more detail, there were systems, processes and practices to safeguard people from situations in which they may experience abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, medicines were managed safely.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and background checks had been completed before new nurses and care staff had been appointed. Good standards of hygiene were being maintained and lessons had been learnt when things had gone wrong.

Nurses and care staff had been supported to deliver care in line with current best practice guidance. People enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet. In addition, there was suitable provision to ensure that people received coordinated and person-centred care when they used or moved between different services.

People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and

guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They were also supported to express their views about the care they received and to be actively involved in making decisions about things that affected them. This included having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs. This included being offered a number of opportunities to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. There was a robust management framework to ensure that nurses and care staff understood their responsibilities so that risks and regulatory requirements were met.

The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed and people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and nurses and care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons worked in partnership with other agencies to support the development of joined-up care.

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 remained, 'Good'.	**Good**
Is the service effective? The service remained, 'Good'.	**Good**
Is the service caring? The service remained, 'Good'.	**Good**
Is the service responsive? The service remained, 'Good'.	**Good**
Is the service well-led? The service remained, 'Good'.	**Good**

Healthlinc Apartments

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 November 2017 and the inspection was announced. The inspection team consisted of a single inspector. We gave the registered persons a short period of notice because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling to their home.

During the inspection we spoke with three of the people who lived in the service and spent time with the remaining four people. We also spoke with a nurse and four members of care staff. The registered manager was not available and in their absence we spoke with the deputy manager who oversaw the running of the service on a day to day basis. We observed care that was provided in communal areas and looked at the care records for three people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with three relatives.

Good

Is the service safe?

Our findings

People told us and showed us that they felt safe living in the service. One of them said, "Good here with staff." Another person who had special communication needs smiled broadly when we asked them about their experience of living in the service. Relatives were confident that their family members were safe. One of them remarked, "The care is excellent and the service really knows what help my family member needs."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that most nurses and care staff had completed training and had received guidance in how to protect people from abuse. We found that nurses and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. At the same time people were supported to be as independent as possible. An example of this was people being assisted to safely complete tasks in the kitchen such as making drinks and preparing snacks.

We found that medicines were managed safely. There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and the nurses who administered medicines had received training. We saw them correctly following the registered person's written guidance to make sure that people were given the right medicines at the right times.

There were enough nurses and care staff on duty to promptly provide people with the care they needed. This enabled people to be given the individual assistance they needed and wanted to receive.

Records showed that the registered persons had completed a number of recruitment checks on new nurses and care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures had helped to establish applicants' previous good conduct so that only suitable people were employed to work in the service.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the registered manager and deputy manager had assessed, reviewed and monitored what provision needed to be made to ensure that good standards of hygiene were maintained in the service. We found that

the accommodation was clean and had a fresh atmosphere. We also noted that equipment such as showers and baths were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that nurses and care staff recognised the importance of preventing cross infection. They were wearing clean clothes, had access to antibacterial soap and regularly washed their hands.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager and deputy manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Good

Is the service effective?

Our findings

People were confident that the nurses and care staff had the knowledge and skills they needed. They were also confident that staff had their best interests at heart. A person who had special communication needs gave a 'thumbs-up' sign when we pointed in the direction of a nurse who was nearby. Another person remarked, "Staff help me how I like it."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager and deputy manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager and deputy manager clarifying with people if they had a preference about the gender of the care staff who provided them with close personal care.

We saw that nurses and care staff were able to promote positive outcomes for people if they became distressed. We noted that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. This included providing them with the emotional reassurance and practical assistance they needed to keep both themselves and other people safe.

Records showed that new nurses and care staff had received introductory training before they provided people with care. In addition, established nurses and care staff had received most of on-going refresher training the registered persons said they needed in order to keep their knowledge and skills up to date. We found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to promote their continence.

People told us and showed us that they enjoyed their meals. We found that people were being supported to eat and drink enough to maintain a balanced diet. In addition, we noted that people had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also saw that care staff were making sure that people were eating and drinking enough to keep their strength up. This included encouraging some people to eat their meals and gently reminding others to have plenty of drinks.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this included care staff offering to accompany people to hospital appointments so that they could pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed

that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges. In addition, the accommodation was well decorated and comfortably furnished.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the registered manager, deputy manager, nurses and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager and deputy manager had ensured that decisions were taken in people's best interests. An example of this was the deputy manager liaising with relatives and healthcare professionals when a decision needed to be made about a person undergoing a particular medical procedure. This had enabled careful consideration to be given to whether the benefits of undergoing the procedure outweighed the distress the person might experience.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "I like the staff here as they're nice to me." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I do indeed consider the service to be very caring. I've no concerns at all about that."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge discussing what coat it would be best for them to wear when they went out into the community later on. They also comforted the person when they had doubts about their ability to manage in the community. They did this by reminding them that a member of staff would be with them at all times.

Care staff were considerate and they described how they made a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. This included arranging for the person to personalise their bedroom with their own pictures, photographs and keepsakes. We also noticed that nurses and care staff had sensitively asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed that the deputy manager and registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, we saw nurses and care staff knocking and waiting for permission before going into rooms that were occupied.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that nurses and care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said and showed us that nurses and care staff provided them with all of the assistance they needed. One of them said, "Staff help me lots and lots." Relatives were also positive about the amount of help their family members received. One of them commented, "The care is very good and everything my family needs is there for them. Quite literal, they couldn't manage without the assistance they get from the staff."

We found that people received personalised care that was responsive to their needs. Records showed that nurses and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, organising their day and promoting their continence.

People told us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During the course of our inspection visit there was a lively atmosphere in the service and we saw a number of people being supported to enjoy a number of activities. One person was assisted to bake some muffins, and another person was assisted to sort out some of their clothes in their bedroom. A third person was helped to enjoy listening to some of their favourite music. Records also showed that people were regularly supported by staff to go out and about in the local community.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved them having a special cake and a party.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to have the opportunity to meet their spiritual needs by attending a religious service if they wished. In addition, the deputy manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. At the time of our inspection visit the registered persons had just received a complaint from a person who lived in the service. The person had complained that another person who lived in the service was making too much noise at night and was disturbing their sleep. We noted that the deputy manager had quickly looked into the issue and had reassured the complainant that steps were being taken to resolve their concern.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered manager and deputy manager had consulted with people (and/or with their

representatives) about how each person wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that nurses had supported relatives at this difficult time. A recent example was a relative being assisted both to make funeral arrangements for their deceased family member and to sort out the details of their estate.

Good

Is the service well-led?

Our findings

Relatives were complimentary about the management of the service. One of them remarked, "I think that the service is very well run. I get regular updates and I can see it's a professional set up." Another relative said, "I like knowing there's always a nurse on duty and in charge because that means there's a qualified person there."

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager and deputy manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. In addition, we noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Staff were clear about their responsibilities. We noted that each shift was led by a nurse who was in charge. In addition, records showed that information was carefully handed over between nurses and care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed.

We noted that as part of the care planning process people who lived in the service and their relatives were engaged and involved in making improvements. There were a number of examples of suggested improvements being made. One of these was people being invited to choose the colour of the paint that was being used for the redecoration of the lounge.

Nurses and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were sure that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

We noted that the registered persons adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. Records

showed that these arrangements had been successful in that high levels of occupancy had been maintained. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered manager and deputy manager being provided with regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

Records showed that the registered manager and deputy manager had regularly checked to make sure that people were reliably benefiting from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment and electrical appliances were being checked to make sure that they remained in good working order.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered manager and deputy manager liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working. One of the benefits of this was to enable people to promptly be discharged from hospitals and other more secure settings to residential care services after their treatment had finished.