

## Heathbank Support Services

# Heathbank Support Services

### Inspection report

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21 March 2019

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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

### About the service:

Heathbank Support Services is a small charitable organisation based in Oldham. The service provides personal care and support to enable people to live as independently as possible within their own home. The service provided personal care to seven people at the time of our inspection.

### People's experience of using this service:

People and relatives were very positive about the service and gave numerous examples of kind and caring practices.

The staff we spoke with had a good understanding of the people they supported and knew how to provide appropriate support.

People were fully assessed, and care records contained information about people's needs, abilities and preferences.

There were risk assessments in place which were detailed and specific to the individual.

There were suitable systems in place to recruit staff safely.

Staff received the training they needed to support individuals with their specific health and social care needs.

The service worked closely with other health care professionals and supported individuals to access appropriate health care services when needed.

People, relatives and staff felt able to raise concerns with the registered manager and felt these were addressed quickly and effectively.

People, families and healthcare professionals were invited to regular review meetings to ensure care plans remained appropriate and relevant.

The service had developed a number of systems to improve oversight and governance within the service. Paperwork was regularly reviewed by the registered manager to ensure it was up to date.

The service had various strategies for improving practice and sharing learning, including networking with other services and an active committee board to whom the registered manager reported.

### Rating at last inspection:

At the last inspection the service was rated as Good (13 September 2016).

Why we inspected:

This was a planned inspection to check that this service remained Good.

Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good.

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

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Heathbank Support Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one adult social care inspector.

#### Service and service type:

Heathbank Support Services is a domiciliary care agency. It provides personal care to people living in their own homes.

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 inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 March 2019 and ended on 21 March 2019. We visited the office location on 13 and 20 March 2019 to see the manager and office staff; and to review care records, policies and procedures, speak with staff and people using the service. We made calls to people using the service, relatives and staff on the 21 March 2019.

#### What we did:

Before the inspection we reviewed the information we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with commissioners of the service, including local authority and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included three people's care records, three staff recruitment files and information relating to supervision and training. We looked at the policies and procedures and documents and other audits and checks completed by the service.

Seven staff were employed at the time of the inspection. We spoke with the registered manager, the deputy manager and two care staff. We spoke with one person using the service and two family members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and their relatives told us they felt the service was safe and said, "They are brilliant" and, "Staff really know what they are doing."
- Staff had completed training in safeguarding and understood this issue and how to raise concerns.
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- People had individual risk assessments within their care records which related to their personal needs and covered areas such as eating and drinking, environment, managing behaviour and personal care. These were detailed and provided staff with guidance to reduce the potential risk.
- People had Personal Emergency Evacuation Plans (PEEPs) in place to ensure staff knew how to support people in an emergency.
- The service had appropriate environmental checks including electrical, gas and water tests and maintenance within the office.

Staffing and recruitment

- The service had safe staff recruitment procedures in place. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people and deliver a consistent service.
- The service completed reviews of personnel files and DBS checks were updated.

Using medicines safely

- Care records contained information about how people were to be safely supported to take their medicines.
- Staff received training in the administration of medicine and the registered manager undertook spot checks and competency assessments to ensure staff had the necessary skills.
- The home had policies in place to guide staff with the administration of medicines and this included guidance in relation to homely medicines; 'as required' medication and the use of covert medicines should people require this type of support.

Preventing and controlling infection

- Staff had completed training in health and safety, infection control and food hygiene.
- The registered manager completed unannounced spot check visits to ensure care staff followed the

infection control procedures and used personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered manager had systems in place to learn from when things went wrong, such as through accidents, incidents and complaints.
- The registered manager engaged in opportunities to network with other agencies and share learning.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support. This included consideration of their physical and emotional support needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- People's care records contained a detailed life history and background which included information about choices and preferences.

Staff support: induction, training, skills and experience

- Staff told us they had a good induction before they worked independently with people and said, "You get to shadow staff and get to know people, I shadowed every shift." A family member confirmed that new staff shadowed more experienced staff when they first began working at Heathbank support service.
- Staff received regular support from the registered manager and accessed supervisions, appraisals and team meetings. One member of staff told us, "We get regular supervision which is useful, but if there are any issues you can go and ask [registered manager] at any time and it gets sorted out."
- Staff told us they felt they had the training and support to enable them to care for people safely. One staff member told us, "We get any training we need, we just ask." We saw that staff completed training that was specific to the individual they were supporting. One family member told us, "Yes, staff definitely know what they are doing."

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

- The care plans for people supported with eating and drinking contained detailed information about how to support the person in this area and information about people's likes and dislikes.
- People and relatives told us they received the right support in this area. One relative said, "Staff are so good. They do everything that needs to be done and they know what they are doing."

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

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

- People gave numerous examples of where the service had supported them to access other agencies such as doctors and hospital appointments. One person told us, "Yes, they liaise with my learning disability nurse, they speak to my doctor, anything I need really."
- People's care records demonstrated that the service had close working relationships with other healthcare services and would make referrals and request advice when required.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care files contained details about people's capacity to make decisions. We saw records that best interest decisions were made involving the appropriate people.
- Care plans were developed with people and their relatives. These were regularly reviewed and input from staff, healthcare professional and people and their relatives obtained.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff completed training in mental capacity. All staff we spoke with had a clear understanding of the need for consent and capacity to make decisions.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with respect. One person said, "Yes they treat us with respect, every staff member does." and, "The staff are brilliant."
- Relatives were positive about how people were treated. One relative told us, "Everything is good about it, I can't find fault with it." Another said, "The staff are very caring and lovely. It's just brilliant. I feel [family member] is treated it with dignity and respect." and, "Everything is great. It feels more like a family, they really care about [family member]."
- People and relatives told us the service was very flexible to their needs. They said, "Nothing is too much trouble."
- The registered manager was able to give us examples of us how they supported people with protected characteristics and staff had completed training in equality and diversity.
- Staff spoke with genuine affection about the people they were supporting and told us, "Everyone is there to give their best." "I love coming to work here, I want to come to work." and, "It's a lovely group of service users and family."

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

- People and their relatives told us they were involved in developing care and support plans. One relative said, "We have regular meetings and updates. They are always open to suggestions."
- Care plans and records were detailed about the person and helped staff understand how to support and communicate with the individual.
- Records demonstrated that people had access to advocacy services when needed. The registered manager understood when people may benefit from independent support with decision making.
- The service asked for feedback from people in a 'service user satisfaction survey'. The feedback the service had received was overwhelmingly positive with comments including, "You cannot improve on the best."

Respecting and promoting people's privacy, dignity and independence

- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service was able to adapt information to meet people's needs and staff had completed training in a variety of communication methods.
- Consideration to privacy and dignity was embedded throughout each care plan we reviewed. There was detailed information about the person's ability and how independence should be promoted.
- The service took a positive approach to risk taking and would support a person to do as much as they could for themselves. This included accessing groups and activities within the community.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew the people they supported well. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us, "Care records are detailed, they tell me everything I need to know."
- Care plans included people's personal information, routines and support needs. They were up to date and reviewed regularly. One relative told us, "They can tailor [family member's] support, there have been a lot of changes in [family member's] health."
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. Staff understood people's individual communication methods and had knowledge of a variety of communication aids to support people.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they knew how to raise concerns and make complaints. The people and relatives were very positive about the service and told us, "Nothing is too much trouble. There is always someone at the end of the phone if you need anything." "Everything is good about it. I can't find fault with them." and, "I definitely feel able to raise any concerns with staff and know it will be dealt with."
- The service had a complaints policy in place and had processes for managing and responding to complaints. At the time of the inspection the service had not received any complaints for some time.
- The registered manager was able to tell us how they addressed any concerns that people raised. They gave us examples of how concerns were investigated and learning shared in order to develop service improvement.

End of life care and support

- At the time of inspection nobody was receiving end of life care and support. However, the management team assured us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.
- We saw care records that demonstrated consideration had been given to end of life and that these discussions were being undertaken with people and their relatives when possible.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in September 2016 this key question was rated as requires improvement. This was because the service needed to demonstrate consistent and sustained good practice. At this inspection we found evidence that supports a rating of good in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care staff were positive about their workplace and complimentary about the support they received from the management team. One member of staff told us, "It's a brilliant company to work for."
- People and families told us that systems of communication were good. One relative said, "Communication is good. We always know who is coming and when."
- We saw records and staff told us that they were well supported and had regular team meetings, supervisions and appraisals.

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

- The service had 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.
- There was a positive culture where staff and management were passionate about the care and support that they provided. A relative said, "[Registered manager] is just brilliant."
- Staff felt well supported by the registered manager and told us, "[Registered manager] is always there, if I need anything they will pop round. The support has been fantastic." and "[Registered manager] is brilliant, they will always help out. If I have any issues I can go to [registered manager] and it will get sorted out."
- People's confidential information was kept secure at the registered office and within the person's home depending upon the individual's preference.
- The registered manager was aware of their responsibility to report events to the CQC by statutory notifications but there had not been any recent notifiable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held a number of different types of meetings to engage people, families and staff in the service. This included staff and service user meetings.
- Staff told us they felt part of service development and said, "We can raise anything and make suggestions

and discuss solutions."

#### Continuous learning and improving care

- The service was committed to continual learning. Staff told us they could access a wide range of training and learning.
- The registered manager reported to the Heathbank Support Service committee. The committee provided oversight and supported the improvements and development of the service. The registered manager told us they felt supported by the committee and discussions in this forum contributed to the services ongoing improvement plan.
- The service had policies and procedures in place to provide guidance for staff on a variety of matters. These were regularly reviewed and updated when required.

#### Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that person accessed the support they needed.
- The registered manager actively networked with other services to develop good practice and information sharing.