

Headzpace Therapeutic Care Limited

Cross House

Inspection report

2 Cross Street
Beeston
Nottingham
NG9 2NX

Tel: 07917916552

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Regus House, Headzpace, provides personal care and support to children and young adults in their own homes and flats within the community. Many of the young people have learning disability, autism or both and/or mental health needs.

Not everyone who used the service received personal care. 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 our inspection, there were 7 people using the service, 1 person was using the regulated activity of personal care.

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.

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

Right Support: Staff gave people care and support in a safe environment. Risks to people's health and safety were managed without compromising their independence. We have made a recommendation about positive behaviour support planning. There were enough staff to make sure people received care and support when they needed it. Staff were trained and supported to carry out their job safely and effectively. 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: The care was person-centred and promoted people's human rights. People's needs were appropriately assessed before they moved to the service. The service worked together with health and social care professionals and relatives to ensure people's needs could be met and their health and well-being maintained. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns.

Right Culture: The provider promoted a person-centred environment and people experienced good outcomes. Relatives spoke positively about the management team and staff. People received good quality care, and support because trained staff could meet their needs and wishes. Staff understood people's needs in relation to their strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This enabled people to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. The management team were committed to the continuous improvement of the service. We have made a recommendation that the provider review and develop their restraint policy to

ensure this is sufficiently robust and in line with current guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

We carried out an announced comprehensive inspection of this service on 16 March 2022. Breaches of legal requirements were found under safe care and treatment and good governance. 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.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. 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 requires improvement This is based on the findings at this inspection.

This service has been in Special Measures since 23 December 2021. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Regus House on our website at 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cross 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 team consisted of 2 inspectors.

Service and service type

Regus House is a supported living service. It provides personal care to children and young adults living in their own houses and flats so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a registered manager in post.

Notice of inspection

This inspection was announced. Inspection activity started on 6 December 2022 and ended on 8 December 2022. We visited the location's office on 6 December 2022.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. 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.

During the inspection

We spoke with 1 person's relative and 3 health and social care professionals involved with the person's care and support. We also spoke with 7 staff members including the director, the registered manager, a compliance manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 1 person's care file and records, 3 staff recruitment files, staff training and a range of management records including staff training, quality assurance records and key policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure the proper and safe management of people's medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice requiring the provider to make improvements.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- People controlled their own medicines unless assessments determined that they needed some support.
- Staff completed medicine records and these were regularly audited by the registered manager to support any areas for improvement.
- Staff worked alongside other agencies, such as qualified nurses, to ensure people received their medicines safely and as prescribed.
- The provider worked with health professionals in line with STOMP which aims to stop the over-use of medicines for people with a learning disability, autism or both. Health professionals and relatives were able to give examples of how staff intervention and response had in one case markedly reduced the use of a psychotropic medicine for a person, prescribed because the person's behaviour had been seen as 'challenging'.

Assessing risk, safety monitoring and management

- Some people expressed their distress, anxiety or frustration through distressed behaviours, which could place themselves or others at risk of harm. Although care plans included information and guidance around responses and interventions to de-escalate people's distress, we found information was fragmented and did not set out clear steps and processes for staff to follow. For example, one person's plan lacked clear information to guide staff on how to support them when they demonstrated sexualised behaviours.

We have recommended the provider reviews care plans in line with positive behaviour support planning (PBS). PBS is an individualised plan that, through assessment, provides a clear step by step process to supporting adults and children who may demonstrate distressed behaviours.

- Risks to people's safety and wellbeing were assessed, monitored and managed. Assessments included risks relating to people's care, health and environment and included measures staff needed to follow to keep people safe.
- Staff and managers worked with health and social care professionals to consistently review risk

assessments. One professional told us, "We receive weekly reports from Headzpace and incident reports have reduced dramatically because they know how to keep [Name] safe."

- Staff provided care and support using a therapeutic approach which reduced or eliminated the need to restrain people who presented a significant risk of harm to themselves or others through their distressed behaviours. Any restraint interventions were properly authorised and detailed through appropriate legal processes.
- Staff were able to describe how they kept people safe. For example, one staff member told us, "We have got to know and understand [Name] really well. We follow routines that are important to keep them safe and understand how to communicate with them."

Systems and processes to safeguard people from the risk of abuse

- The provider had a system for reporting and managing safeguarding concerns and this was supported by policies and procedures for both adults and children.
- Relatives and professionals said they were reassured the service was safe. One relative told us, "I feel [Name] is safe with staff. They know and understand [Name] really well which helps to keep them safe."
- Staff had training in safeguarding adults and understood their responsibility to report any concerns. One staff member told us, "We have really good support from managers. They are always checking that everyone is safe, including the environment, and take action if we have any concerns."

Staffing and recruitment

- The provider used safe recruitment practices to check new staff were suitable to work with people. Checks included pre-employment, identify and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured they recruited sufficient, appropriate staff and these were in place before accepting new care packages so these could be safely provided.
- Staff, relatives and health professionals told us there were sufficient staff to meet people's needs. One relative told us, "[Name] has a large team of staff around them who are familiar with them and know them well. This consistency has really helped [Name] settle and develop."

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place. The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.
- Staff received training in infection control and had access to supplies of personal protective equipment (PPE).

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents and the actions taken to manage them. Reports were held electronically so they could be accessed by various management personnel.
- The management team reviewed all accidents and incidents regularly. Any trends identified were acted on to improve the quality of the care provided to people. For example, incidents of distressed behaviours were used to review strategies and interventions to ensure these remained effective.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant 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, and choices were assessed. Assessments were carried out before a person began using the service to ensure that their needs could be met.
- People's care plans were personalised and reflected their current needs and aspirations, including physical and emotional needs. They showed a good understanding of each person, including their communication support and cultural needs.
- Assessments involved a range of people including the person, their family and health and social care professionals together with any legal restraints and conditions on the person's care and support.

Staff support: induction, training, skills and experience

- The provider had developed the training provision and made sure staff had induction and essential training relevant to their role. This included training in specific needs such as learning disability and accredited training in supporting and responding to people with distressed behaviours. We have signposted the provider to The Oliver McGowan Mandatory Training on Learning Disability and Autism. This training aims to provide the health and care workforce with the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.
- Staff told us they completed a lot of training relevant for their role. One staff member told us, "I do a lot of training which helps me to provide people with person centred care. The training in response and intervention was really useful and this has recently been refreshed."
- Staff told us they felt supported by the registered manager and had regular supervisions and team meetings. One staff member told us, "I have supervision every eight weeks where I can discuss any issues or problems, or any needs I may have. The whole staff team works well together and managers are very supportive."

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

- The provider ensured staff had training in nutrition and hydration. People's nutritional health was assessed before using the service.
- People were supported with meal preparation if this formed part of their individual care package. Any special dietary needs and preferences were clearly set out in care plans.
- Where necessary, staff discreetly monitored people's nutritional well-being to make sure they had sufficient to eat and drink and guide people to eat a balanced and nutritious diet.

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

healthier lives, access healthcare services and support

- The staff worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- Staff and professionals were able to provide examples of effective partnership working, which included timely referrals and appropriate sharing of information to assist on-going monitoring of people's health and well-being.
- Staff completed daily care notes which included information about people's physical and emotional well-being and referenced anything unusual, such as behaviour or responses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff received training in MCA and showed a good understanding of how they followed those principles. This helped to ensure any legally authorised restrictions were followed and people's rights were not compromised. One staff member told us, "We are informed if someone has a DoLs order. I understand the Court of Protection makes decisions for [Name]. This helps to ensure they have protection from harm and guides decisions to make sure they are in [Name's] best interests."
- People's care plans included decisions they could make for themselves and abilities. Relatives and professionals confirmed staff followed best interest processes. A relative told us, "If staff have an idea or want to try something, [Name of provider] will ring me to discuss and get my feedback. They will also consult with professionals involved in [Name's] care."
- Staff demonstrated they understood how people expressed their consent and communicated their choices which supported personalised care.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant that 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

At our last inspection we found systems to monitor the quality and safety of people's support were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- Whilst key policies were up to date and reflected good practice guidance and legislation, we found the providers restraint procedure required further development. The document did not include essential overarching statements, for example, 'least restrictive reasonable option available, and for the least amount of time', details of restraint staff are trained in and reference to body maps, etc. This is important to underpin the practices and legal processes staff were following.

We have recommended the provider review their restraint policy and procedure to ensure it is sufficiently robust and in line with current guidance and best practice.

- The provider had continued to develop systems to monitor the quality and safety of service and acted where improvements could be made. The registered manager carried out audits of the service and reported their findings to the provider.
- The provider had engaged a staff member to review, audit and identify improvements to ensure the service was compliant. They told us their role was to introduce consistency in formatting, records and processes. They provided examples of improvements around information in care plans and staff files and this review was on-going at the time of our inspection.
- Staff were clear about their roles and responsibilities and felt supported by the management team. One staff member told us, "I feel well supported as managers are involved in what is happening and listen to us if we have any concerns."
- Relatives and professionals were complimentary about the provider and staff. A relative told us, "I feel staff genuinely care about [Name] and are knowledgeable about how to meet their needs." A professional told us, "Staff seem very good at communicating and understanding [Name]. [Name of Director] is outstanding in their knowledge and therapeutic approach with [Name]."

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

- The registered manager, and staff team promoted an inclusive and person-centred culture that was focused on achieving the best possible outcomes with people.
- Relatives and professionals described how staff had supported people to achieve outcomes that had improved their quality of life since using the service. Outcomes included reduction in the use of medicines, reduction in distress and anxiety and improvement in skills and communications.
- Staff were very positive about the ethos and culture of the service. One staff member told us, "I find this a really fulfilling job. We have great support from each other and the management team. We all share a person's achievements as a result of a our person-centred care."

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 provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.
- The management team acknowledged when things went wrong and took timely action. For example, if a staff member was incorrectly matched with a person, they took action to remedy this so the person was happy and responded positively to staff who supported them.
- The provider was committed to continuous improvement of the service.
- The provider and management team discussed and shared any lessons learnt to adapt and improve the service. For example, lessons had been learnt around staff training, support and supervision and the development of more robust governance and compliance systems and processes since our last inspection.

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

- The management team regularly sought the views of people and their relatives. One relative told us, "I have a (social media) group which helps with communication. I text whenever I want and always get a prompt response. Staff will ask my views or opinions and consult me about [Name's] care."
- Professionals involved in people's care told us they were kept informed and consulted about people's progress and well-being.
- Staff had meetings to discuss organisational standards and to give their views.

Working in partnership with others

- The provider held regular meetings with the management team to discuss briefings, organisational expectations and future developments.
- Staff worked in collaboration with other health and social care professionals to support the people who used the service. One social care professional felt whilst the director was responsive to requests for information, there were delays in obtaining reports and information from other managers. We shared this information with the director to support further improvements.