

Heath Care Services Ltd

# Heath Care Services

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Heath Care Services is a supported living service providing personal care. The service has seven different supported living premises providing support to 28 people in total, but only 9 received support with personal care. Four of the locations supported people with personal care. 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. The service supported people with learning disabilities, physical disabilities and people living with autism.

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

Pre-care assessments and care plans were not comprehensive, they did not fully cover people's needs in relation to equality and diversity. Quality assurance systems were not always effective.

People were not always treated in a way that was dignified or respected their privacy, and we have made a recommendation about this.

People were protected from the risk of abuse. Risk assessments were in place to help keep people safe. There were enough staff working at the service and robust staff recruitment practices were in place. Medicines were managed safely. There were effective measures in place to reduce the risk of the spread of infection. Accidents and incidents were reviewed to reduce the likelihood of similar events occurring again.

Staff were provided with support and undertook training to help them develop in their role. People were able to make choices about what they ate and drank. People were supported to live healthy lifestyles and to have access to health care professionals.

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.

People told us they liked the staff and that staff treated them well. Programmes were in place to help support people to develop independent living skills. Staff were aware of how to support people with personal care in a way that respected them and promoted their independence.

People and relatives were involved in developing their care plans and choosing what they wanted support

with. There was a complaints procedure in place and complaints were dealt with in line with this. Information was provided to people in a way that helped to make it accessible. People were supported to develop and maintain relationships with others and engage in a variety of community-based activities, in line with their wishes.

People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

#### Right Care

Sometimes the service acted in a way that was not as caring as it should have been. Such as displaying confidential information about people in communal areas of their homes and staff talking about people in a patronising way. Planned care did not cover all people's needs in regard to equality and diversity issues.

#### Right Support

People were able to choose where they lived, and the supported living services were ordinary homes in residential areas. People were able to choose and be involved in planning the care and support they received.

#### Right culture

People were at the heart of what the service did and care was person centred. There was an open and inclusive culture at the service.

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

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

This service was registered with us on 22 July 2019 and this is the first inspection.

#### Enforcement and Recommendations

We have identified breaches of regulations in relation to the way people's needs were assessed, and the lack of effective systems for monitoring and improving the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Heath Care 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. 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 one inspector.

#### Service and service type

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

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. This was because it had never been inspected before and we needed to check that it was operational.

#### What we did before inspection

We reviewed information we had received about the service. 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. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We observed how staff interacted with people. We spoke with seven members of staff including the registered manager, deputy manager, two senior support workers, two support workers and one of the directors. We reviewed a range of records. This included four people's care records and four medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people who used the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse. Policies and procedures were in place to provide guidance on this, including a safeguarding adults policy. This made clear the provider had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any allegations of abuse. For example, a member of staff told us, "I would report it [suspected abuse] to my manager."
- Where people had the capacity to do so, they had their own bank accounts and managed their money in line with the ethos of right support, right care, right culture. Where they lacked the capacity their finances were managed by relatives or court appointed persons/organisations. The provider did not manage anyone's finances. Where they spent money on behalf of people, records and receipts were kept. This reduced the risk of financial abuse occurring.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks.
- Assessments included risks associated with medicines, behaviours that challenged, mobility and finances. They were subject to review, which meant they were able to reflect risks people faced as they changed over time.
- Personal emergency evacuation plans (PEEPs) were in place for people. However, for two people we saw these were not comprehensive. Both people had bedrooms on the first floor, and both had substantial mobility needs. Yet, the PEEPs only covered emergency evacuation for them from the ground floor, there was no information about evacuation procedures if the person was in their bedroom or other first floor area.
- We discussed this with the registered manager who sent us revised versions of the PEEPs shortly after our inspection which included plans for evacuation from the first floor.

Staffing and recruitment

- The service had enough staff to meet people's needs. We spoke with one of the company directors. They told us they had been struggling to recruit staff after Brexit took effect, but they were now part of a scheme which allowed them to employ staff from EU countries, which had made a big difference.
- People told us there were enough staff to meet their needs. One person said, "Staff are always here." We observed staff appeared unhurried in their duties and able to respond to people promptly as required.

- Various checks were carried out on staff to help ensure they were suitable to work in a care setting. These included criminal records checks, employment references and providing proof of identity.

#### Using medicines safely

- Medicines were used safely at the service. Medicine administration records (MARs) were kept. These included details of the type, strength, dose and time of each medicine that was to be administered. Staff signed these every time they gave a person medicine so there was a clear audit trail in place.
- Where people were administered medicines on an 'as required' (PRN) basis, guidelines were in place about when to administer these to provide guidance to staff. Stock balances were kept. We checked the amounts held in stock of several medicines, and the actual amounts held tallied with the amounts recorded as being in stock.
- The registered manager carried out regular medicine's audits, which included checking MARs, which helped ensure medicines were administered correctly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring. For example, when a person had a fall, their risk assessment was reviewed, and referrals made to relevant health care professionals for support.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments were carried out of people's needs by the registered manager prior to the commencement of their care. However, these were not comprehensive.
- The registered manager said they met with the person and their relative to discuss the person's needs and determine if the service could meet them. Records showed pre-care assessments covered needs related to personal care, mobility, medicines and social interests.
- However, assessments did not cover all needs related to equality and diversity. For example, they did not cover needs related to ethnicity, gender or sexuality. Assessments did cover needs related to religion. This meant assessments were not sufficiently person-centred and did not cover important areas of need.

The provider had failed to carry out a comprehensive assessment of people's needs prior to the provision of care. This meant there was a risk the service would not be able to meet those needs that had not been assessed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager, and after the inspection they sent us confirmation that they had revised their pre-care assessment process so that it covered needs related to equality, diversity and human rights.

Staff support: induction, training, skills and experience

- Staff were provided with training and support to help them carry out their roles. Staff undertook a variety of training courses, some of which related to health and safety, such as fire safety and infection control, while others were about the needs of people, for example, in relation to learning disabilities and behaviours that challenged.
- People and relatives told us staff knew their needs and understood how to support them. One relative said, "I'd say they do [interact well with person]. They have got to know their needs and behaviours, they know how to work with [person]."
- Staff undertook an induction training programme on commencing work at the service. This included e-learning, classroom based training and shadowing experienced staff to learn how to support individuals.
- Staff told us and records confirmed that they had regular 1:1 supervision meetings with a senior member of staff. This gave them the opportunity to discuss matters of importance to them.

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

- People were supported to eat and drink enough to maintain a balanced diet. People were able to do their own shopping, with staff support where needed, and were able to choose what food they bought and ate. One person said, "I make my own tea and get my breakfast." This was in line with the ethos of right support, right care, right culture.
- People told us they enjoyed the food. One person said, "They cook loads of curries, which I love." A relative said, "I have sent emails to them about the food and I see they follow it."

#### Adapting service, design, decoration to meet people's needs

- As this is a supported living service, the care provider was not responsible for the maintenance of the premises. They did however provide support to people with decorating their rooms the way they wanted them. Two people showed us their bedrooms which were decorated to their personal taste, for example with Disney merchandise and family photographs.
- People were able to choose to live at this service. One person told us they had moved there from a place many miles outside of London. They told us, "My [relative] wanted somewhere that would be close to them." They confirmed that was what they also wanted. The same person added, "It's good living here because you get what you want from life."

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

- People were supported to live healthier lives and to have access to healthcare services. People and relatives told us the service supported them with medical appointments. One person said, "Yes, they would arrange that very quickly, to see a doctor if I was not well." A relative told us, "[Person] gets doctors, dentists, eye care, they [staff] are on it. If anything is wrong they take [person] to the doctors."
- Records showed people had access to a variety of healthcare professionals including dentists, GPs, occupational therapists, speech and language therapists and psychologists.

#### 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.

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.

- Wherever possible people were able to consent to their care and make choices about it. People told us they were able to make decisions over their daily lives. One person said, "It's up to me what I do, staff always ask me."
- Mental capacity assessments were carried out where it was deemed people may lack the capacity to make decisions. Where this was the case, best interest decisions were made, for example, in relation to the administration of medicines.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although the service promoted people's independence, there were times when people's dignity and privacy were not always maintained.
- A person told us that staff treated them well, but did not always knock on their door before entering their bedroom. Indeed, we spoke with the person in their bedroom, and noted that staff opened the door and came in without knocking first.
- Most staff we talked with spoke in a respectful way about people, but one staff member said of an adult who used the service, "[Person] is like a small baby, so we need to treat them like a baby."

We recommend that the provider takes steps to ensure that staff follow best practice in regard to treating people with dignity and respect.

- The service sought to promote people's independence. People and relatives told us they were supported to do things for themselves. One person said, "I do the washing up." Another person said, "I need to be encouraged to do a lot of things, and the encouragement [by staff] is very good." A relative told us, "They have a skills program they try to teach [person]."
- Care plans included information around developing daily living skills, for example, around cooking and finances. Staff told us how they supported people to be as independent as possible when providing support with personal care. One member of staff said, "[Person] will close the shower curtain and wash themselves and then we will wash their back."

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

- As mentioned in the effective and responsive sections of this report, pre-care assessments and care plans did not fully cover people's needs related to equality and diversity. Nevertheless, some needs were met in relation to these issues. For example, people were supported to eat food that was reflective of their religion and dress in culturally relevant clothing.
- People and relatives told us staff treated people well. One person said, "The staff are nice. I like to hide and surprise them. I am happy here." This indicated an easy-going and relaxed relationship between the person and staff, which was in line with what we observed. Another person said, when asked about support with personal care, "They talk to me as they go along, they follow the guidelines, whatever is in the care plan." They added, "We [people and staff] all like to work as a team in this place, this is like a family. They're good people, trust me, all the staff are good."

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

- People were supported to express their views and be involved in making decisions about their care. People told us they were able to make choices about their daily lives, one person told us they had been involved in developing their care plan.
- Staff understood the importance of supporting people to make choices for themselves and explained how they did this. One staff member said, "I open the wardrobe and show [person] the clothes and they will say that one, pointing to the one they want to wear."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Care plans were in place for people. People and their relatives had been involved in developing care plans. One person told us, "There is a review they do with me and my parents." A relative said, "I have been to meetings with them, I have told them all [person's] likes and dislikes."
- Care plans covered needs related to personal care, daily living skills, mobility, culture and religion. However, they did not comprehensively cover people's needs as they did not cover sexuality. We asked the registered manager about this who said, "Maybe it was just missed out."

The provider had failed to complete comprehensive risk assessments for people as they did not cover sexuality. This meant there was a risk the service would not be able to meet those needs that had not been assessed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager, and after the inspection they set us confirmation that they had reviewed care plans to cover sexuality.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication with people was person-centred, based around the individual needs of the person. Various ways of communication were used, and information was available in various formats to help make it more accessible.
- For example, people communicated with staff through speech, body language, sign language and gestures. Pictures and objects of reference were used to support people's understanding and help them to make choices. Information was available in easy read formats for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships and take part in activities they enjoyed.
- Care plans included information about people's social and leisure interests and people were supported to

take part in these. Records showed people engaged in various activities within their local community, including visiting parks, cafes, restaurants and bowling. One person told us, "On Monday I went to the cinema." The same person added, "Monday, Tuesday, Wednesday and Thursday I go to college, Friday I have off." Another person said, "We went to the shops this afternoon and went for a coffee." They also told us, "I'm going to see Abba at Stratford for my birthday." People were also involved in choosing and planning holidays which they said they enjoyed.

- People told us they were able to have visitors and see their family when they liked, and relatives confirmed this. One person said, "My auntie came yesterday." One person told us they were in a relationship with a person who lived in one of the other supported living services run by the provider and that they were able to see each other as they chose.

#### Improving care quality in response to complaints or concerns

- Systems were in place for dealing with complaints. The provider had a complaints policy in place. This included timescales for responding to the complaint and details of who people could complain to if they were not satisfied with the response from the service.

- People and relatives were aware of who they could complain to if they wanted to. One person said, "I could talk to the staff if anything was wrong." Records showed that when complaints had been received, those had been dealt with in line with the procedure.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance and monitoring systems were in place to help drive improvements at the service. For example, various audits were carried out, which included audits of medicines records and infection control and prevention measures.
- However, monitoring systems were not always effective. Care plans and risk assessments were reviewed on a monthly basis, but these reviews had failed to identify shortfalls with care plans in relation to sexuality or the fire evacuation risk assessments for two people.
- Quality assurance systems had also failed to identify shortfalls with the pre-admission assessment process, in that it did not cover many issues related to equality, diversity and human rights.

The provider had failed to implement sufficiently robust quality assurance and monitoring systems. This potentially placed people at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us there was an open and positive culture at the service. They said teamwork was good and the registered manager was supportive. One staff member said, "I am really happy to be working here, I feel lucky to be working with them [colleagues and people who used the service]." Another member of staff said of the registered manager, "They are doing their work well. If I have any difficulty or need information they are here to help."
- Care was person-centred based around the needs of individuals and people were able to say what was important to them. This helped to achieve good outcomes for people.

### 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

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and complaints were addressed.

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

- There was a registered manager in place who was supported by a deputy manager. A director told us that

another manager had been recruited and would start soon, to provide extra management support as the organisation grew. A senior support worker was in place at each of the individual supported living services.

- Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.
- The provider was aware of their legal responsibilities. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- People who used the service and others were engaged by the provider. Surveys were carried out of people, relatives, staff and professionals to seek their views. Completed surveys contained positive feedback.
- For example, one person wrote, "[Staff member] is the best support worker I ever could have had. They are very good at supporting me with my needs and managing my medication." A relative wrote, "The staff are caring and supporting of [person's] needs and focused on encouraging them to take responsibility for day to day living tasks and future goals towards independence."
- People and relatives spoke positively about the management. One relative said, "We are in contact with each other quite a lot. [Registered manager] is very nice." Another relative told us, "I did call [registered manager] in December because we had a problem and they came and sorted it out."
- As mentioned elsewhere in this report, people's equality characteristics were not considered as fully as they could have been. We saw that staff's equality characteristics were considered, for example, through good practice in relation to staff recruitment.
- The provider worked with other agencies to develop and share good practice. For example, they used Skills for Care for training purposes, and the registered manager attended provider forums run by the local authority for providers of care services.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to carry out a comprehensive assessment of the needs and preferences for care of the service users. Specifically, they had failed to assess all relevant needs related to equality and diversity. 9 (3) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish and operate effectively systems and processes to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. 17 (1) (2) (a)</p>