

One Fylde Limited

One Fylde (Headroomgate)

Inspection report

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Tel: 01253723513

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12 July 2021

13 July 2021

14 July 2021

30 July 2021

13 August 2021

19 August 2021

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20 October 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

One Fylde (Headroomgate) is a domiciliary care agency and supported living service providing personal care to 139 people. At the time of the inspection there were 82 people receiving support in supported living tenancies mostly in shared houses, and 57 people supported by the home care service in their own homes.

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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe and well led, the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People supported lived in houses shared with no more than three other people maximising people's choice, control and independence. People were supported to live inclusive and empowered lives, supported by staff with the right values and behaviours to support people living with a learning disability and/or autism to lead as full a life as possible. One family member told us, "Staff go out of their way to support (name). They are accessible on the phone and are there if I need them. . I rely on them to help me with (name) to take him out which is vital for his well being."

We had some concerns around the documentation to support people with any associated risks to their health and wellbeing and the safe management of medicines. We found people were supported by enough well-trained staff who had been safely recruited. We also found the provider had taken steps to implement changes in procedures and risk management in the pandemic and staff were knowledgeable in the changes made.

The provider did not monitor the records they kept showing the support provided to people in a comprehensive way to assure themselves of effective oversight. We had some concerns as to how the provider could evidence continuous improvement. However, staff were confident in their role and supported people in line with their wishes. The provider ensured they sought suitable advice from professionals when supporting people with more complex needs.

For more details, please see the full report which is on the CQC website at [Rating at last inspection](#)

The last rating for this service was good (11 March 2020).

Why we inspected

This inspection was triggered in part due to safeguarding concerns raised about the provider. We completed an inspection of this service focusing on safe and well led. We have found evidence that the provider needs to make improvements. Please see the well led section of this report. The provider was developing and implementing new systems and processes and at the time of the inspection there was insufficient oversight of the day to day business to allow proactive service improvement. We have found the provider in breach of the regulation associated with good governance. The overall rating for the service has changed from good to requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for One Fylde (Headroomgate) on our website at www.cqc.org.uk.

You can see what action we have told the provider to take at the end of this report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to how the provider collected and reviewed evidence on the services provided to people, we found there was ineffective oversight to ensure concerns which may relate to the whole service were identified. We have also made recommendations in relation to the identification and management of risk and medicines management.

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 for 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

One Fylde (Headroomgate)

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 Care Act 2014.

Inspection team

The inspection was completed by four inspectors. Two who attended the office, one who visited people in their home and one who led the inspection remotely. An Expert by Experience contacted people in receipt of the service or their families to gather their views on the service they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is in part a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in '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.

Notice of inspection

This inspection was announced an hour before the inspection team arrived on site. We gave a short period notice of the inspection to allow the service to gain consent from people we wanted to visit. Inspection activity started on 12 July 2021 and ended on 19 August 2021. We visited the office location on 12 July 2021.

What we did before the inspection

Prior to the inspection we reviewed all the information we held about the service, discussed the service with professionals and stakeholders and reviewed information available in the public domain. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We reviewed care plans and support information in detail for eight people supported by the service and looked at records more generally for a number of others. We reviewed electronic records for care planning, risk management and oversight of the service and received requested information required to review the safe and well led key questions.

We spoke with senior staff on the day of the inspection site visit and spoke with the nominated individual and chief executive as part of the feedback session. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the quality and compliance officer. We sent staff questionnaires to 25 staff and received seven responses, we also gathered feedback via email from five professionals that work with the service.

An expert by experience spoke with six relatives of people supported and one person supported by the service.

After the inspection

When required we sought additional clarity on information received.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always assessed and managed. We looked at the risk assessments developed to support people and found these were not always up to date or followed. For example, one person was required to have their dietary intake monitored, this only happened intermittently and did not show a balanced diet.
- Another person had a specific health condition and was at risk of falls; this information was not clearly recorded in their electronic support plans. Paper records we reviewed had not been updated for some time leaving a risk of staff not having access to all the key up to date information.
- We found other risks identified within incident records which had not been used to inform care planning. Very few of the incident records we reviewed had been signed off by the team leader so it was not clear if the service were aware changes may be needed to keep people safe.
- When we spoke with management and staff about our concerns we were assured they knew people they supported well, but records were poor in some cases. Two family members told us they felt staff were not as aware of their family members needs as they would have liked.

We recommend the provider and registered manager ensure that risks to people's health and safety are assessed, reviewed and managed to ensure people are safe.

Using medicines safely

- Medicines were not always managed safely. Records and risk assessments did not include all the required information.
 - There had been a number of medicine errors in the 12 months prior to inspection. Where incidents had identified a person may need more support, One Fylde (Headroomgate) had in most cases made referrals to the social work team.
 - Some records were not up to date and staff were not always aware of changes in medication needs or prescriptions. Details on how a medicine should be administered often missed key information including whether they should be taken before food.
 - We reviewed medicine risk assessments and saw all medicines were identified as "not PRN" (to be taken as required) when this was not always the case. PRN medicines did not have developed protocols to support staff on when the medicine should be administered. For example, the use of one PRN medicine was not recorded on key risk assessments to direct and inform staff.
 - From the records reviewed, staff had only received medicines awareness training in the last two years. Records for medicine administration training were not provided. We were told by the chief executive that medicine administration training was face to face and had been delayed due to the pandemic. This training

was to begin imminently.

We recommend suitable training is provided and best practice guidance is reviewed and implemented in respect of medicines management.

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

- People using the service were safe from abuse. We found when people were at risk of abuse the service took action to support them, including reporting concerns to the local authority safeguarding team. The registered manager shared outcomes from safeguarding with the staff to ensure all recommendations were implemented when concerns had been substantiated.
- Staff were aware of how to keep people safe and had received training to ensure they understood how to support people. One person told us how they had been supported to safely learn new skills. "I am happy. I've learned new skills like cooking and using the oven and shopping"

Staffing and recruitment

- There were enough suitably trained staff to meet people's needs. One person told us, " We have a regular core team. The carers are on time and they have the skills and training to support (name).
- Staff were safely recruited and had all the required checks on their suitability undertaken before they commenced employment

Preventing and controlling infection

- We were assured the provider was preventing and controlling infection. Procedures we reviewed had been updated to show additional best practice guidance during the pandemic.
- The service had developed COVID-19 risk assessments and care plans to show how people should be supported throughout the pandemic.
- Testing and vaccination best practice and been followed keeping staff and people supported safe. There had been one incident of concern in relation to testing, which was investigated, and lessons learnt.
- Staff told us they had access to the correct personal protective equipment (PPE) and felt they were safe and kept the people they supported safe.

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 good. At this inspection this key question has now deteriorated to 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.

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

- The provider did not have a system that provided quality audit and oversight of the service, to ensure the service provided met the needs of people supported. The system was not developed to provide analysis of issues and concerns upon which improvement could be measured. For example, there were different tools used across the service to gather information on risks and incidents.
- We found risks in care records and visit notes around the care and welfare of people, which was not monitored, some risks identified areas where care could be better delivered to meet the individual's needs.
- Incident reports, behaviour management documents and records used to support people were not routinely signed off by the team leader or audited. If this information was more closely monitored risk assessments could be developed and updated to better support people.
- There were not any quality audits of the support provided to people including a lack of monitoring medicines administration across the service. Care plans and visit notes were not audited to ensure the required support was safely provided to people.

The provider did not have a system of quality audit which was consistent with effective oversight of the service delivered to people. This put people at potential risk of harm and is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had begun to take steps to review their governance procedures and was to develop a more comprehensive system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The provider engaged with staff, people who received support and other professionals well to ensure they were involved in how support was provided and delivered.
- Staff who responded to the inspection survey were positive about their role in supporting people and told us they received regular supervision and support.
- Family we spoke with predominantly told us the service met the needs of their family member, we were told staff usually arrive when they are expected and complete the time allocated to the care call.
- We were told that families and people supported had a rota of the staff they should expect, and this was

well received.

- The provider had gathered the views of the people they supported and gathered specific ideas for activities that people enjoyed.
- People told us they could raise concerns or issues with staff and they would be resolved.
- The provider worked with professionals to support people and we asked some of these for their view on the working relationship. We were told staff listened to advice and took steps to implement any changes to better support people.
- We were told by professionals that if any staff were not sure or felt things could be done differently they would contact them to discuss any changes to care and supported delivered.

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

- We received notifications as expected and in line with the providers registration requirements.
- The previous report was available on the providers website for people to review if they wished.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system of quality audit upon which they could measure and plan for continuous improvement. Regulation 17 (1) (2) a,b