

Northern Healthcare Limited

Northern Healthcare Head Office

Inspection report

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19 March 2021

21 March 2021

25 March 2021

01 April 2021

06 April 2021

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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

Northern Healthcare is a 'supported living' service that provides care and support for people with a recognised diagnosis relating to mental health, learning disabilities, autism or acquired a brain injury, which includes support and recovery programmes. Each person has their own individual lease agreement with the housing association and a separate contractual agreement for their care.

The provider has 13 'supported living' locations nationwide and other locations currently under development. Each location contains a number of individual bedrooms or flats and shared or communal gardens, lounges, kitchens and dining areas. The service provides 24-hour support from mental health professionals, including registered mental health nurses, occupational therapists, and a cognitive behavioural therapist.

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.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People's privacy was not always maintained. In some of the locations microphone recording was used in communal areas without consent from people. Some people told us this had a negative impact on their privacy as they could not have a private conversation with their families and friends in the communal areas. The provider deactivated the microphones across locations during the inspection process.

We received mixed feedback from staff and people regarding staffing levels. We have made a recommendation about the provider reviewing their staffing levels across locations.

There was a lack of training for specific conditions. We have made a recommendation about the provider reviewing their training programmes for specific conditions.

Staff had administered prescribed creams for one person without the appropriate training or competency checks. We have made a recommendation about the provider using a reputable source to review their medicine training, policies and processes.

Medicine audits were not robust. We have made a recommendation about the provider using a reputable source to review their medicine auditing systems.

After the inspection we received concerns in relation to staffing levels, training, medicine management, oversight of the service and meeting people's care needs in one of the provider's locations that was not visited as part of the inspection. This is being investigated outside the inspection process in partnership with the local systems, including contract monitoring and safeguarding teams.

People and staff members were involved with the service through regular team meetings and surveys. We received mixed feedback from staff in relation to the management of the service.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives.

Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them.

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

Rating at last inspection

The last rating for this service was good (published 16 September 2019).

Why we inspected

We received concerns in relation to staff training and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

The provider has taken some action to mitigate the risks. Staff have been provided further training to meet the needs of the people they support. Microphone recording has been deactivated across locations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northern Healthcare Head Office on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to maintain people's privacy 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 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 ●

Northern Healthcare Head Office

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

Six inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in 13 'supported living' locations, 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 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and ensure people would be available to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the head office and six of the provider's 'supported living' locations. We spoke with 23 people who used the service and two relatives about their experience of the care provided. We spoke with 29 members of staff including the provider, registered manager, clinical leads, occupational therapists, registered nurses, team leaders, training co-ordinator and care workers.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at five 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 personal care records.

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.

Staffing and recruitment

- Appropriate staffing levels were in place during our visits to the provider's locations. However, we received mixed feedback from staff and people regarding staffing levels. After the inspection process we received concerns in relation to staffing levels in one of the provider's locations that was not visited as part of the inspection.

We recommend the provider reviews their staffing levels across locations.

- Staff received regular mandatory training. However, there was a lack of training for specific conditions. We saw staff supporting a person with a specific health condition without the relevant training. One staff member told us, "I believe this company is offering too much of a broad range of care for residents, there are too many mixes of conditions and needs. I don't think staff have enough training to manage needs. [Person] has [name of condition] and we have no training in this."

We recommend the provider reviews their training programmes for specific conditions.

The provider told us they have now facilitated this specific condition training for staff via their online training platform.

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed an induction.

Using medicines safely

- As part of the provider's ethos and medicine policy the service did not administer medicines, therefore people were supported to manage their own medicines. However, we found staff had administered prescribed creams for one person without the appropriate training or competency checks.

We recommend the provider uses a reputable source to review their medicine training, policies and processes.

The registered manager responded immediately and provided the person with an aid to manage their own prescribed creams and updated their care plan.

- People received their medicines. The provider had systems in place to keep medicines

Secure. Risk assessments and secure storage facilities were in place for people who were not at risk from overdose and could safely keep their medicines in their rooms. People told us, "I have my medication on time" and, "I get enough support with medicines. I go to the office where I take them myself. I am working up to having more control of them [medicines]."

- After the inspection we received concerns in relation to medicine management in one of the provider's location that was not visited as part of the inspection. This is being reviewed outside the inspection process.

Systems and processes to safeguard people from the risk of abuse

- The service had display boards in communal areas with information for people to access. However, there was a lack of visible safeguarding information and contact details to raise safeguarding concerns. During the inspection we raised a safeguarding based on information we had received in one of the locations. This is being investigated by the local authority.

- People told us they felt safe. Their comments included, "I like it here, I feel safe here. It was the biggest thing for me, I was attached to where I was. It has a homely feel here and I thought this is it" and, "Yes, I feel safe, It's the best place I've lived."

- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied action would be taken to investigate the concerns. A staff member told us, "I would raise safeguarding concerns with the team leader or home manger, and go to the clinical lead or clinical manager to escalate concerns if anything wasn't being done."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. A relative told us, "I am very happy with how things are going for [person]. They are happy there and [person] gets the help when they need it."

- Accidents and incidents were recorded individually. Lessons were identified and discussed with staff. Processes were in place to analyse and identify any trends.

Preventing and controlling infection

- Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them. A staff member commented, "We wear masks and gloves, especially when handling medicines. We use the [name of mobile application], every hour or two, we do a check and clean [high] touchpoints."

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.

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

- People's privacy was not always maintained. In some of the locations microphone recording was used in communal areas without consent from people. Some people told us this had a negative impact on their privacy as they could not have a private conversation with their families and friends in the communal areas. Comments included, "I'm not too happy about it, you can't make a phone call, someone can listen to what you are saying. I have to go to my flat."

People's right to privacy was not ensured. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and deactivated the microphones across locations.

- People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. People told us, "I would recommend this service to other people. Staff help me with [name of activity] and help to keep me focused."

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health staff. The service had developed links with the local community.

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

- Audit systems were in place to monitor the standard of care people received. Regular audits of people's support plans, daily communication records and locations took place, however these systems did not pick up on the discrepancies found during the inspection.
- Medicine audits were not robust. The audit process was limited, and the audit tool mainly reviewed medicine stock counts.

We recommend the provider uses a reputable source to review their medicine auditing systems.

- We received mixed feedback from staff in relation to the management of the service. Staff told us, "Management is fairly hap hazard at moment", "The home is well-led but has areas for improvement", "Service is run pretty well" and, "I think [name of manager] is a great manager, can't think of a better manager, residents love her, they are really supportive".
- After the inspection process we received concerns in relation to the oversight of one of the provider's locations that was not visited as part of the inspection. This is being reviewed outside the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff members were involved with the service through regular team meetings and surveys. Staff views were collected regularly and analysed. An action plan was completed as a result of the staff survey. People and relatives' survey were ongoing.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People's privacy was not always maintained. Microphone recording was used in communal areas.