

Health Personnel Limited

Health Personnel

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Health Personnel is a supported living service providing personal care and support to people living in 4 separate supported living houses and a flat with sleep in arrangements. At the time of the inspection, 14 people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

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.

Right Support:

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. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). Staff told us they asked for people's consent before offering support. Staff involved people in making decisions about their daily care and support requirements and promoted their independence. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health. Risks to people were assessed, identified, and safely managed. Medicines were managed safely. There were enough staff deployed to meet people's needs. The provider followed safe recruitment practices. People were protected from risk of infection.

Right Care:

People's care plans were reflective of their individual care needs and preferences, and they were reviewed on a regular basis. A variety of activities were on offer and available for people to take part in. People's cultural needs and religious beliefs were recorded, and they were supported to meet their individual needs. Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff were caring, considerate and respected people's privacy and dignity.

Right Culture:

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular feedback was sought from people about the service. The registered manager responded to complaints appropriately. The service had a system in place to record accidents and incidents and acted on them in a timely manner. Staff were complimentary about the management team. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and met.

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

The last rating for this service was requires improvement (published 24 April 2020). At that inspection we found breaches of regulations in relation to need for consent, safe care, and treatment, receiving and acting on complaints, staffing, 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 11, 12, 16, 17, and 18.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Health Personnel

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.

Inspection team

This service was inspected by 2 inspectors on the first day. One inspector returned to the service on the second day to complete the inspection.

Service and service type

This service provides care and support to people living in 4 'supported living' settings and in one flat, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about

incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the services about their experience of the care provided. We spoke with 5 members of care staff, the care manager, the team manager, and the registered manager. We visited 2 supported living houses and one flat and looked at medicines management, care records, and carried out observations of care provided in the communal areas. We visited the office and reviewed a range of records. These included 5 people's care records, 5 staff files in relation to recruitment and a variety of records relating to the management of the service, including 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe administration and management of medicine. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 12.

- Medicines were managed safely. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Medicines were stored in an appropriate medicines storage cabinet and their temperatures were monitored to ensure medicines were effective when used.
- Medicines audits were routinely carried out, to ensure people received their medicines safely.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage safely, known risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 12.

- People were protected from avoidable harm. Risk assessments and risk management plans were completed which included guidance for staff, where appropriate specialist input was sought. For example, about positive behaviour support and choking.
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's risks and needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.

Staffing and recruitment

At our last inspection, there was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement

and there was no longer a breach of regulation 18.

- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people at the supported living services and to attend appointments when required.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the different types of abuse, and the signs to look for. Staff were aware of the action to take if they suspected someone had been abused including reporting their concerns to the registered manager, the local authority safeguarding team, and the CQC.
- Staff completed safeguarding training. They knew the procedure for whistle-blowing and said they would use it if they needed to.
- Safeguarding concerns had been raised, the provider worked effectively with local authorities and health and social care professionals, to address concerns and they notified the CQC of these as they were required.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff. For example, about people's positive behaviour support, referral to a behaviour therapist or a psychiatrist, and a speech and language therapist for choking.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, there was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 11.

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.

- People's capacity to consent to their care and support was documented. People, relatives, and health and social care professionals where relevant, were involved in making decisions about their care.
- Staff described how they obtained consent from people before delivering care to them.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

Staff support: induction, training, skills, and experience

- The provider supported staff through induction, supervision, and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, mental capacity, epilepsy awareness, learning disability, food and hygiene, and equality and diversity.
- Staff told us they completed comprehensive induction training before they started work, and the training programmes helped them in understanding people's need and delivering care as appropriate.
- Staff told us they received regular supervision and said they could approach the team manager, care manager, and the registered manager at any time for support.

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

- People's needs were assessed to ensure these could be met. The team manager and the care manager, in consultation with the registered manager carried out an initial assessment of each person's needs, to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition, choices, and people's home environment.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.

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

- Staff supported people to eat and drink enough to meet their needs.
- People's dietary needs were met in accordance with their individual needs.
- Staff supported people with making food and drink choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, and timely care

- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- The provider had worked with local healthcare professionals. People's care records included evidence of regular contact with health care professionals for example, the mental health team, speech and language therapist, GP, dentist, and nurse. Records were made of individual health care appointments, the reason for the visit, the outcome, and any recommendations.
- People had hospital passports which outlined their health needs for professionals. This information was available and shared with other health care services such as hospitals when this was required.
- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional, such as a psychiatrist, district nurse or a GP appointment.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.
- We saw people were well dressed all through the inspection and their personal hygiene was maintained.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity, and independence

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, preferred gender, and faith.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them. For example, about their spiritual needs and particular food.
- Staff had received training on equality and diversity, privacy, and dignity. They were able to tell us how they maintained people's privacy and dignity by knocking on doors and asking for their permission before entering their room, by closing curtains to ensure people were comfortable when providing them with personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, there was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 16.

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- Records of concerns and complaints made about the service were maintained. The registered manager understood their organisation's procedures and responded to complaints appropriately, there had been no repeat complaints after the initial concern was resolved.

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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family, and friends, and contact details of health and social care professionals and included guidelines on how to support them.
- Staff had knowledge of the support people needed when delivering care. Staff explained people's individual plans including their positive behaviour support, which showed they knew people well and how to support them.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. People's care records were made available in formats that met people's needs. For example, there were pictorial formats, objects, photographs, and use of gestures.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

- We observed staff using different approaches with different people, all were relevant and reflected in care plans.

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 maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included a range of activities both indoor and outdoor from listening to music, shopping, accessing community services and going to college and day centres.

End of life care and support

- There was an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, there was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 17.

- People were positive about how the service was run and the support they received from the registered manager and staff. When asked, people conveyed with a facial expression and short answer that they were happy at home and appeared cheerful.
- Throughout our inspection we observed positive caring and supportive interactions between people and staff.
- The provider had oversight of the service, to ensure the service maintains the required standards.
- The quality assurance system and processes covered aspects such as risk assessments, care plans, medicines management, incident and accidents, infection control, consent and best interest decisions, staff records, staff training and supervision.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The registered manager was aware of their responsibilities under the duty of candour and acted with openness and transparency throughout our inspection. The duty of candour is a regulation that all providers must adhere to.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- Staff told us they had access to support and advice from the team manager, the care manager, and the registered manager, and they were approachable.

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

- There were systems in place to ensure the provider sought the views of people using the service through regular reviews of their care and surveys that were conducted.
- Records showed staff encouraged relatives to get involved in care reviews and best interests' decision-making process, as appropriate.
- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervisions and appraisals.
- Staff were positive about how the service was run and the support they received from the management team.

Working in partnership with others

- The management team were committed to working in partnership with other agencies to achieve positive outcomes for people.
- They worked closely with local authority commissioners and social and healthcare professionals.