

The Hesley Group Limited

Community Solutions

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

The inspection took place on 10 and 11 October and was unannounced on the first day. We last inspected the service 5 January 2016 when it was found to be meeting with the regulations we assessed.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Community Solutions is registered to provide accommodation for up to 14 people who require personal care. People live in shared houses and individual houses. All bedrooms have en-suite bathrooms. The service specialises in supporting younger adults with a learning disability and autistic spectrum disorder. The service is based in the centre of Thorne, which is a busy town with plenty of local facilities such as shops, cafes, restaurants, parks and leisure facilities.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider was working within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We spoke to people with limited verbal communication, who showed us through their body language and positive interaction with staff, that they were very happy and safe living there. People were busy, during both the days of our visit, taking part in various chosen activities, such as voluntary work, dancing class, food shopping and walks in the local area.

Staff were knowledgeable about how to safeguard people from abuse and felt confident that people were safe. The support plans we looked at contained risk assessments which considered the safety of people whilst balancing them having an enjoyable and safe life. Risks were monitored and did not place undue restrictions on people.

Records showed that the registered provider's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for people who used the service, prior to employment.

Rotas and training records showed us that there were sufficient numbers of suitably qualified staff to support people in line with their needs. People received one to one support when this was needed and staff

were skilled in providing person centred support.

There were systems in place to ensure people's medicines were managed safely. Staff were trained and competency assessed to administer medicines.

We saw staff enabled people who used the service to follow their preferred interests and be as independent and active as possible. Procedures were in place to ensure people were protected from the risk of infections.

Consent to care was sought in line with legislation.

Staff were trained to carry out their role and felt they had the necessary skills to do their job. Through our observations we saw staff knew people well and understood their needs. Healthcare professionals were accessed as required.

Care records reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with detailed guidance about how to support people and keep them as safe as possible. Support plans and risk assessments had been reviewed and updated regularly to ensure they were meeting each person's needs. People had consented to their support. Processes were in place to ensure there were no discrimination, including the protected characteristics under the Equality Act.

People were treated with kindness and respect and staff clearly knew people's needs very well. Staff were observed to be very good at communicating with people and responding to their needs.

The provider had a complaints policy to guide people on how to raise concerns. People who used the service had been encouraged to share their views and were regularly invited to meetings about the service.

We found the provider had robust audit and monitoring systems in place to identify and address shortfalls.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Community Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 10 October 2018 and was unannounced and we let the service know we would be returning on the 11 October 2018. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider had sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We visited people in their homes, observed the support being provided by staff and talked to five people and two relatives. We spoke with six members of staff, two deputy managers, two team managers, the registered manager and the maintenance man. We looked at four care plans, recruitment and supervisions information, audits and governance information and medicines audits and records. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Is the service safe?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

People were protected from abuse. The provider had a safeguarding policy and procedure in place. Staff we spoke with had good knowledge on how to recognise, respond and report various types of abuse. One care worker said, "I would report safeguarding concerns to senior staff without delay." People we spoke with said, "I feel safe here in the house." Relative also felt people were safe. They said, "I feel my relative is definitely safe. The staff always have (persons) best interests at heart and (person) wouldn't be there if I didn't think that it was a hundred per cent safe living there. It's a good place."

Training records confirmed that staff had received training in safeguarding. We saw that the registered manager had records of all safeguarding incidents that had been reported. The registered manager was able to show about how lessons had been learnt following internal investigations of incidents.

Risks associated with people's care had been identified and appropriate action taken to minimize the risk occurring. Care records we looked at contained risk assessments which showed how risks were managed. When staff completed risk assessments they considered the safety of people whilst balancing safety against the rights of positive risk taking. Risk assessments were in place for things such as bathing, safety outside the home, falls and choking.

Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service, prior to employment. We could see there were sufficient numbers of suitably qualified staff to support people in line with their needs. People received one to one support when this was needed and staff had experience of providing person centred support.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

The provider had systems in place to ensure people's medicines were managed in a safe way. We found medicines were stored safely. Each person had a medicine administration record (MAR) where staff recorded what medicines people had been given. This was a clear account which evidenced people received their medicines as prescribed. Some people were prescribed medicines to take on an 'as and when' required basis. We saw protocols were in place to ensure staff knew when to administer them.

The provider learned lessons and made improvements when things went wrong. We saw that accidents and incidents were recorded and monitored by the registered manager to ensure trends and patterns were identified. Any serious incidents triggered a structured review where senior managers within the company,

reviewed the incident to identify if anything could have been done differently.

During our tour of the service was saw there were good infection control practices in place. The home was very clean and well maintained.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

We spoke with people who used the service and their relatives and found that people's care needs and choices were assessed and appropriate support was provided. People had an assessment which was holistic and where healthcare professionals were involved as required. We saw technology was used to promote people's independence. For example, one person used an iPad.

Staff were well supported in their role. They had a through induction, regular one to one supervision with their manager and an annual appraisal which enabled them to discuss any personal and professional development needs.

Staff were suitably trained to carry out their roles and responsibilities. Some training was provided in house, some via external courses and there were also e-learning courses available to them. Staff had received training in the core subjects including moving and handling, health and safety, food hygiene and infection control. They also had bespoke training, that was specific to the individual needs of people who used the service, such as autism training. We spoke with people who used the service and their relatives and they felt the staff were appropriately trained and supported them or their family member well. One person said, "I think the staff are well trained."

People's support needs were assessed and reviewed to ensure regular and effective outcomes were being achieved. People were supported to access community based activities and take part in voluntary work, which they enjoyed. Activities were person led, meaning focus was placed on people doing what they enjoyed, trying new things and learning new skills. We spoke with staff who all had very good knowledge of the individual they were supporting, which was also reflected through peoples care plans.

People were supported to communicate in line with their needs. Various communication methods were used to suit individuals, such as picture exchange communication systems (PECS) which enables individuals to use expressive language, supporting them to make choices.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where some people lacked the mental capacity to consent to some decisions, we saw decisions were made in their best interest. Peoples care plans showed where meetings had taken place and that decisions were made in line with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The managers had made DoLS applications to the local authority where required.

People were supported to maintain a healthy and balanced diet. They were involved in planning shopping lists, menus and preparing and cooking their own food. Alternatives were provided if the menu did not suit people's tastes or dietary requirements. We saw fresh fruit and vegetables were available. We observed a very relaxed breakfast, where staff and people ate their meal together whilst discussed the morning's events

We saw that people with specific dietary needs were catered for. One person followed a vegetarian diet and was supported to make their own vegetarian meals. One relative said, "Diet wise (my relative) is a vegetarian and that is always considered. They (staff) try out new recipes and different foods. They make sure (name) gets the correct nutrition and isn't given too much food and gets regular exercise." The service was planning a Greek night where people could try different food. People we spoke with told us they enjoyed their meals and were supported to eat healthily, but also had treats if they wanted them.

There was guidance for staff on how to meet people's nutritional needs in their risk assessments and care plans. We saw evidence that people were weighed at regular intervals. Where people were assessed as at risk, we saw evidence that contact was made with the appropriate health care services for advice and treatment

People were supported to maintain good health and were supported to use healthcare professionals when required.

Individual's needs were met by the design, adaptation and decoration of the premises.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this Inspection we found the registered provider had maintained this rating.

We observed staff to be kind and caring. People told us they liked the staff. One person said, "I like the staff who look after me." Another person said, "The regular staff are chatty and interact with me. They recently supported me with a coffee morning that I did for McMillan, I did some baking for it and we raised £300.00. I always feel if I need to I can chat with staff about any issues that I might have." People living at the home who were unable to communicate with us verbally indicated by their facial expression and body language, that they were happy and comfortable with staff.

People were assigned a member of staff who was their 'key-worker.' Their role was to ensure the person's support meeting their individual needs. They communicated with families where needed and supported people to fulfil their interests and plan their time.

We spoke with people's relatives and they all told us the staff were caring. One relative said, "There is a lot of care from the staff and managers. For instance, my (relative) hates needles, so much so that (name) won't even go near a doctor's surgery, so they have introduced a de-sensitising programme into the care to help (name) start to get used to needles. They are very proactive and will try anything that could be more beneficial."

We observed staff interacting with people and found them dedicated to support people in a person-centred way. Staff communicated with people using their preferred method of communication. People's choices were respected. One person had chosen to have a lay in and staff had respected this, whilst other people were busy attending various chosen activities.

Our review of the provider's training records showed us that a number of training courses were provided to enable staff to deliver appropriate care and respect the diversity of people using the service. For example, we saw that courses were provided in equality and diversity and person-centred care. Staff we spoke with explained they tried to maintain people's privacy and dignity, whilst helping people to have a choice, and to be as independent as they could. We observed staff knocking on people's bedroom doors before entering and they told us they were mindful of privacy and dignity when supporting people with intimate tasks such as bathing.

Staff interacted with people in a calm and professional way. They showed impressive skills in team working and managed potentially challenging situations by using distraction techniques and positive prevention strategies. This meant they could defuse possible incidents before they escalated.

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating

We looked at support plans and found they were person centred, easy to read and reflected people's current needs and wishes. Staff were aware of people's needs and respected their choices. The support plans detailed things that were important to people and how they liked to spend their time.

We saw the provider had a policy, procedure and easy to understand information on how to make a complaint. We saw where complaints had been made, the provider had responded to the complainant within their policy timescales and learnt lessons from complaints. People knew how to make complaints and felt confident that they would be acted upon in a reasonable time frame. One person said, "I did complain about the staff and it got dealt with to my satisfaction." One relative said, "I have absolutely no qualms about the staff and they support my (relative) really well."

The service had thought of ways to give people information they needed in a way they could understand, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information made available to them in easy read or pictorial formats. We saw throughout their home pictures were displayed to make information easier for people to understand and to help with their communication.

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was new in post, however was able to demonstrate that they had good knowledge about the systems and processes the provider used to monitor and improve the service. They had a plan on what improvements they wanted to make moving forward and demonstrated they knew people and staff well.

We received positive feedback about the registered manager and management team, from people and staff. Staff told us they felt supported and that "Community Solutions was a great place to work." All staff we talked to said they enjoyed their role. One said, "I love my job and enjoy coming to work every day, it doesn't feel like a job to me." Another staff member said, "I think they're (the management team) fantastic, all approachable, all care as much about staff as they do the residents, which is nice."

The registered manager was able to show us they had effective systems in place, to enable them to monitor the quality and safety of the service. Audits were robust and had been embedded into practice. We saw that internal audits had been completed and identified areas to improve.

We saw accidents and incidents were being reported and recorded and there was evidence to show they were being evaluated and monitored for themes and trends.

The service was person centred and placed focus on people's outcomes by working in partnership with them. We saw people were involved in regular meetings about their home and could offer opinions and suggestions to make any improvements they felt necessary. The provider demonstrated a person-centred approach by encouraging and enabling people to live a full and active life. People were at the heart of everything and their views and opinions were valued. Meetings took place with people to involve them in the service and give them the opportunity to voice their opinions.

There was a strong emphasis on the service delivering person focused care. Staff said, "Our goal is to promote people's independence, to integrate people in to the community and for people to access what it has to offer." A relative told us, "I am really pleased with Community Solutions. They listen and regularly email and phone about (my relatives) progress. The managers listen to me and they are proactive in doing things that I suggest. (Registered manager) is really good and easy to talk to. They are willing to take things that I say on board and try them. I'd definitely recommend Community Solutions care-wise, to anyone."

The provider was in the process of using a new system that electronically recorded peoples care plans and daily records. We looked at records that had been transferred onto the system and they were clear, well detailed and easy to follow. We received mixed feedback from staff about the new way of working, however, they did appreciate it was in the early days and the new system would reduce having so much paper and would be beneficial, once they were used to it. The provider had carefully monitored the roll out of the new system and had a working party overseeing the initial stages. The working party were responsible for highlighting and ironing out any problems which was assisting the process to run smoothly.

It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.