Hamelin Trust

Hamelin Trust Community Support Service

Inspection report

Unit 19,
Radford Crescent,
Billericay,
CM12 0DU
Tel: 01277 653889
Website: www.**hamelintrust**.org.uk

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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?	**Requires improvement**

Overall summary

The inspection took place on 21 October 2015 and was announced.

Hamelin Trust provides personal care to young adults and children living in their own homes, predominantly supporting them to access the local community. At the time of our inspection there were 18 people using the service. The majority of people using the service had a learning disability.

A registered manager was in post at the service. 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.

Summary of findings

People were safe and staff knew what actions to take to protect them from abuse. Risk assessments were carried out and measures put in place to manage and minimise any risk identified. People were supported by sufficient numbers of staff who were safely recruited. There were systems in place to support people to take their prescribed medicines safely.

People received support from staff that were regularly supervised and had the skills to meet people's complex and varied needs. Staff took account of people's health and nutritional needs when providing support.

People's independence was promoted by staff and they were involved in decisions about their care. People were treated with kindness, dignity and respect by staff who knew them well and their rights were upheld.

The registered manager supported staff to provide care that was personalised and centred on the individual. Changes in the service people received were not always planned and communicated effectively. The provider had a range of systems to monitor the quality of the service being delivered and drive improvement, however a number of these had only recently been developed. There had therefore not been sufficient time to ensure improvements were sustainable.

Summary of findings

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.

There were enough staff with the skills to manage risks and provide people with safe care.

People felt safe and staff knew how to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

Where people lacked capacity, appropriate measures were in place to ensure decisions were made in their best interests.

Staff were aware of people's health and nutritional needs.

Good

Is the service caring?
The service was caring.

Staff developed positive relationships with people and enabled them to make choices about the support they received.

Staff treated people with respect and maintained their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff understood people's preferences and supported them to take part in pastimes and activities that they enjoyed.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good

Is the service well-led?
The service was not consistently well led.

Communication about changes in the service were not always effective.

The management team demonstrated a commitment to driving improvements in the service. However the measures being developed had not yet been fully embedded.

Requires improvement

Summary of findings

Staff received the support and guidance they needed to provide personalised care and support to people and their families or carers.

Hamelin Trust Community Support Service

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.

This inspection took place on 21 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available. The inspection team consisted of one 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 care service. The expert-by-experience carried out telephone interviews with relatives and members of staff.

On the day of the inspection we visited the agency's office and spoke with the registered manager, the manager of the community support service, the training officer and the Operations manager. We spoke with two members of staff. We visited the home of a person who used the service and spoke with another person and eight family members on the phone.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People told us they felt safe when they went out with staff, one person said, "I've always been fine with [member of staff]." Relatives felt their family member was safe when staff took them out into the community. One family member told us, "There's no reason for us to worry." Staff understood the importance of protecting people and keeping them safe. Training in safeguarding people from abuse was in place, which was also provided to trustees to enable them to become more aware of their responsibilities to protect people. The service had a safeguarding group which met quarterly to review and make decisions regarding safeguarding to enable people to remain safe. The manager made sure staff were aware of the groups discussions and we noted that relief staff were also included in the communication.

Family members and staff confirmed that there were enough staff employed to meet people's needs. A member of staff gave an example where the manager had increased staffing to minimise a risk to a person and to the staff providing support to them. Staff told us that they felt safe when at work. There were special arrangements to support people and staff, for example there were a number of satellite offices where staff could go with people if they felt additional support was needed.

There were policies and procedures for managing risk and keeping people safe. There was a focus on actively supporting people in their choices so they retained control and independence where possible, whilst remaining safe. For instance, when people were supported to attend concerts, assessments and plans were in place to keep people and staff safe when they returned home late at night.

Risk assessments were practical and centred around the needs of the person. We saw that staff had carried out assessments to minimise risk when engaging in a variety of activities, for example, taking a group of people to the cinema or for a trip in the service's mini-bus. Where staff had taken out a number of people at the same time, group risk assessments were carried out. Although we did not find that these assessments were very personalised, there was no evidence that this had a negative impact, as staff knew the people they were supporting and the matching was well thought through. Where the service was supporting children who were at risk of exploitation or from their local environment there were risk assessments on file and staff had worked with other agencies to keep the children safe.

There were good procedures in place to log accidents and incidents and to learn from any mistakes. Where required, managers had ensured that actions had been taken following incidents to minimise the risk of the same thing happening in the future.

The service had an emergency plan which outlined what actions to take in the event of specific incidents such as a missing person or a major accident. There were also emergency plans in place for on-call staff, with a clear procedure in place for who staff should contact in an emergency. There were arrangements to support staff who were lone working, for instance staff were required to text when they had returned home safely.

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements, including any requirements associated with providing support to children. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support.

We were told that most of the people did not require staff to support them to take medication as this was primarily done by their families. We viewed a medication record and the medication policy. Staff were aware of the procedures in place and their responsibilities when medicines had to be administered. Staff ensured that when they went out with a person who was prescribed medicines, they carried details of the medication the person was on, should this be required in the case of an emergency.

We noted that the administration of medicines had been scrutinised as part of a recent audit and as a result the service had put in place a number of recommendations raised in the audit. For example, staff were receiving guidance about how to improve their recording when administering medicines.

Good

Is the service effective?

Our findings

Family members told us that staff had the skills and knowledge to meet their relatives needs.“ [Staff member] is outstanding and I can’t praise them enough.” One relative told us, “Yes I think staff are well trained, they know what to do.”

People were introduced gradually to staff who were going to provide their care to ensure the member of staff had the skills and knowledge to provide support effectively. Newly recruited staff did not work unsupervised until they and the manager were confident they had the necessary skills to do so. During their induction period, rotas were arranged to make sure new staff worked alongside more experienced staff, for instance they might help support a small group of people going out to a leisure activity.

Staff told us their training was very relevant to the work they did. Courses included Health & Safety, Food Hygiene, Safeguarding Adults & Children, Basic First Aid and moving & handling. The majority of the training was practical and face-to-face and a member of staff told us that they had been supported by the service to do an training course in health and social care. Where staff supported people with specific needs they had been trained in that area, for example training had been provided on Autism, diabetes and how to support someone at a hydrotherapy pool. All new staff were completing the Care Certificate developed by Skills for Care. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector.

The service had a proactive approach to staff member’s learning and development. The service was investing in a new computer system which would support staff to gain the necessary skills to meet the needs of the people they supported. For example, the system would help monitor what training staff had been on and where there were gaps in their knowledge.

The registered manager told us they were also developing opportunities for staff to reflect about the service they provided and hear from other staff about examples of good practice. For example, staff from within the community services team were being given the opportunity to meet with staff from the wider Hamelin Trust organisation to share experience and knowledge.

We met with the training coordinator who demonstrated a commitment to linking in with other organisations, such as the East of England Learning Disability Strategic Advisory Group, to increase awareness of best practice. They gave examples of how the service had learnt lessons as a result of becoming aware of an incident which had occurred in another organisation.

In addition to formal training, staff told us they felt supported in their role and had one to one supervision meetings, held every four to six weeks. Supervision records demonstrated that staff were provided with the opportunity to discuss the way that they worked and received constructive feedback. For instance, we were told that managers had met with staff to help them develop skills to help people they supported to make their own choices. Where appropriate, information gained in supervision was fed back to the training coordinator who ensured relevant training was provided to the member of staff.

The manager knew the staff team well and also helped develop their skills in practical ways. They worked alongside members of staff and carried out observations of the service being provided. Staff told us some observations by the manager were unannounced to ensure that they were meeting the needs of the people they were supporting.

The service was meeting its obligations under The Mental Capacity Act (MCA) 2005 which 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.

Staff had a good understanding of the issues around capacity, for example one member of staff spoke about the rights of a person to choose to go to a bar and have a drink of alcohol or choose unhealthy treats. There was a commitment to ensuring people’s rights were respected and they could make choices for themselves. Staff explained that when they supported people with capacity, their role was primarily to give advice around the different options available.

Good

Is the service effective?

Most of the people being supported lived at home with their families and therefore staff were not responsible for meeting their overall nutritional needs. Staff supported people to engage in leisure activities and often went out after for a meal or snack at a restaurant chosen by the person. Offering nutritional advice was part of the overall support which people received and was done in a positive holistic way. A member of staff explained how, "If a person has pie and chips and hot chocolate when we go out, we might suggest they could go without the cream and marshmallows, we give them options to help them choose." A person told us, "We went to the pub and had steak and kidney pie but I sometimes eat a jacket potato and lettuce." A family member described how staff now offered their relative fruit during trips out following a request from a health care professional for support with healthy eating. They said, "Before [person] would never pick a salad but now they do." Where there were risks when supporting people to eat or drink, these were clearly outlined in their care plans, for example what specific foods should be avoided to minimise the risk of choking.

Staff were aware of the health needs of individuals and, where necessary, activities were tailored to promote a person's wellbeing, such as regular sessions at a hydrotherapy pool. People's records had detailed information and guidance for staff in relation to any specific health needs, for example epilepsy. This included information about people's mental health and issues relating to their general wellbeing. Where relevant, staff worked with health and social care professionals to promote people's health.

Good

Is the service caring?

Our findings

A family member told us, “We think the world of [staff member], they have ticked all the boxes.”

Staff knew people well and really focused on making sure they were contented. A member of staff told us how they had reduced the length of an activity because they could see from a person’s body language that they were getting distressed. They then communicated with family members to ensure everyone understood why they had done this. A family member told us, “Staff are very compassionate, there is a lot of kindness there, we can relax knowing [person] is happy.” Staff spoke with warmth about the people they supported, and this was demonstrated in the records for each person. For example, records showed that staff had spent time picking the right activity for a person deciding on a place where there would be lots of music, which they would enjoy.

Managers made sure staff had the time to develop positive relationships with people and their families. Staff were introduced gradually before they provided support to enable people to get to know them. This gradual process enabled people to feel comfortable with new members of staff. A family member told us, “[Person] has gained more confidence and is less anxious.”

The service was committed to providing people with information in a way they could access, for example there was an easy read guide to the service. Staff helped people develop communication passports with advice about how they best liked to communicate for use when they were in the community or being supported by people who did not know them as well. By developing relationships with people over time staff developed the skills to communicate with individuals. Families told us that having the same worker, where possible, helped this communication.

People were given control and choice by staff. One relative had written on a recent feedback form that, “[Person] is now able to express their preference…they can chose where and what to eat.” We were given a number of examples of where staff had advocated for people, especially when the person wanted to take part in an activity where there was some level of risk. A member of staff told us that sometimes, “It’s a risk worth taking, to see some progression towards engaging someone in an adult activity.” Staff described how much effort was involved in ensuring they had carried out necessary assessments and discussed any activity with families and other professionals. This demonstrated a real commitment to the people being supported, a family member told us, “They bend over backwards to help.”

Staff spoke of the importance of maintaining people’s dignity, They gave an example of where they ensured people’s privacy in the changing rooms when they took them swimming. Staff were aware of the importance of respecting people’s privacy and dignity when assisting them with personal care. One member of staff told us,“ I always make sure [person] is covered well, I knock on doors, close curtains and, if possible, encourage them to do as much as possible for themselves”.

Good

Is the service responsive?

Our findings

Staff involved people and their families in developing very personalised care and support. Care plans included a section entitled 'This book is about me', which included photos aimed at making it more accessible to the person. Staff had sufficient information to enable them to support people in ways they preferred. For example, a care plan for a person with complex needs had detailed guidance on how to prevent injury when supporting them. Another plan described the kind of personality a support worker needed to have to get the best out of a person.

Staff worked with people over time to achieve outcomes which were manageable and relevant, for example one person's aim was to learn to be more independent with money. A family member told us that their relative had, "Achieved things that we'd never through they could do."

Activities were varied and based on people's choice. A person told us, "We are going to a pantomime and a masked ball." A family member told us, "[Person] loves animals so they get the worker out, traipsing around to anywhere where there are animals." In addition to special events such as a trip to an outdoor cinema, staff had supported people to go crabbing or for walks to local parks. People developed skills and confidence from their interaction with staff. A family member told us, "[Person] is really enjoying the service, they have really come out of their shell."

On the day of our inspection we noted the service adjusted positively to a sudden change in the timetable for a person being supported. The manager was flexible and responsive in changing the arrangements for staffing. Another family member described how a staff member had travelled a long way to look after their relative when there was a family emergency. Family members explained that having an adaptable service was a priority and told us, " We need flexible care if possible."

We were told by staff and family members that staff advocated for the people they were supporting to ensure they could engage in activities of their choice. We were given examples of where people had faced discrimination at leisure venues and how staff had complained or negotiated to ensure people were given fair access. On another occasion, family members were uncertain about their relative attending different activities, for example a certain film at the cinema and staff worked with the family to manage their anxiety and support the person's choice.

The service was reviewed on an on-going basis. A family member told us that staff attended the formal reviews arranged by other professionals so that support for the person was coordinated. , There were also opportunities for making sure the support for the person was still appropriate when the worker returned to the house after each trip.

The manager told us they were developing improved measures to capture feedback, for example through postal surveys, telephone surveys and easy read questionnaires. They had recently set up a "You said we did board" to communicate where the service had responded to people's feedback. The service actively encouraged family members to provide feedback. We saw an example of a recent survey which had been carried out and which was overwhelmingly positive about the service.

The service dealt well with any complaints they received. We were told by the people we spoke with and their family members that they had not made any formal complaints recently and tended to deal with issues which came up with their allocated member of staff. The manager told us there had only been one complaint over the last year and we saw from records and discussions with the manager that the complaint had been investigated thoroughly and the person who had complained had received a very personalised response.

Requires improvement

Is the service well-led?

Our findings

People and their relatives were overwhelmingly positive about the service they received from staff. However, we received feedback that the way visits and staffing were organised was not always effective. Families told us they received a plan of dates for visits which were frequently altered, often at the last minute. A family member told us, "I sometimes want to go to the office and organise it myself – these seem like silly things, but they matter." Relatives told us this disruption was particularly significant when the person being supported had complex needs and needed continuity of staff. We were told, "The only issue is that there is a lot of swapping of staff, often the office don't tell us in advance and we only hear on the day itself which can be traumatic for [person]. There never seems to be a good enough reason for the change."

The registered manager told us that they had been a number of changes in leadership which had impacted on the overall organisation of the service. Improvements in systems and communication were now being put it in place and a new computer system would help managers better plan the scheduling of visits and staff rotas.

The Community Support Service is an integral part of the wider Hamelin Trust. The Trust has a clear vision and focus, summarised in their literature as "Supporting individuals with disabilities and their carers." The service had been developed by local parents of people with disabilities and the importance of involving the whole family and the local community was central to the culture of the organisation. In addition, the service also shared and benefitted from many of the wider organisation's resources, for example, staff had access to centrally planned training and there was a regular newsletter distributed by the Trust.

Staff spoke highly of the support received from their managers and felt they had a meaningful role within the service. One member of staff told us, "I enjoy working for the service and feel well supported in my role". The manager told us a course had been set up to introduce staff to the management role, which not only gave staff an opportunity to progress but also a greater understanding of their manager's role and responsibilities. Staff had recently been given delegated areas of responsibility. For instance a member of staff was now responsible for compiling the emergency packs for people out in the community.

The registered manager told us that the service was working towards developing a more open culture to minimise the isolation for staff in the community. For example, they were promoting an open door policy and encouraging staff to visit prior to going out on visits. Staff said they felt confident they could and would report any untoward incidents concerning colleagues and service users. We were given an example of where the senior managers had tackled poor practice by giving a member of staff clearer objectives to follow.

Whilst quality assurance measures were in place in the wider organisation, targeted and robust audits had not been consistently carried out within the community services section. The registered manager described how the organisation had started to develop more comprehensive audits to monitor this element of the service. We saw, for example that an audit of care plans had recommended where these could be improved, therefore the manager was working with staff to achieve these improvements.

An external auditor had been brought in to provide an outside view on the service and to highlight where there was room for improvement. We saw their recent report and noted that their input had resulted in practical improvements. For instance, a new system had been implemented which ensured that staff working out in the community were made aware of any changes in a person's needs, and did not have to wait to return to the office to access case records. Whilst the improvements were positive, we did not feel there had been sufficient time for the new measures to become fully embedded and ensure consistent and sustainable improvements.