

Origin Housing Limited

Hertfordshire Supported Living Services

Inspection report

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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

Hertfordshire support living is a domiciliary care agency providing personal care. The service provides support to people with a Learning disability and autistic people. At the time of our inspection there were 3 people using the service.

People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care

The provider did not operate a safe recruitment procedure. We found gaps in their recruitment systems.

People had risk assessments that detailed their immediate risk, however, in some areas did not always identify how to mitigate the risks. We recommend risk assessment are reviewed and developed further, highlighting in detail how to mitigate risks where appropriate.

Medicines administration records were not always completed accurately with the prescribers' instructions, where entries of medicines were written on the records, staff did not always follow best practice by two staff signing off to state the records were accurate.

People said they were encouraged to be as independent as they can with their medicines and staff supported them when required.

Right Culture

The provider had a management structure that monitored the quality of care to drive improvements in the service delivery. In some circumstances they had not identified the areas of improvement, such as staff completing learning disability training, recruitment files and medicine administration records.

The registered manager had a good understanding of people they supported. People described that they had a good life, and they were able to do as they wished, however in some circumstances the care plans could be developed further to capture people's long term aspirations and what was important to them.

People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.

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.

Right Support

Staff said they felt there was enough staff to keep people safe. People said they felt safe.

People were safeguarded from abuse and avoidable harm. The provider and registered manager had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.

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 (28 June 2016).

Why we inspected

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

Enforcement

We found a breach in regulation 19. The provider was unable to produce the recruitment documents for staff to show that staff were recruited safely. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information. We visited people in their own homes and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

Hertfordshire Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location, however we did go and visit the people supported by the provider. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The inspection was announced. We gave 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

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, management, and care workers. We spoke with 1 professional. We reviewed a range of records. This included 3 people's care records and variety medication records. We reviewed 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



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 Good. At this inspection the rating has changed 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

- As part of the inspection we requested information relating to the recruitment of the staff. The provider was unable to provide information relating to safe recruitment, we found gaps in employment history, information such as identification and verified references were not always present. Therefore, we could not be assured the provider operated a safe recruitment process.
- Staff and people felt they had the right skills to support people, however training records showed that although that staff were trained in several mandatory areas such as safeguarding, medicines, health, and safety, not all staff had completed learning disability training.

The provider failed to demonstrate they operated a robust recruitment procedure that meant there was skilled staff to perform the role. This was a breach in regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2009 (Regulated Activities) Regulation 2014.

- Staff said they felt there was enough staff to keep people safe. We observed people being supported when they required it and they did not need to wait for their needs to be met.

Assessing risk, safety monitoring and management

- People had risk assessments that detailed their immediate risks, however, in some areas these did not always identify how to mitigate the risks. For example, one person had a health condition, in the risk assessment it did not detail how staff should manage the risk if the person's health started to deteriorate.

We recommend risk assessments are reviewed and developed further, highlighting in detail how to mitigate risks where appropriate.

- The provider ensured that where people needed specific equipment to keep them safe this was made available to them. For example, specialist fire equipment was provided to an individual.

Using medicines safely

- People were receiving their medicines as prescribed, however medicines administration records were not always completed accurately with the prescribers' instructions, where entries of medicines were written on the records, staff did not always follow best practice by two staff signing off to state the records were accurate.
- People said they were encouraged to be as independent as they can with their medicines and staff supported them when required. One person said, "I take my medicines on my own. I use blister packs, the

staff will help reorder. Since I have been here, I have always had my medicines available. If I have any pain relief, I can take."

- Staff received training to administer peoples' medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were aware of how to follow safe infection prevention and control practices.
- Staff and the management team supported people and encouraged them to educate them on the importance of maintaining a clean environment to prevent infection.

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

- People were safeguarded from abuse and avoidable harm.
- The provider and registered manager had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "Any safeguarding issues I may come across, I will speak to my manager and inform local authority team, depending on the service user."
- People said they felt safe. One person said, "I wasn't safe where I was before, I am safe now."
- The provider learned lessons when things had gone wrong. They shared outcomes to staff and the wider organisation to make improvements to the care provided.

Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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.

- The provider was working in line with the Mental Capacity Act.
- People said they had control of their support and felt they were able to make decisions about their care.

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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always supported the delivery of high-quality, person-centred care.

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

- The provider had a management structure that monitored the quality of care to drive improvements in the service delivery. In some circumstances they had not identified the areas for improvement, such as staff completing learning disability training, staff recruitment and medicine administration records being robust.
- The management team had a service improvement plan where they had detailed key improvements made following audits.

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

- The registered manager had a good understanding of people they supported. People described that they had a good life, and they were able to do as they wished, however in some circumstances the care plans could be developed further to capture the good outcomes for people.
- Staff said they were able to speak openly about any concerns they have and that they felt supported. One staff member said, "The provider is doing very well and is totally person centred."

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; Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care for people.
- Intelligence gathered from incidents, accidents, safeguarding's were collated, and trends and analysis were created and shared amongst the teams and organisation to drive change.
- The provider understood their responsibilities under the duty of candour.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- People and staff gave examples of how they can feedback their views. One person said, "We sit down we have a tenants meeting, we talk about what we would like to do. If we talk about things that we want to change, then they listen. I will raise concerns, but do not want to rock the boat too much. If I ask staff to do it differently, they will listen."

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to demonstrate they operated a robust recruitment procedure that meant there was skilled staff to perform the role. This was a breach in regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2009 (Regulated Activities) Regulation 2014.</p>