

Housing And Support Solutions Limited

Housing and Support Solutions - Lincoln

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

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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on the service was rated, 'Good'.

At the present inspection the service remained, 'Good'. Suitable quality checks were being completed and had ensured that there were enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. Background checks had been completed before new staff had been appointed.

Furthermore, there were arrangements to prevent and control infection and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. In addition, confidential information was kept private.

Information was provided to people in an accessible manner. In addition, people had been supported to pursue their hobbies and interests. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements had been made to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon

achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|--|---------------|
| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good. | Good ● |
| Is the service well-led? The service was well led. Effective systems were in place to check the quality of the service. People, relatives and professionals were involved in the running of the service. The recent rating was displayed appropriately. | Good ● |

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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 was a comprehensive inspection.

This inspection took place on 6 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the relevant people would be available.

The inspection was carried out by an inspector. An expert by experience carried out telephone calls to people and their relatives who used the service before our inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with six members of care staff, two relatives, the registered manager and the quality manager. We spoke with two people who used the service by telephone. We also spoke with ten people who used the service together in a group setting. We looked at the care records for six people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "Yes I feel very safe in the house, the staff always make sure that all the doors and windows are locked on a night." Another said, "I have a team of support workers who help me stay safe." Relatives also told us they were confident that their family members were safe.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money in order to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to support people to access the community and to participate in their day to day care such as cooking. There was a positive approach to promoting informed risk taking. An example of this was a person who accessed the community unsupported and staff had put in place a number of arrangements to ensure the person was safe, such as using an alarm to remind them when to return home. Staff were supported to promote positive outcomes for people if they became distressed. Guidance was available in people's care plans so that they supported them in the least restrictive way.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. We observed there had been a number of medicine errors which had occurred, however people had not come to any harm as a result of these and the provider had taken appropriate action to prevent these reoccurring.

The registered manager told us that they had put in place arrangements to ensure there were sufficient staff to support people. They said that they had taken into account the number of people using the service and the care each person needed to receive. They also told us they always recruited to more hours than actually needed to ensure there was sufficient staff to provide care to people.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were

suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. Staff had received food hygiene training and understood how to prevent cross infection.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again.

Is the service effective?

Our findings

People were confident that the staff knew what they were doing and had their best interests at heart. We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance people required and support provided accordingly.

Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with people we found that they knew how to care for people in the right way and where people had specific needs, arrangements had been put in place to provide training to staff. For example, diabetes and training about dementia care. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive both group and one to one support. Records showed group supervisions were held regularly. We observed one to one support had not always been provided on a regular basis and some staff told us they had not received any one to one supervision. However they told us they were able to speak with the registered manager at any time if they needed to. Observations of care were also carried out to ensure staff were competent in areas such as medicines and financial support.

A person said, "Staff support me in cooking." They said, "I choose what I want from the menu and then go to buy it." People were supported to eat and drink enough to maintain a balanced diet. A person had a healthy eating plan and recipe book which staff supported them with. In addition, where people had specific needs or requirements these were respected. For example, one person who was prone to urinary tract infections was supported to ensure they maintained their fluid intake in order to avoid infection.

People were supported to live healthier lives by receiving on-going healthcare support. Health action plans were in place for each person. These helped to ensure people received the appropriate treatment wherever they were, for example attendance at a hospital appointment. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses and dieticians. A person said, "They support me with appointments and help me get appointments if I need them."

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 law requires that as far as possible

people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place decisions in people's best interests. An example of this was when people required specific support with their medicines. However we observed best interests assessments were not in place for issues such as personal care. We spoke with the registered manager who showed us documentation which they were in the process of putting in place.

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person said, "It's nice." Another told us, "I feel listened to." Staff told us they thought it was like being a family when they were providing support to people.

People were treated with kindness and were given emotional support when needed. For example, we observed a person become unhappy within a group setting. The member of staff reassured them and supported the person to move to a place where they felt more comfortable. We observed the member of staff understood what the person was telling them even though they were unable to communicate comprehensively using verbal communication. It was also clear the person felt comfortable with the member of staff and the support they provided. We observed the person smiled at the member of staff and interacted with them.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. People told us staff were considerate. One person said, "I like the staff they support me with stuff." "They support me when I am upset." Another person said, "When I am upset they are kind."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a person sometimes refused support from staff with their hair care and they were supported to access a hairdresser of their preference as an alternative. Where people were unable to communicate verbally we saw alternative methods were used. For example, one person used a system of signing and another person used an electronic device to support their verbal communication.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. The provider had put in place arrangements for dignity champions who led on the issues and supported staff. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, when we spoke with staff about how they provided care to people they checked they were able to refer to people individually.

We found that suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One person told us, "You can ask the staff if you want to go on holiday." They explained they had visited a local attraction of their choice and stayed overnight with the support of staff.

We found that people received personalised care that was responsive to their needs. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. We saw examples of people progressing to be more independent as a result of the support they had received from staff. A person told us, "When I first came I needed a lot of support but now I can do things on my own." A relative said, "My [family member] is supported well he is encouraged to be as independent as he can be ensuring he is safe."

Care records included guidelines in words and pictures on how people liked to be communicated with in line with the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

People were supported to pursue their hobbies and interests and to enjoy taking part in a range of social activities. People told us they had access to both leisure pursuits and work experiences. For example, a number of people worked at local charity organisations.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Where people had developed personal relationships arrangements were in place to support them to maintain these. For example, two people had recently got engaged and staff were working with them to consider their future.

The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual and transgender lifestyles. Where people preferred a specific gender of staff to support them staff told us they were able to provide this. For example, a female service user preferred a female member of staff to provide their personal care and staff said they ensured this was taken into account when completing the rotas.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had been resolved to the satisfaction of the complainant. The complaints information was available as an easy read version and was attached to the provider's service user handbook. When we spoke with people they told us they knew how to raise concerns. A relative told us, "I have never needed to complain but would be happy to do so and I am sure that it would be sorted by the manager and the team of support workers."

The provider had arrangements in place to support people at the end of their life. Care plans detailed people's preferences at their end of life. For example, one person's care record said, "I would like a big party for all my friends and family."

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. For example the provider had recently organised a conference to look at the future direction of the company and involved staff across all levels of seniority.

Staff told us they thought the new registered manager was approachable and listened to them. Staff received support from the provider when this was appropriate. A member of staff told us, "I like this company, the flexibility suits me."

Staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. Senior management were in touch with local services. For example, the executive team coordinated a programme of local visits and produced a newsletter which celebrated good news stories across the provider.

We found that people who lived in the service, their relatives and members of staff had been engaged and involved in the running of the service. For example, people who used the service were involved in the recruitment of staff. Another person had presented at the recent conference which had taken place. One person had been appointed as an expert by experience within the company in order to provide input where issues, improvements and changes were made. We observed the person had carried out a number of questionnaires in order to gain people's opinions. This had been done so that people had the opportunity to suggest how the service could be improved. We also noted that the registered persons invited people who lived in the service and their relatives to complete an annual questionnaire to comment on their experience of using the service. Locally meetings were held within people's homes to discuss the day to day care and support they received.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included the discussion of policies and procedures at team meetings to ensure staff were up to date on any changes that affected their roles. The provider was also in the process of introducing a nationally recognised assessment tool in order to improve outcomes for people. As part of the introduction of the tool both staff and people who used the service had been included on the training. In addition some staff were being trained so they could support and train new staff on the system.

A member of staff told us, "We have a good team at the moment." There were a number of arrangements in place to support effective team working. For example arrangements were in place to provide an on call service during out of office hours to give advice and assistance to staff should it be needed. Staff had been invited to attend regular team meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that staff were suitably supported to care for people in the right way.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition regular checks had taken place to ensure the service met regulation. We saw the results of these checks were reported back to staff at meetings.

We found that the service worked in partnership with other agencies. For example, arrangements were in place to work with a psychologist with reference to supporting people who required additional emotional support.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service.

The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.