

Housing And Support Solutions Limited

Housing & Support Solutions - Bridlington Region

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service effective?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Housing & Support Solutions - Bridlington Region is a domiciliary care and supported living service providing personal care to people in their own homes. Three people were receiving support with personal care across three services. The service supports people living with learning disabilities or autistic spectrum disorder, mental health, older people, and people with physical disability or sensory impairment

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff received training and supervision to ensure they had the skills and support for their role. However, staff were not receiving regular appraisals and the provider had no systems in place to record staff's additional training and qualifications. Satisfaction surveys were carried out; however, these were for all the providers locations. Staff did not always received feedback from these and there was no service level results and action plan.

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. Staff gained consent prior to providing people with care. Mental capacity assessment and best interest decisions were carried out.

Staff had developed positive relationships with people which led to people feeling safe and happy. The culture of the team was positive, and staff felt confident and supported in their role. The service had a clear set of values which staff understood and promoted.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to maintain their independence and staff worked hard to improve and maintain people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The rating at the last inspection and update

The last rating for the service was requires improvement (published 19 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

We carried out an announced/ comprehensive inspection of this service on 26 September, 29 September and 15 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing and Support Solutions – Bridlington Region on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Housing & Support Solutions - Bridlington Region

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and supported living schemes so 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.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 27 May 2021 and ended on 07 June 2021. We visited the office location on 27 May 2021.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection □

We met with one person who used the service. We spoke with one relative via telephone and another via email about their experience of the care provided. We spoke with a variety of staff including the registered manager, quality manager, eight support workers. We reviewed two people's care plans, three staff files and a variety of documents in relation to the quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies and procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs, and choices were included in the care plan and reviewed regularly. Assessments were completed with people and their families and were detailed.
- Assessment of people's needs covered all areas including health and communication.

Staff support: induction, training, skills and experience

- Since the last inspection, improvements had been made to the supervision of staff. Staff were now receiving more regular individual and group supervision. Staff told us they felt well supported, one staff member said "I have regular supervision and feel very supported by my manager."
- Staff received an induction and on-going training to enable them to have enough knowledge to fulfil their role.
- Additional training was sourced to ensure staff had the appropriate knowledge and skills to meet individual needs. One staff member told us, "We have all been put forward for self-harm and wound management training to support someone who has recently been admitted into the service."
- The provider did not always have records of people's additional trainings due to an error on their system. The registered manager told us they were regathering this information.

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

- People were supported with their nutrition and hydration needs.
- Assessments and care plans were in place around nutrition and hydration which promoted independence. One person told us, "Staff help me to cook my meals and take me food shopping."

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

- People were supported to access healthcare professionals. Care plans were in place to ensure people were supported appropriately with healthcare appointments.
- Relatives were involved in supporting people to access healthcare services.
- Staff had knowledge of when to refer to the appropriate health and social care professionals to ensure people received the support they required.

Ensuring consent to care and treatment in line with law 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection improvements have been made in regard to consent, capacity and best interest meetings. There were clear and complete records for people who lacked capacity and required a best interest meeting.
- Records of best interest meetings evidenced appropriate people had been involved in making decisions and steps had been taken to support people with decision making.
- Staff gained consent prior to providing people with care and where people were able, they had consented to their care by signing their care plan.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we identified the providers systems had failed to identify areas which required improvement in relation to staff supervision and mental capacity and best interests. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although improvements had been made further improvements were still required. For example, at our last inspection the provider showed us a schedule of supervisions and appraisals. Although supervisions had been completed, staff were still not receiving annual appraisals to promote their development.
- Systems were not in place to record additional staff training and qualifications. The provider had requested a copy of staff certificates in July 2020, but this was not in place at the time of inspection.
- The provider had implemented a supervision matrix to monitor supervisions. Staff told us they now felt well supported.
- Records regarding mental capacity assessments and best interest decisions had now improved.
- Management audits were carried out to identify improvements. However, the actions were not always detailed and did not show how this had been embedded in the service.

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

At the last inspection the provider had failed to notify CQC of all events they were required to do so. At this inspection, sufficient improvement had been made and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager was aware of the statutory duty of candour. They understood the need to be open and honest.
- Statutory notifications had been submitted appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys were carried out with staff and people; but these were at provider level. This meant the service could not always identify what was working well in the service and what improvements were required to action plan accordingly.
- Staff confirmed they take part in surveys but do not always get feedback.
- Relatives and professional surveys had not been sent out due to the COVID-19 pandemic.
- Regular letters had been sent throughout the pandemic to people's relatives to keep them up to date with government guidelines.

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

- Staff were passionate about delivering person-centred care.
- There was a management structure in place to support people and their staff. One member of staff told us, "I feel supported by everyone I speak to the registered manager; she is very supportive, but I would also feel confident getting support from any other senior people." Another staff member told us, "There has been a turn around, it is the best it has ever been. All the people we support are really happy, we are always trying our best to give them a good quality of life."