

Hexagon Care Services Limited

Walnut Close

Inspection report

16 Walnut Close
Clifton
Salford
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 15 March 2016. Walnut Close is a small specialist service providing care and support to people living with complex needs. The service is operated by Hexagon Care Services. The property at Walnut Close is owned and managed by a Registered Social Landlord and each person living at Walnut Close was considered a tenant and therefore subject to a tenancy agreement.

This inspection was the first comprehensive rating inspection since the service first registered.

At the time of our inspection visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

A total of three people used the service at Walnut Close at the time of our inspection visit. Staffing levels were safe and sufficient to meet people's individual needs. People who used the service were well supported by two residential support workers during the day and one residential support worker at night.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a corporate safeguarding policy and associated local procedures. Staff demonstrated a good awareness of safeguarding procedures. People who used the service spoke confidently about how to report abuse.

Support plans contained a wide range of comprehensive individual risk assessments which were completed with the agreement of people who used the service.

Recruitment and selection of staff was robust with safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, people's proof of identity, written references, and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

Health and safety records relating to buildings and premises were complete and up to date. Emergency equipment was maintained and records kept. Gas and electrical safety certificates were up to date. The service had a business continuity plan to be implemented in the event of a domestic emergency such as flood, fire or loss of power. This included guidance for staff and emergency contact numbers.

Medicines were ordered, stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The staff induction programme was robust and included mandatory training, opportunities for shadowing of more experienced staff and direct observations of practice before new employees were able to work unsupervised with people who used the service. Existing staff were well supported with opportunities for on-going training and professional development.

Staff supervision sessions were undertaken on a regular basis with each member of staff expected to agree a supervision contract. Annual appraisals were also completed

We looked at the how service supported people with eating and drinking and found that staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements. Staff we spoke with also clearly understood the importance of encouraging people who used the service to maintain a healthy balanced nutritious diet whilst acknowledging that individuals were able to make their own choices.

People who used the service told us staff were kind and caring. Some people had lived at Walnut Close for a number of years and knew the staff members well.

'Supported persons' meetings were held every two months and records were completed which gave details of the discussions held during these meetings. People who used the service were also regularly encouraged to complete feedback questionnaires.

We found that improvements were needed be made across a number of key areas within peoples' individual support plans. In each of the three support plans it was not clearly evidenced how people who used the service had been involved in planning and agreeing the type of support to be provided. We also found that the section of peoples' support plans entitled 'outcomes and reviews' did not provide sufficient information to effectively demonstrate what the actual individual outcomes for people were and how this was linked to support plan reviews.

New referrals to the service were assessed before people were accepted. The registered manager told us they personally screened all new referrals and completed all pre-admission assessments to ensure the service could meet people's individual needs.

We looked at how the service managed complaints and concerns. We found the service had an appropriate complaints policy and information about how to make a complaint was readily available. The service also maintained records of compliments received into the service and we found a number of examples where people had been complimentary about the service provided at Walnut Close.

Walnut Close benefited from an established manager who had been in post for a number of years and knew the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led. Additionally, the vast majority of staff had also worked at the service for a number of years which meant there was a stable workforce who knew each person who used the service well.

Audit and quality assurance was completed on a regular basis and covered a variety of topics. We saw that where internal audits had identified issues, action was taken and practice was improved. We also looked at how accidents and incidents were managed and found accident and incident forms were completed

correctly and prevention measures or remedial action was taken by the service to reduce the likelihood of such events happening again.

Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered. Each of the three people who used the service at Walnut Close agreed the service was well-led.

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 was safe.

The service had systems and procedures in place which sought to keep people safe and protect them from harm.

Recruitment and selection of staff was robust and the service followed safe recruitment practices.

Medicines were administered, stored, ordered and disposed of safely with clear guidance provided.

Is the service effective?

Good ●

The service was effective.

New members of staff received a comprehensive induction.

Access to training and opportunities for continuous professional development was good.

Supervision was effective and completed on a regular basis.

People were supported to ensure their choices of food and drink were balanced.

Is the service caring?

Good ●

The service was caring.

People who used the service and external professionals told us they thought the service was caring.

The atmosphere at Walnut Close was calm, welcoming and very homely. People who used the service had been involved in choosing the decorations and furnishings for their own bedroom.

Staff demonstrated a genuine caring ethos and people who used the service clearly responded well to this.

Is the service responsive?

Requires Improvement ●

Some elements of the service were not responsive.

Peoples' involvement in support planning and reviews was not clearly evidenced.

Recording of information to capture daily events in peoples' lives was not effective.

The services collaborated and worked well with other stakeholders including the local authority and NHS.

Is the service well-led?

Good ●

The service was well-led.

The service benefited from a well-established manager who had been in post for a number of years and knew the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led.

Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered.

Audit and quality assurance was completed on a regular basis and covered a variety of topics with clear examples of lessons learnt when issues had been identified.

Walnut Close

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.

A comprehensive inspection of this service was carried out on 15 March 2016. We gave the service 48 hours' notice of our inspection visit. This was because people living at this location are often out during the day, therefore we needed to be sure they would be in.

The inspection team consisted of one adult social care inspector from the Care Quality Commission.

As part of the inspection process, we reviewed all the information we held about the service including statutory notifications and safeguarding referrals. We had requested the manager complete a Provider Information Return (PIR) and this had been fully completed and returned. A PIR is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also contacted external professionals from Salford City Council and NHS community services.

As part of our inspection we spoke with three people who used the service, which represented everyone living at Walnut Close; three support workers; one manager; and, three external professionals.

We looked in detail at three support plans and associated documentation; four staff files including recruitment and selection records; a variety of training and development records; audit and quality assurance; policies and procedures; and, safety and maintenance certificates.

Is the service safe?

Our findings

We spoke with each of the three people who used the service at Walnut Close and without exception each person told us they felt safe. One person who used the service told us: "I feel very safe here, the staff look after me well". Another person commented: "If I didn't feel safe I would go and see [Member of staff] as they support me well." A third person who used the service told us: "I'm allowed to go out alone but if I ever didn't feel safe I would phone Walnut Close straight away and someone would come and meet me."

We looked at how the service managed individual risk and found a comprehensive range of risk assessments were completed. Each of the risk assessments contained in peoples' support plans were personalised and based on specific identified risks. For example, we looked at risk assessments entitled 'accessing the community unsupported' and 'use of laptops'. Additionally, when a risk had been identified and a risk assessment completed, this was done in collaboration with the person who used the service and their agreement was sought. We also saw that the service had a strong ethos around multi-agency risk assessment and found that relevant external professionals had been involved as and when appropriate when a particular risk had been identified.

We found the service had appropriate systems in place to help protect people from abuse. The service had a corporate safeguarding policy which was up-to-date. More localised safeguarding information and associated procedures was also maintained by the service which included posters displayed around the service about how to recognise and report abuse. Staff we spoke with demonstrated good levels of understanding around safeguarding and protecting people from abuse, and were able to fully describe the procedures to follow in the event of a safeguarding issue. Each of the three people who used the service were confident in their responses when asked how they would report safeguarding concerns.

At the time of our inspection visit, we found staffing levels to be sufficient to meet the needs of people who used the service. The staffing establishment at Walnut Close consisted of a full time registered manager, one team leader and four residential support workers. A number of casual residential support workers were also employed as and when required. During the day, people who used the service were supported by two residential support workers. At night, one residential support worker was on duty.

In order to further protect staff and people who used the service, a 'staff incapacity plan' had been developed in consultation with the people who used the service at Walnut Close. This plan gave clear emergency instructions about what should be done in the event of a member of staff becoming incapacitated at work whilst working alone, for example, in the event of sudden illness during the night. We saw how this plan had been well rehearsed and that each person who used the service knew what actions to take.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

The service had an appropriate medicines policy and associated procedures which included a code of

practice for medicines administration. We found safe procedures for ordering, storage, administration, recording and disposal of medicines. A record of staff who had been assessed and deemed competent to administer medicines was also maintained and was up-to-date.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, proof of identity, written references and Disclosure and Barring Service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

The service had a whistleblowing policy which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously and acted upon.

The service maintained health and safety records relating to buildings and premises and a detailed business continuity plan was also available. Fire safety equipment was maintained and checked regularly. Emergency lighting was checked and a first aid kit was readily available. Gas and electrical safety certificates were up to date. Portable electrical appliance testing (PAT) was completed along with water temperature checks. Emergency contact information was readily available in case of a domestic emergency such as flood, fire or loss of power. The service did not use any moving and handling devices such as hoists.

We looked at how well people were protected by procedures for the prevention and control of infection. We found the service had an infection prevention and control (IPC) policy with associated procedures. During our inspection, we found the service to be visibly clean and tidy and maintained to a good standard. Records of cleaning schedules were also maintained.

Is the service effective?

Our findings

We looked at induction, training and professional development that staff received to ensure they were fully supported and qualified to undertake their roles. We saw the induction programme for new starters was robust and involved shadowing opportunities with existing staff and completion of mandatory training modules such as safeguarding, behaviour management and first aid. One member of staff told us: "My induction was really good. There were plenty of opportunities to really get to know the people who are living in the home before I was expected to work with them independently. The training offered was also good and I feel it prepared me for the job I'm expected to do."

We looked to see how well existing staff were supported and the opportunities for on-going training and professional development. We found all staff employed by the service had completed a wide range of training courses; this included breakaway training, person-centred thinking, challenging behaviour awareness and first aid. We also saw that training had been delivered in response to the individual needs of people who used the service. For example, staff had completed epilepsy rescue medication training and training had been delivered by a speech and language therapist. Training and development records were maintained for each member of staff and a training matrix was used by the service. Another member of staff we spoke with told us: "We are always encouraged to complete as much training and development as possible. We don't just go on training for the sake of it; the training we complete is relevant and helps us to do our job well."

We also saw how well the service had been working with the local authority learning disability service in developing a bespoke training package aimed at staff supporting people living with a learning disability. This new training programme provided more detailed learning for behaviour awareness, breakaway techniques and management of challenging behaviour.

We looked at staff supervision records and found supervision sessions were completed six times per year. Staff were expected to agree a supervision contract which clearly set out the expectations of an effective supervision session. Staff we spoke with told us they thought supervision sessions were beneficial. One member of staff commented: "Supervision sessions have proved really useful as it enables us to discuss things in an open and honest way and we can talk about any particular issue we might have." Another member of staff commented: "I find the sessions really useful and brings some structure to the meetings we have with the manager." We also looked at annual appraisal records and found these were completed and appropriate records were maintained.

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. We checked whether the service was working within the principles of the MCA and found the service had an appropriate MCA policy and associated procedures.

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. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, people who used the service at Walnut Close are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty within supported living accommodation must be legally authorised by the Court of Protection. At the time of our inspection, no one who used the service at Walnut Close was subject to any kind of restrictive practice and each person who used the service was deemed to have capacity and able to make decisions and choices for themselves, which meant they were free to leave at any time. However, the service had effective safeguarding and risk management strategies in place to ensure that when people who used the service chose to leave, for example when going out with family or friends, this was managed as safely as possible.

We looked at how people who used the service were supported to maintain good health and to access health care services. We found health and well-being information about each person who used the service was detailed in their individual health care plan. This provided detailed information about current medical and past medical history and details of health care professionals involved in peoples care and support. In one person's health care plan, we saw a letter from a hospital doctor recognising how well the service had support one individual to overcome a health issue through encouragement of regular exercise. The service also had an effective system in place in the event of a person who used the service experiencing a medical emergency. A 'hospital grab pack' containing critical information about each person who used the service was readily available for staff to provide to the emergency services.

We looked at the how service supported people with eating and drinking and found that staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements. Staff we spoke with also clearly understood the importance of encouraging people who used the service to maintain a healthy balanced nutritious diet whilst acknowledging that individuals were able to make their own choices.

Is the service caring?

Our findings

Each of the three people who lived at Walnut Close told us they thought staff were kind and caring. One person told us: "I'm well cared for here and the staff treat me well." Another commented: "My [support worker] is very caring and I can go to them with any problems." A third person told us: "It's great living here, the staff are caring and help me with lots of things every day. I'm really glad the staff are here." We spoke with a professional from the local authority who told us: "The staff are great at Walnut Close and really do have the best interests of all the people living there at their heart. They are a very caring service and I've never had any concerns."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through support planning and the effective management of risks to ensure people who used the service were free to make choices for themselves. We found documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives which met their individual needs. Staff we spoke with demonstrated a good understanding of equality and human rights and its practical application when supporting people with a learning disability.

Throughout our inspection, we found the atmosphere in the home was relaxed and friendly and observed staff treating people in a kind and caring way. In particular, we observed a very positive interaction between two members of staff and one person who used the service. This person had approached both members of staff with some anxieties about their voluntary work placement. We saw how the staff took time to understand the nature of these concerns and then provided the person who used the service with a number of possible solutions. By taking their time to understand the issues and by offering a number of potential solutions, the staff empowered this person who used the service to make independent choices. The outcome of this discussion was that the person who used the service felt much happier and their anxieties about the work placement were relieved.

During our inspection, one person who used the service showed us their bedroom. We found their room to be personalised with individual items and was homely and welcoming. We observed staff being respectful of people's private spaces whilst maintaining a supportive and caring presence within the home.

We looked at how people who used the service at Walnut Close were involved in decisions relating to the service. We saw that 'supported persons meetings' were held every two months and records were completed which gave details of the discussions held during these meetings. This included discussions about planning holidays and trips away. People who used the service were also regularly encouraged to complete feedback questionnaires.

Is the service responsive?

Our findings

During our inspection, we looked in detail at the care and support plans for each of the three people who used the service at Walnut Close. We found each care plan contained a wide range of topics including family contacts, education and work, relationships and finances. Comprehensive individual risk assessments were also included which enabled the service to support peoples' individual choices and freedoms whilst managing potential risks or hazards. Each support plan contained person-centred information which demonstrated people's individual likes, dislikes and personal preferences. There was information about what support workers would need to know to support people best and where appropriate, the best communication methods to use.

However, we found that improvements needed be made across a number of key areas within peoples' individual support plans. In each of the three support plans it was not clearly evidenced how people who used the service had been involved in planning and agreeing the type of support to be provided. We also found that the section of peoples' support plans entitled 'outcomes and reviews' did not provide sufficient information to effectively demonstrate what the actual individual outcomes for people were and how this was linked to support plan reviews. We also found systems for recording day-to-day events required improvement as information was being documented across three separate recording systems entitled 'direct work', 'observations' and 'daily activities.' This meant it was not always easy to understand events that may have occurred in the daily life of a person who used the service.

In addition to peoples' individual support plans, we also saw how the service completed documentation entitled 'Individual, Community, Opportunities, Plan and Experience' or 'ICOPE.' The purpose of this documentation was to enable support workers to have structured individual person-centred conversations with each person who used the service to capture key information that relevant to peoples' individual support needs. However, we found that whilst completion of this documentation had been effective when first completed, later attempts had become repetitive and feedback documented from people who used the service demonstrated this approach to capturing such information was not effective in its current format.

We recommend the service refers to further support planning guidance available from sources such as the Social Care Institute for Excellence.

Staff at Walnut Close participated in 'friendship training' which was delivered by the local authority learning disability service. This training sought to provide staff with the skills to ensure effective support to people at risk of social isolation and to promote the importance of friendships and positive relationships. One example of how the service had put this training into practice was evidenced by the work which had been completed with one person who used the service to help and support them rebuild a new and trusting relationship with their family. In another example, we saw how one person who used the service had been supported to access a community group which was specific to their needs.

One person who used the service spoke with us about the positive impact living at Walnut Close had on their life, they told us: "I'm supported to go to college three days a week and I really enjoy this. I've also started a

few hobbies and I really enjoy going horse riding. The staff here are great and support me to do this as well as other things I enjoy doing. The staff are really fair and although I can't sometimes do everything I want to do, the staff explain the reasons behind this."

Another person who used the service also spoke with us about the activities they enjoy taking part in. They told us: "I volunteer at a local charity a couple of times a week and I really enjoy this as it means I get to meet other people. I'm not really one for going out lots but if I do ask the staff could I go somewhere they always support me to do this. I do like to go out for lunch though."

We looked at how new referrals to the service were assessed before people were accepted. The registered manager told us they personally screened all new referrals and completed all pre-admission assessments to ensure the service could meet people's individual needs.

We looked at how the service managed complaints and concerns. We found the service had an appropriate complaints policy and information about how to make a complaint was readily available. We looked at the complaints file and found no complaints had been recorded at the time of our inspection. The service also maintained records of compliments received into the service and found a number of examples where people had been complimentary about the service provided at Walnut Close. One such compliment was received from a professional from the local authority who commented about how one person who used the service had 'flourished' since moving to Walnut Close.

Is the service well-led?

Our findings

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 the registered provider, 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.

Walnut Close benefited from an established manager who had been in post for a number of years and knew the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led. Additionally, the vast majority of staff had also worked at the service for a number of years which meant there was a stable workforce who also knew each person who used the service well. Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered. One staff member told us: "The manager is very good. I feel well supported and involved in all aspects of the service." Another member of staff commented: "It's a nice place to work and the manager is good."

Each of the three people who used the service at Walnut Close also agreed the service was well-led. One person commented: "The manager is really nice and I can speak to them about anything. Another person told us: "If I had any worries or concerns I would always go and speak with [the manager] as I know I would be listened to."

We looked at how the manager and staff at Walnut Close worked with other agencies. We found the service had developed a strong ethos around effective partnership working and it was clear positive working relationships had been forged with a variety of multi-agency professionals.

We saw that regular team meetings took place and this was evidenced by minutes of team meetings. Staff told us they were able to contribute to agenda items and that staff meetings were always open and inclusive.

Policies and procedures relating to the effective operation of the service were all up-to-date and readily accessible by staff. Policies were wide ranging and included topics such as employee code of conduct, finances, admissions, missing without authority, consent and risk taking.

Audit and quality assurance was completed on a regular basis and covered a variety of topics. We saw that where internal audits had identified issues, action was taken and practice was improved. We also looked at how accidents and incidents were managed and found accident and incident forms were completed and prevention measures or remedial action was taken by the service to reduce the likelihood of such events happening again.

We saw that quality of service surveys had been distributed to relatives of people who used the service and other external professionals. Although only a low number of completed surveys had been returned, the feedback was positive. We were told by the registered manager that further work would be completed to

improve the number of completed surveys being returned.

During our inspection, we asked for a variety of documents to be made available. We found documentation was kept securely locked away and was well organised enabling the documentation requested to be accessed promptly. We found all the records we looked at were structured and organised which assisted us to find the information required efficiently. This would assist staff if they were required to find information quickly.