

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?	Requires Improvement ●

Summary of findings

Overall summary

Housing and support Solutions provides personal care and support for people in their own homes who have a learning disability or autistic spectrum disorder and also in supported living settings. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 13 people. The service covered Lincoln and surrounding areas.

There was not a registered manager in post at the time of our inspection. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been supported to safely manage medicines. Risk assessments were in place to help keep people safe. There were enough staff to provide support to people. Background checks had been completed before new staff were appointed.

Staff had received training and support to help them to support people in the right way. This included being able to assist people to eat and drink enough in order to stay well. In addition, people had been supported to receive healthcare if they needed it.

The provider and staff were following the Mental Capacity Act 2005 (MCA). This act is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the support they wanted to receive and they had been given the assistance they needed. Staff had supported people to pursue their interests and hobbies. There was a system for resolving complaints which was accessible to people.

Regular quality checks had been carried out to ensure that people received the appropriate support. Staff were supported to raise concerns. The service was run in an open and relaxed way.

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.

Staff knew how to recognise and report concerns in order to keep people safe.

People were supported to manage their medicines safely.

There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received relevant training and support.

People were supported to eat and drink enough. People were supported to access any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind.

Staff recognised people's right to privacy and dignity. Staff understood the need for confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and involved in the review of that care.

People had been supported to pursue their interests and

hobbies.

People were supported to make complaints. The provider had arrangements in place to manage complaints.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

A registered manager was not in post.

Regular checks had been completed so that any problems could be quickly identified and services improved.

Housing and Support Solutions - Lincoln

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 registered person was 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.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local health and social care agencies to obtain their views about how well the service was meeting people's needs.

We visited the administrative office of the service on 3 February 2016 and the inspection team consisted of a single inspector. The inspection was announced. The provider was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. During the inspection we spoke with the regional operations director, the quality manager and three members of staff. We also looked at records relating to how the service was run including training, health and safety and quality assurance.

We spoke on the telephone with ten people who used the service, three relatives, four staff members and a visiting professional.

In addition, we reviewed the Provider Information Return that we asked the registered persons to complete. This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People said that they felt safe with the staff. One person told us, "Yes they call and look after me. I'm very safe with them." Another person told us, "I like it here. Its good. Staff are nice."

Staff knew how to recognise and report abuse both within the organisation and externally, for example to the local authority. Staff said they would report any concerns to a senior person in the service. One person told us that they had reported a safeguarding and action and feedback from this had been provided. Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We saw from our records that the provider had appropriately reported concerns about people's safety.

Risk assessments had been carried out to ensure people were kept safe. Risk assessments were in place for areas such as accessing community facilities, housework and assisting people to mobilise. Where risks had been identified plans had been put in place to assist staff to support people. For example one person required additional support when accessing the community due to their medical condition and a risk assessments and management plan were in place to support staff with the care they provided. We saw that there was a system in place to protect people from the risk of financial abuse. Risk assessments had been completed and guidance was in place to explain to staff how to support people with their finances.

Staff were supporting people to manage their medicines. People told us that they received their medicines on time and that staff assisted them to take their medicines. Records showed that all staff who assisted people to use medicines had received training. Staff were also trained in the use of emergency medicines where this was required, for example, when a person suffered an epileptic seizure and required rescue medicines.

Staff told us that there was now sufficient staff to meet people's needs. They said that previously it was sometimes difficult to cover when people were absent but that this was not now the case. The regional operations director told us that they did not now have any problem recruiting to the service and had taken the decision to recruit above the minimum staffing levels required in order to ensure that any increase in need could be met.

Background checks had been completed on staff before they commenced with the service, these included checks obtaining references and checks with the Disclosure and Barring Service to show that they were suitable for employment with the service. This helped to ensure that staff were suitable people to be employed by the service.

Is the service effective?

Our findings

We found that staff had the knowledge and skills they needed to consistently provide people with the support they needed. Staff had access to both required training such as fire and health and safety and also training which specifically helped them to provide appropriate support to people. For example two people who required support had recently been diagnosed with dementia and training had been arranged for the staff to ensure that they understood their needs fully. An induction programme was in place which included both training and practical support. We saw that the induction followed national guidelines. A recently employed member of staff told us that they had found the induction useful. They told us, "I wouldn't have been able to do the job properly without it."

Arrangements were in place for both individual and group supervision. Staff told us that they had received supervision. Records confirmed that staff had received supervision from a senior colleague to review their work. However two members of staff whom we spoke with told us that they didn't feel that they had as many individual supervision sessions as they needed in order to meet their needs. Staff also said that they had received appraisals. Appraisals are important because they facilitate staff to review their performance and plan their training requirements to ensure that they have relevant skills to support people.

We saw in care records people had been supported to consent to their care arrangements. For example in one record it explained that a person would often say yes to a question if they did not understand and that staff needed to check again by repeating the question. Staff knew what to do if people refused care. They explained that they would try and discuss this with people first but if there was a risk to the individual they would consult with other staff and professionals. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. The registered manager and staff were following the MCA. We found that staff had supported people to make decisions for themselves. They had consulted with people who used the service, and sought their informed consent. Records showed that on a number of occasions when people lacked mental capacity the registered manager had consulted with health and social care professionals and relatives to help ensure that decisions were taken in people's best interests.

Records showed that staff supported people to eat and drink appropriately. Care records detailed what support people required and their likes and dislikes. For example, where people had specific dietary needs such as requiring a special diet this was recorded and staff were aware of this. Another person required support to ensure that they had sufficient drinks in order to maintain their health. Staff were able to tell us about the person's needs and this was recorded in the care record to ensure that staff were aware of this.

People said that they received support to see their doctor and other healthcare professionals. A person told us, "We have regular appointments at the doctor and chiropodist and these are recorded on the calendar." Staff told us that they would assist people to make appointments and accompany people to healthcare appointments if they wanted support. we saw records of appointments and discussions with healthcare

professionals such as the GP and district nurse.

Is the service caring?

Our findings

Most people we spoke to who used the service were positive about the support they received. One person raised some concerns with us about their care and we passed this onto the provider. One person told us, "Well I think it's nice it's lovely. I get loads of help and I get prompts and I help do housework and do some cooking and some washing up and drying." Another person said, "I think its brilliant and I love it, the support. They help with my bedroom. We help each other and share with meals."

A relative told us, "We are extremely happy with the service for [our family member]. [Family member] is very happy and looks well and is very happy here."

People told us that they had their privacy and dignity protected and that staff treated them with respect and with kindness. One person said, "They go through my plan with me now and again. They help me do my hair and back with me when I'm having a wash and it's done with dignity and they chat and tell me what they are doing as they help." Another person told us, "Yes they are polite and respectful. They respect my house and they ask if they want to use the toilet, they don't just go around without asking."

Staff were aware of the need for confidentiality and ensuring that the care records are maintained and regarded as people's property. They said they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Staff told us that they encouraged people to make choices about what care they wanted. Care records included information about how people wanted to be looked after. For example one person's record said, "I like to have a drink when I take my medicine." Another person's record said, "When being supported to dress I find it less stressful if staff hand clothes over to me in the order I need to put them on." Where people were unable to express their choices verbally staff told us about how they would understand what people wanted. For example they told us about people who used technology to assist them and other people who used gestures. One staff member said, "You build up a picture to ensure that the care is what people need."

Is the service responsive?

Our findings

People's care records demonstrated their needs had been assessed prior to them being offered a service. This ensured that the service was aware of people's needs and able to meet them. Each person had a support plan, a copy of which was kept in their home. We saw that care records were focussed around people and their needs and had been reviewed on a regular basis. People said that they had a book with the details of their care where notes were kept by staff. They did not always recall the exact details of their care plan but did usually recall some conversations with the staff. One person told us, "When staff check things out with me they sit down with me and we have a yellow book and it's got my records. They listen to me." The regional operational director told us that they were in the process of introducing a new assessment format which was a nationally recognised tool. They told us that they were in the process of training staff to use the tool.

Where people required additional support to communicate or were unable to communicate verbally records detailed how they preferred to communicate. We saw that various arrangements had been made to enable people to express themselves including the use of signs and symbols and pictures. Where people used a formal system of communication such as Makaton we saw that staff had been trained in this.

Staff knew how to effectively support people who could become distressed. For example, they told us about a person who occasionally became distressed. Staff knew what things upset the person and what was the best way to support them when they were distressed and calm them down. For example diverting them away from the issue they were concerned about and offering alternative activities.

People were aware of who was going to provide care to them because they received weekly rotas. The regional operations director told us that people could ring and request a specific staff member, for example, a person preferred a particular member of staff to be available when their girlfriend visited.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, staff were aware that some people may wish to meet their spiritual needs by attending religious services. They also told us about how they met people's preferences for support from staff of a specific gender with their personal care. Where people required support to maintain links with their family such as assistance to use the telephone this was provided.

Staff had supported people to pursue their interests and hobbies. People told us how they were supported to access leisure pursuits. One person told us, "Where we go is my choice. For instance I like to go to the go-cart track, and shopping, to asda or to snooker. I have a pretty full week and we also go to a day centre. Choose what I want to do and they take me to places its where I want." Care records detailed what people enjoyed doing and what support people wanted in order to access activities. For example a person liked to access the gym and required staff support to do this. Another person liked to see their girlfriend once a week and staff were available to facilitate this.

People who used the service had received a document that explained how they could make a complaint.

The complaints guidance was available in written format and in words and pictures. Records showed all written complaints had been logged, investigated and where required action had been taken, for example, discussions with the person and their family and changes made to care. There had been no recent complaints.

Is the service well-led?

Our findings

The provider is required to have a registered manager with the CQC. 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. At the time of our inspection there was not a registered manager in post. However the provider had put in place interim arrangements in order to support staff whilst they were recruiting to the registered manager post.

Records showed that regular quality checks were completed to make sure that people were reliably receiving all of the support they needed. These checks included making sure that support was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received support. The checks were reviewed centrally by the quality team and also discussed locally at team meetings.

The provider had systems in place so that people were aware of who would be providing their care. They told us that they would send out weekly rotas out to people so that they were aware. They also said that if a member of staff was unable to support a person due to an issue such as sickness they would always try to let the person know so that they were aware of who was coming to visit them instead.

There was an open and relaxed approach to running the service. The provider told us that they had an open door policy and tried to be person centred with staff. Regular staff meetings were held. We saw that the agenda for these meetings were set to ensure that key issues such as quality monitoring were cascaded to staff. They told us that they received feedback on issues such as quality monitoring and accidents and incidents. A member of staff told us that there were a range of methods in place which ensured that staff were kept informed and up to date. These included text messages, group and individual meetings. Details of the whistleblowing policy were available to staff. People were supported by staff who were encouraged to raise issues. Staff told us that they felt able to raise concerns and were confident that these would be listened and responded to appropriately. People and their relatives had been asked about their views of the service as part of the annual review of their care. A survey had not yet been carried out with relatives of people who used the survey. We saw that quality surveys had been carried out with staff and the provider was in the process of sending out a survey to people who used the service. They told us that this would also be sent to relatives where people required support to complete the document.

The provider had recently undergone a restructuring exercise to ensure that there were systems in place to support staff and coordinate services for people. The new arrangements helped to ensure that people consistently received the support they needed by putting in place local arrangements to support staff. As part of these arrangements staff had improved access to team managers as they were no longer part of the care rota and more available to staff for advice and support. A member of staff told us, "There is now a range of people who can be approached." A visiting professional we spoke with told us that they thought that the management of the service had improved and that staff were now getting more supervision and support to ensure that they were able to meet people's needs.

All the relatives we spoke with told us that they felt able to raise issues. Two relatives we spoke with told us that they felt that the new arrangements still required regular monitoring to ensure the quality of the service. They told us that they felt that things had only just begun to improve with regard to the coordination of the service and felt that it needed monitoring to ensure the improvement was maintained. The regional operations director told us that they had in the past involved people in interviewing staff but that recently this had not been possible because of the urgency in recruiting. However they said that they had questions which had been put together with people to ensure that they had an input into the interview process.