

Origin Housing Limited

Hertfordshire Supported Living Services

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

We carried out an announced inspection on 20 May and 27 March 2016.

Hertfordshire Supported Living Services provides personal care and support services to adults with a learning disability living in their own homes, within shared premises in the Hertfordshire area. The provider took over the running of the service in January 2016 as the previous provider had failed to provide good quality care to people using the service. At the time of the inspection, the provider was supporting five people with regulated activities.

The service has a Registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Relatives we spoke with said that there had been a positive change in the way people were cared for since the new provider had taken over. People were supported to go into the community and pursue their interests.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required and encouraged them to lead an independent life.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care. However, they had not been effective in ensuring that the housing provider made the necessary repairs and adaptations to people's homes.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was not always well-led.

The manager was involved in the day to day management of the service. However, they had not been effective in ensuring that the housing provider made the necessary repairs and adaptations to people's homes.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were in place and people were able to provide feedback on the service.

Requires Improvement 

Hertfordshire Supported Living Services

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 inspection took place on the 20 and 27 May 2016 and was announced. We visited people at their homes and spoke with them. We also contacted relatives of people who used the service by telephone.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, three staff and two people who used the service. We also spoke with relatives of people being supported by the service. We looked at the care records of two people who used the service, the recruitment and training records for three members of staff. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People living in one of the premises we visited told us that they felt safe. One person said "I am safe in my own home." Another person said "When I'm not well [feeling down], they look after me." They also said "when I go [out of their home], they look for me and help me." A relative explained that there had been concerns about their relative's care and safety and the previous provider had not acted on these concerns. They found that now their relative was receiving the support they needed to keep them safe. Staff said that they worked hard to keep people safe in their home. A member of staff said, "I will make sure there are no trip hazards." Another member of staff said, "When we are on the bus, I remind them of the hazards to watch for." For example they told us that they would encourage people when travelling on the bus to only stand once the bus had come to a standstill so as to prevent them from falling.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report to the manager if they felt that people were not safe. They were also aware of external agencies they could report concerns to.

Individual risk assessments had been undertaken in relation to people's identified support needs and to keep people as safe as possible within their homes and in the community. We saw that where people were at risk if they left their homes unaccompanied by staff, assessments had been undertaken and staff were aware of the processes in place to safeguard them. We saw that for people who were known to leave their homes and not always return when expected, then staff had 'missing person' records available when they needed to report to the police. Staff had agreed protocols with the person as to when they should be considered as 'missing.' For example for one person, we saw that they had requested that if staff had not made contact with them within 2 hours, then they should be considered as missing. Risk assessments were discussed with each person or their family members. Risk assessments had been completed in areas including medicines, financial management and traveling alone in the community.

Staff told us that they tried to keep people safe while out in the community. They knew how people would react to certain situations so they supported them to overcome any concerns they might have. For example one member of staff told us that a person became anxious in crowded areas. They said that when they saw that the person was feeling unsafe, they would hold the person's hand and provide them with reassurance. They also said, "If we need to I will sit with them and explain what's happening."

Staff would also inform the person's relatives and healthcare professionals. Staff recorded and reported on any significant incidents or accidents that occurred to the relevant authorities. We saw that where an incident occurred, the provider took steps to learn from it and further minimise the risk to people.

Staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with the people they were supporting. Records showed that all necessary checks were in place and had been verified by the provider before each member of staff began

work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

We observed throughout our inspection that there was enough staff to support people with their daily activities. There were two people present when we visited one of the supported living homes and one care staff available to support them and the regional manager. People told us that they had enough staff to support them.

We saw that medicines were stored safely. Medicines records instructed staff on how people should be supported with their medicines including when being given as and when required (PRN) medicines. Medicines administration records (MAR) showed that medicines had been administered as prescribed.

Is the service effective?

Our findings

Staff were able to tell us about people's backgrounds, likes and dislikes. People's life histories were documented and gave detailed stories of people's lives to help staff to understand the person they were supporting. Staff told us "we get to spend a lot of time with people." Staff also explained that there had been a visible change in people since the new provider had taken over. They explained that people who did very little for themselves were now cleaning their rooms, assisting with washing clothes and going out of regularly.

During our discussion with staff we could see that they knew people really well and how best to support them with their daily living activities. A relative we spoke with told us that although people had been living in the supported living home for many years, the recent change in provider had had a positive impact on their relative. This was because staff were supporting them well and the provider was bringing positive changes. For example, we were told that the environment had been dirty and unkempt prior to Hertfordshire Supported living taking over the care.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Records we reviewed showed that staff had received appropriate training such as managing behaviour that may have a negative impact on others, moving and handling, safeguarding, health and safety and first aid.

We spoke to a member of staff about how they managed behaviour that had a negative impact on others and if they were able to identify when a person was showing signs of distress. Staff were able to explain the signs they would look for and how they would respond to the person to try and calm them down and de-escalate the situation. One member of staff said, "I sit with them and we will do something they want to do. I know they like to feed the ducks so we will go out." A staff member also told us how they would ask a person to go to the shops with them to get milk as a way of calming them down and removing them from situations that were causing them distress. This showed that staff understood each person's needs and supported them as best they could.

Staff we spoke with told us that they had received supervisions and shadowing opportunities, and the records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. Staff told us that they were given opportunities to work with more experienced staff so that they could, "watch and learn."

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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people. We also saw that policies and procedures were available for staff to look at if they needed

further guidance.

Staff told us that they would always ask people for their consent before providing support. We also observed this on the day of our inspection. People were free to make day to day decisions about their care and support. Consent forms had also been signed by people or their representative to confirm that they were happy for the support to be provided to them. One person said, "I have to sign lots of documents." People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff.

Is the service caring?

Our findings

When we visited one of the premises where people lived, we found that people were relaxed and comfortable in their homes. Some people had gone out for the day while others were spending the day in their homes. We observed that staff were attentive towards them and worked at the persons pace.

People and their relatives commented positively about the staff. A relative told us that staff were "helpful and caring" towards their relative. A person using the service said, "I find them [staff] kind." They also said, "[staff] play scrabble, sometimes watch telly with me. ... They do what's best for me." We observed throughout our inspection that the staff were kind and caring towards people they supported. Staff chatted and joked with people. One staff member said, "I'm a caring person, I enjoy my job because I make a difference to people's lives."

Staff demonstrated an understanding of how to meet people's needs and how they managed challenging behaviour in a caring manner. This was done through discussions and one to one time with the person. A member of staff spoke to us about how positive interactions had impacted on people they supported. They said, "We have really bonded well.some people used to be very depressed and stayed in bed, but now they are up and ready in the mornings."

People's independence was promoted where possible and they were supported to make choices about how they wanted to spend their day. Staff explained that when they joined the service one person relied on staff to support them to carry out daily activities like making the bed. Staff had managed to encourage the person to do this themselves. We also observed that one staff member was cleaning the kitchen and asked a person if they would like to assist. They explained the tasks required to the person and we noted they both laughed and joked while cleaning the kitchen. This showed that staff were encouraging people to live independently with minimal support from them. A person told us "I don't expect them [staff] to do it all." Staff also confirmed this. One staff member told us that a person would sometimes leave the home without informing anyone when they were in a low mood state. They told us that they did not wish to deprive the person of the independence of going out of the home alone. Staff however told us that they were aware of where the person went when they were in a low mood state and would go and find them.

The care records we looked at showed that people or their relatives were involved and supported in making decisions and planning their own daily routines. We observed that a person had a note book in which they wrote down key things they wanted to note. The person told us that they would be going out later in the day and that they enjoyed their time away from their home.

When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. Staff told us that before the current provider took over the service, people had not been supported to attend to their personal care regularly. A member of staff said "when we see the [positive] changes in people it make this feel like a great job." The manager told us that as an organisation they respected people's choices and maintained their dignity. They told us that in one of the premises, people living there were all female and had requested that staff who supported them were of the same gender. We

noted that their requests had been met.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. The manager told us that before they took over the service, they regularly visited in order to learn more about the people they would be supporting. Staff were also introduced to people prior to them starting work. We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs.

Care plans were reviewed and updated periodically and we saw that where necessary, these were reviewed more often to reflect changes to people's needs. We saw that people using the service had been involved in this process. Some relatives also confirmed that they had been involved with the review of their relative's care. There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. Relatives we spoke with said the provider was quick at addressing issues and the staff had improved the service.

People received one to one support during the day and staff were able to take the time to sit and talk with people. Staff said that this allowed them to really understand the person and respond to their needs quickly. For example, one member of staff said that they could easily identify when the person they supported was in a low mood state. They said, "We put music on and start to dance around the house, its good exercise, and she enjoys it...it changes her mood."

We observed during our inspection that staff kept people occupied with activities such as cleaning, and tidying their rooms. At one point a person was preparing to go out into the community and was talking to staff about applying make-up. A member of staff encouraged them and said, "Shall we take a picture when you are ready?" The person was really pleased and asked staff to take a picture once they had applied their make-up. Staff told us that they supported people to pursue their hobbies and interests and lead an independent life where it was possible to do so. They also encouraged them to go out into the community.

The provider had a complaints policy and procedure in place and people were made aware of this. The people we spoke with knew who they needed to speak to if they had any issues or concerns. The provider had received no complaints since taking over the running of the service in January 2016.

Is the service well-led?

Our findings

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. They also carried out audits around people's homes including maintenance checks. We saw that in the last three months, the manager had raised issues around the maintenance of the communal gardens and the lack of adequate shower facilities in one of the premises. However, they were still awaiting responses from the housing providers. We noted when we visited a person's home that they had to go to another home which was supported by the service to take a shower. This was because they did not have adequate facilities in their own home. We saw that the homes were clean but that the external gardens were poorly maintained. The manager showed us evidence that this had been raised with the landlord of the properties and the gardens would be cleared so that people using the service could use them in the summer months. They also told us that tenancy agreements included a weekly cleaning service but that this had not been provided in the past by the landlord. The provider was in contact with the landlord to ensure that this service was provided to the people living in the homes.

The service had a registered manager in place. There was also a regional manager and managers who dealt with the day to day running of each of the premises. We saw that the registered manager and the other managers knew people they supported well. Staff spoke highly of the management team and said that they felt supported. The registered manager told us, "We don't tell people what to do, we empower them....staff take responsibility." They also said, "We encourage staff to take responsibility and make decisions. They basically deal with the management of people's care." This was because the manager had identified that care staff had a better understanding of how best to support people.

Staff told us that the management team provided stable leadership and the support they needed to provide good care to people who used the service. A member of staff said, "They [managers] have a lot to deal with, but they are very approachable, I can go to them with any concerns." Staff knew their roles and responsibilities well. Staff said that they knew what was expected of them. They knew people's routines and preferences and created a positive and caring environment when supporting people in their homes.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations. One relative said, "The manager is very caring....they have improved the service." Staff regularly sought people's views about the quality of the care when they spoke with them and recorded their views in the daily notes. We saw that comments added to the forms by people were positive. The provider had systems in place to send out questionnaires to people and their relatives, but these had not been sent out because they had only recently taken over the running of the service. Monthly meetings were also held with the people using the service to gain feedback on the care and support they were provided with.

We found that the provider had kept robust and up to date records, that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they

were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.