

Housing And Support Solutions Limited

Bradford Regional Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bradford Regional Office is based in Rotherham, but supporting people living in the Bradford area. The service provides personal care and support to people living in 'supported living' settings, so they can live in their own home 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.

The service supports people who have a learning disability or autistic spectrum disorder, mental health needs or an eating disorder. At the time of the inspection the service was supporting seven people, including three people who required assistance with their personal care.

The inspection took place on 12 and 19 April 2018 with the provider being given short notice of the first visit to the office in line with our current methodology for inspecting community services. This was the first inspection since the location was registered in April 2017 and we rated it as 'Good'.

The service had 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 [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 and associated Regulations about how the service is run.

All the people we spoke with told us they were very happy with the support staff provided, and how the service operated.

People were supported safely. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Incidents and accidents were monitored and action was taken to reduce risks to people.

Medication was managed safely. Staff who administered medications had been trained to carry out this role appropriately.

Recruitment processes helped the employer make safer recruitment decisions when employing new staff. Staff had undertaken a range of training and support that aimed to meet people's needs while developing staffs' knowledge and skills.

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

People's privacy was respected and they were treated with dignity, kindness and compassion.

People received a nutritious and balanced diet and their dietary needs and choices were met. They were

supported to maintain relationships with people who were important to them and to participate in social activities within the community and at home.

People's needs had been assessed before their care package started and where possible they or their relatives had been involved in formulating their support plans, which were person centred and gave clear guidance to staff on supporting each individual person. Staff worked closely with other social and healthcare professionals to ensure people received a service that met all their needs.

People we spoke with told us they knew how to raise any concerns and said they felt comfortable doing so. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve them.

People were consulted about their satisfaction in the service received and systems were in place to make sure company policies were followed. All the people we spoke with, including staff, told us they were very happy with the way the service was run. People spoke positively about the registered manager and how staff delivered care.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected because the registered provider had systems in place to keep people safe from the risk of harm and abuse.

Staffing levels ensured people received the agreed service planned for.

Safe recruitment procedures helped to ensure staff were of suitable character to work with people who may be vulnerable.

People received the right medicines at the right time.

Is the service effective?

Good ●

The service was effective.

People's mental capacity was assessed and monitored. Their consent to receive care and support was obtained and where this was not possible the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met.

Staff had access to on-going training, supervision and appraisal to enable them to feel confident and skilled in their role

Is the service caring?

Good ●

The service was caring.

People who used the service, and their relatives, made positive comments about the staff and told us they were kind and caring.

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive

Care and support was person-centred and tailored to people's individual needs.

People were supported to live active and fulfilled lives both at their home and in the community.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed. People were encouraged to express their views on the service provided.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service where people were supported to voice their needs and concerns.

People told us the service was well managed.

The registered provider had systems in place to monitor and improve the quality of care the service provided.

Bradford Regional Office

Detailed findings

Background to this inspection

The inspection included visits to the agency's office on 12 and 19 April 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection and another inspector visited people in their home and spoke with the staff supporting them.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered manager had 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 looked at all the information we held on the service and requested the views of other agencies and health care professional who worked with the service, such as service commissioners, a learning disability nurse and an advocate. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were seven people using the service, but only three people required assistance with their personal care. We visited one person using the service and spoke with two relatives on the phone to gain their views. We considered the content of questionnaires we sent to staff, as well as those returned to the registered provider as part of their quality assurance. We also spoke with the registered manager, the team manager and four care workers who supported people.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing people's care files, including their medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits and records demonstrating how the registered provider had gained people's views about the service provision.

Is the service safe?

Our findings

All the relatives we spoke with told us they felt their family members were supported safely both in their home and in the community. This was confirmed by someone using the service and staff we spoke with.

Care and support was planned and delivered in a way that aimed to ensure people's safety and welfare. Risk assessments were carried out to assess if there were any potential risks involving the person using the service, staff or the environment. We saw risk assessment and management plans were in place to minimise those risks, while allowing people as much freedom and independence as possible. Risk assessments had been regularly reviewed to ensure they continued to reflect people's changing needs.

Where someone demonstrated behaviour that may challenge others, or put themselves at risk, care plans and risk assessments had been put in place to ensure staff knew how to manage specific behaviour appropriately. Staff demonstrated that physical restraint was used as a last resort and only after re-direction and other techniques had been used. Staff said they had been fully trained in breakaway techniques and holds, and the training had been of high quality. Staff told us how 'as and when required' medicines [also known as PRN] to calm someone were only used as a last resort, with non-pharmacological interventions preferred. Staff understood that they needed to report any behaviours that challenge or uses or restraint. This was then monitored by managers and appropriate information shared with external professionals involved in the person's care.

People were safeguarded from abuse because the registered provider had policies and procedures in place to guide staff on how to recognise and report any concerns they might have. The registered manager was aware of the local authority's safeguarding adults' procedure, which aimed to make sure incidents were reported and investigated appropriately and staff had received training in relation to safeguarding people. None of the staff we spoke with had any safeguarding concerns and said they were confident people were safe. They understood how to identify and report safeguarding concerns. We saw where concerns had been raised the management team had worked with the local authority to investigate them. There was also a whistleblowing policy which told staff how to report suspected wrong doing at work, by telling someone they trust about their concerns.

People received their medications safely and at the correct times. Staff who were responsible for assisting people to take their medication had received training on this topic, and underwent periodic observational competency checks to make sure they were following the company policy. Medication administration records [MAR] had been completed satisfactorily. Systems were in place to monitor medicines were managed appropriately. This included staff completing regular checks, which were then audited by managers. Where errors had been identified appropriate action had been taken to reduce the risk of it happening again.

In most cases protocols were in place for specific medicines that were given PRN. However, we noted these were occasionally not in place for medicines such as paracetamol. The registered manager said he would ensure these were added to people's files as soon as possible.

Recruitment process helped to make sure the correct staff was employed to support people. New staff had undergone a face to face interview, with written references and a satisfactory criminal record check being obtained to help the managers make safer recruitment decisions. A new staff member confirmed safe and proper recruitment procedures had been followed during their recruitment. We saw new staff had completed a structured induction to the company, which included shadowing an experienced care worker and completing all mandatory training.

There were enough staff employed, who had the correct knowledge and skills to meet people's needs. We saw contracted hours were always provided. Staffing levels allowed people to be involved in a range of activities and opportunities. The registered manager told us there were two staff vacancies at the time of the inspection which they were attempting to fill. In the meantime any gaps were being filled by permanent or bank staff. In the main people were supported by a core team of staff who knew them well. All the people we spoke with were happy with staffing arrangements. One person who was supported by a relatively small staff team knew the staff that supported them well. They told us all the staff were nice and said they had no concerns about any of them.

Suitable measures were in place to prevent and control infection. For instance staff had completed infection control and prevention training and were supplied with the personal protective equipment (PPE) they required. They had also received food hygiene training.

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

Is the service effective?

Our findings

All the people we spoke with said they were confident staff were well trained to meet people's individual needs.

We found arrangements were in place to assess people's needs and choices so that care and support was provided to achieve effective outcomes. Records showed senior staff had established what assistance people required and support was provided accordingly. Records also showed initial assessments had considered any additional provision that might need to be made to ensure people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to maintain good health and to access healthcare services when needed. For instance they had been supported to access healthcare professionals such as GPs and dentists, and to attend hospital appointments. A relative described to us how staff had noticed their family member was unwell and called the doctor. They added, "If he's not well they call the doctor and tell me what's happening."

A learning disability nurse described how well the staff team worked. They said, "They ensure [person using the service] health care needs are met, liaising with other agencies as required and appropriate, this takes a huge amount of planning in order to minimise risk. The staff have appropriately addressed and highlighted any areas of concern by bringing it to the attention of family, the clinical team and social care, where appropriate."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found they had. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff had supported people to make decisions for themselves whenever possible. One person told us they did not feel overly restricted or controlled by staff.

Records showed when people lacked capacity, decisions had been made in their best interest. Relatives told us they were confident staff had people's best interests at heart. One relative described how they had been involved in regular meetings with staff and other professionals, such as social workers, to make decisions about their family members planned support. They added, "They listen to me and involve me or another family member in the meetings."

Care files clearly highlighted how staff could best communicate with people. For instance, one file told staff the person could struggle to communicate what they wanted verbally, so may also use hand gestures and

picture aids as well. The support plan gave clear guidance to staff about the best ways to talk to the person.

People's nutritional needs were being met. People were encouraged to be as independent as they could be in this area, but support was provided by staff as required. Files contained information about each person's food preferences, dislikes and any specific dietary needs they had. Relatives we spoke with raised no concerns about the meal provision, but one parent said they felt their family member might like their meals to be spicier. They told us they had discussed this with the team manager and they were looking into changes that could be made to their menu.

We found staff training was effective. The registered manager described how staff had undertaken a structured induction programme when they began working for the company. This included completing essential training and shadowing an experienced care worker until they were assessed as competent and confident in their role. They also received the company welcome pack. Staff told us their training had included a mixture of online and face to face training, the latter included behavioural support and manual handling. Specific training had been tailored to the needs of people with learning disabilities.

Where applicable new staff had completed, or were completing, the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff confirmed they had completed all the essential and specialised training they required to meet people's needs and develop their knowledge and skills. We also saw staff had been encouraged to undertake nationally recognised care courses, such as a diploma in care.

Staff had opportunities to discuss work practice and their individual development needs at group and one to one meetings with their line manager. They also described to us how they received an annual appraisal of their work performance from their manager.

Is the service caring?

Our findings

Everyone we spoke with told us staff provided good care and support. One person using the service said they were, "Very happy here" adding, "Staff are always happy and cheerful." A relative described to us how staff supported their family member to meet their personal care and social needs in a caring and friendly manner. Another relative commented, "They communicate with [family member] very well. They write a story for him to tell him what's happening, for example going swimming; they are very good with him."

We saw there was a good rapport between people using the service and staff. People looked relaxed and comfortable in the company of staff and they looked appropriately dressed and well cared for. Staff engaged people in conversation and there was a friendly and homely feel. Staff demonstrated caring attitudes and a dedication to caring for the people they were supporting. They knew the needs and preferences of the people they supported and respected their opinions.

Everyone we spoke with told us people were treated with care, respect and dignity, and according to their individual needs. Staff demonstrated a detailed knowledge of the people they were supporting and the individual routines which needed to be followed to reduce distress. This was reflected in the support plans we read.

Relatives told us the consistency of the staff team supporting their family member had a positive effect on them. Staff confirmed that small staff teams and continuity of care led to better support for people. For example, one person displayed behaviours that may challenge other people so required more than one member of staff with them at all times. A small core team of staff had been built around them. The person was shown pictures of the staff supporting them each day to reduce distress and anxiety and any new people were introduced to them first. The service looked at compatibility carefully to ensure people were supported by staff with the right attributes.

The service supported people to express their views and be involved in making decisions about their care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. Relatives said they felt support plans provided staff with clear guidance about how their family member wanted to be supported, their likes and dislikes, this was reflected in the plans we saw. Where possible people had been involved in reviewing their support plans and the relatives we spoke with said they felt people's views and choices were respected.

The culture of the service was based on providing support that was tailored to meet each person's unique needs. Care records also highlighted any cultural and heritage needs. A parent told us the care provided was, "Absolutely second to none, they really tailor care to [family member's] needs." Staff were also mindful of people's cultures and backgrounds. For instance, they described how Halal food was prepared for people of the Muslim faith.

The registered manager described to us how the service strived to meet people's cultural, spiritual and diverse need. He told us, "We have a diverse range of service users from multi-cultural backgrounds. We

have planned in ensuring that religious beliefs are upheld." For instance he told us how one person had been supported to attend a recent religious celebration. He also said, "We have not experienced support with LGBT [Lesbian Gay Bisexual Transgender] people up to the present time, but would feel we are more than able to support successfully." A relative we spoke with confirmed their family member had been supported to follow their religion. They added, "They [family member] are supported by Asian Muslim workers so they look after them well."

Each person was given information, such as the complaints procedure and the 'Service Users Guide', which told them how the service intended to operate. This was in an easy read format with pictures to help them make decisions and understand guidance.

The service supported people to use advocate services. An advocate is someone who speaks out on behalf of people who find it difficult to speak out for themselves. An advocate we contacted complimented the way staff had worked with the person they were supporting. They told us, "Staff are transparent and accommodating when I visit. The care team have great commitment, passion and dedication, helping [person using service] to go out into the community again. They [managers] have recruited the right type of staff which has helped. They look at finding the right fit so well, such as age, interests and gender."

Each person's file contained a form to record people's end of life preferences, but each one we saw stated that it was not appropriate to discuss this with the person using the service. We discussed this with the registered manager who told us that although end of life care was briefly discussed as part of people's assessments he was aware it needed improvement. He said he was accessing training and advice on how best to approach the subject with people.

Is the service responsive?

Our findings

Everyone we spoke with told us staff provided good care and support. One person told us, "All the staff look after me." The relatives we spoke with said they felt the service was responsive to their family members' needs and provided a very person centred care package.

The service effectively assessed the care and support people needed, and delivered this in line with their individual support plan. People were assessed prior to support being provided to make sure the service could meet their needs. People's care files contained assessments completed by the staff, as well as social service assessments, and these had been used to develop people's support plans.

Each person's care files provided detailed information about the care and support they required, as well as their preferences, religion, culture and daily routines. Support plans were person centred and highlighted people's abilities, so staff knew what they could do for themselves, where assistance was needed and at what level, which helped them to promote people's independence. All the staff we spoke with demonstrated a very good knowledge of the person they supported.

In a survey carried out by the company in 2017 people had said they wanted to be more involved in reviewing their care and support. The registered manager explained to us how this was being done. However, we noted that people had not signed their support plans to confirm their involvement and agreement in the planned support. Relatives we spoke with confirmed they, and their family member, had been involved in regular reviews of care. One relative told us they had also attended meetings with staff and professionals involved in their family member's care, which they said had been very useful and productive.

A learning disability nurse told us, "I have worked closely with the team for the last two years in relation to one service user living there. It is my pleasure to advise you the core team and management team working with this gentleman have done incredible work. They have and continue to demonstrate person-centred care, meeting the man's needs in an individual, holistic and appropriate manner. They have worked very well with the clinical team, listening to advice and direction and through doing so have shown an increase in their ability to meet his needs, which are complex. The service user has experienced a huge increase in quality of life whilst being supported by the team and have supported him to achieve his long held wish of going to the seaside, going swimming and bowling. I can't easily explain the amount of planning and positive risk taking this has involved, demonstrating how effective they are as a team. They are passionate about the care they deliver to this person and consistently have him at the heart of plans and decision making, it has been an absolute pleasure working with them."

Staff enabled people to follow their hobbies and interests by supporting them at home and in the community. A relative described how their family member used to stay in the house all the time but now went out with staff and visited them at home. Activities people had enjoyed included bowling, swimming, walks, snooker and outings to the coast and places of interest. One person told us there was plenty to do and said when they did not attend the day centre staff took them out. This included going shopping in Bradford. We saw lots of drawings in their bedroom, which they were clearly proud of. Staff told us they had

helped them get some new drawing materials the day before, which the person showed us.

Staff we spoke with demonstrated a commitment to supporting people to achieve independence and increasing goals. For example, in one case staff were supporting one person to do their own personal care so they could ultimately live with less support. People also helped with housework and were being encouraged to cook their own meals.

The complaints policy was given to each person in an understandable format, with pictures to help clarify things. Where complaints or concerns had been raised these had been investigated in line with the written policy. We asked people what they would do if they were unhappy about anything; they said they would talk to the staff or a manager. A relative told us, "If I'm not happy I would go to [managers] and tell them. They listen to me."

In the Provider Information Return [PIR] the registered manager gave us examples of meeting the Accessible Information Standard [AIS]. They said they did this by, "Identifying, recording, flagging, sharing, and meeting the information and communication needs of people who used services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss." They said their IT systems supported this and added, "We are currently implementing our strategies to incorporate the new GDPR [General Data Protection Regulation] into our practice and procedure and accounting for all information systems. This was highlighted at the annual conference at the end of January 2018." The GDPR will replace the Data Protection Directive in May 2018 it aims to make sure personal data held by companies is protected.

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by their line manager and various company departments such as the health and safety and human resources, who supported the recruitment process.

The registered manager was also responsible for other services in the company, but took an active role in monitoring how the service operated, spending at least two and a half days a week at the service. They demonstrated a good oversight of the service and a clear vision for how it could be developed to provide people with an even better quality of life.

All the people we spoke with were happy with the way the service was run. There were different ways in which the registered provider promoted people's involvement in how the service operated, such as one to one conversations, questionnaires and multi-disciplinary team meetings. One person who used the service knew who the managers were and said they were friendly and good at their jobs. Relatives we spoke with knew who to contact in the office if they had any concerns, and told us they had regular contact with the team manager when they needed to. One relative told us, "It's a good service," another said, "Yes, they are quite good."

Staff commented positively about the management of the service. Their comments included, "Management are very easy to talk to, all staff are really good, always helping each other out like one big family," "Service is working well, routines are really good, lots for people to do" and "Management team are very fair, relaxed, good working environment."

The team manager who was based on site described how they had the opportunity to share ideas and information with the registered manager adding "We work well together." They also told us how the company had supported them to enhance their management skills by completing a level five care qualification and attending various management courses, such as in recruitment and leadership. They said these had helped them develop their management skills and thereby work more effectively.

A wide range of policies were available to inform and guide staff. Minutes from staff meetings included a 'policy of the month' where a specific policy was discussed with staff to make sure they understood how to put them into practice.

Regular checks had been carried out at local and company levels, to make sure the correct procedures were being followed. This included medication, care records and financial transactions. We also saw a company audit had been developed to look at the new CQC Key Lines of Enquiry, used by us to assess if services are meeting Regulations. They had used these to monitor how the service was operating and staffs' performance. Where shortfalls had been found action plans had been put in place to address them. However, it was noted that a few documents were missing from two recruitment files, the training spreadsheet needing updating and support plans were not signed by people to acknowledge agreement

had not always been identified.

The provider's representative also carried out periodic visits to assess how it was operating and check people were being cared for.

We found the service worked in partnership with other agencies such as the social workers, learning disability nurses and other healthcare professionals to ensure people needs were met. This was confirmed by a learning disability nurse we contacted and reflected in comments made by an advocate working with one of the people being supported. We also spoke with a representative from Bradford council who had assessed the service just before our visit. They told us they were happy with the way people were being supported and said they had found no concerns, praising the way the team manager managed people's care. They added, "People are very happy. There is good partnership working."

The company held the Investors in People ISO 9001:2008 award, this specifies requirements for a quality management system where an organisation demonstrates its ability to consistently provide a service that meets customer and applicable statutory and regulatory requirements, and aims to enhance customer satisfaction through the effective application of the system in place.

The organisation was accredited to a number of professional bodies such the British Institute for Learning Disabilities, Autism Accreditation, Learning Disabilities Voices and the Challenging Behaviour Foundation. The registered manager was also involved with the British Institute of Learning Disabilities [BILD], which aims to champion the human rights of people with disabilities, including working with companies to develop the skills and culture necessary to understand people's needs and improve their quality of life. He said he was also involved with the Registered Managers Network, Skills for Care, The Transforming Care Agenda Forum [Bradford] and the Chartered Institute for Physiotherapy. To enhance how the service operated the registered manager told us they were also accredited to 'Maybo' which was used to support the management team with conflict management, physical intervention and positive behaviour support processes.

We noted there was some outstanding practices at the service, especially around equality and protecting people's rights, but this needed time to be further embedded into practice.