

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Bradford Regional Office is a supported living service registered to provide personal care for younger and older adults with learning disabilities, and/or autistic people, people with mental health needs, physical disability and sensory impairment in the Leeds and Bradford areas.

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

At the time of the inspection the service was supporting 7 people who required assistance with their personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support.

People told us they were happy with the care and support they received. People's needs were assessed, and care plans were developed with the input of people and their relatives. Processes were in place to safeguard people from abuse. Risks to people's safety were considered and people were supported to understand how they could keep themselves safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People were supported by staff that knew them well and who were committed to providing person centred care. People were supported to lead lifestyles of their choosing. People's communication needs were assessed, and people were supported to use various communication tools to assist in their engagement with others. People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported to maintain good health, were supported with their medicines and access to healthcare services, when needed.

Right Culture.

Staff demonstrated their commitment to the values of the service that put people at the centre of the care and support provided. There was an inclusive culture. People felt consulted because the care team listened and responded to people's views. The management team worked together to oversee the care people

received. Regular checks and audits were carried out to make sure the service was safe and best practice was promoted. The service had worked with community health and social care professionals to ensure people's needs were met.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management and governance of the service, the management of risk, care planning and positive behaviour support, medicines, record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found there was no evidence during this inspection that people were at risk of harm from these concerns, as the provider had addressed the identified shortfalls. Please see the safe and well led sections of this full report. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradford Regional Office on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bradford Regional Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 May and ended on 27 June 2023. We visited the office on 23 May and visited some people in their homes on 27 June 2023.

What we did before the inspection

Before the inspection we reviewed all the information we held about the service. We contacted safeguarding and commissioning teams for 2 local authorities for their feedback. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we visited and spoke with 7 people who used the service. We spoke with 9 staff including, the registered manager, service managers, support staff and members of the provider's quality assurance team. We checked a variety of records relating to the management of the service, including staff records. We requested additional evidence to be sent to us. This included staffing and training information, and provider quality assurance records. We also spoke with 2 family members by phone, to gain their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from abuse.
- The provider had policies and procedures in place to guide staff on how to recognise and report safeguarding concerns.
- The people we spoke with told us they felt safe with the staff. Some people we met relied on non-verbal ways of communicating. Their body language was relaxed and positive, indicating they felt safe in the presence of staff. We received positive feedback from relatives. For instance, one relative said, "[Person] has good support."
- Staff received safeguarding training. Staff we spoke with were aware of their role in recognising and reporting suspected abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care was planned and delivered in a way that supported people's safety and welfare.
- Risk assessments were carried out to assess potential risks for each person. Management plans were in place to minimise those risks, while allowing people as much freedom and independence as possible. The assessments we saw had been reviewed to make sure they reflected people's changing needs.
- Staff were trained in techniques to appropriately deal with situations where people may communicate their emotions through their behaviour. Where needed, people had positive behaviour support plans, which staff followed. We received positive feedback from relatives about the positive behaviour support provided to people. One person's relative said, "[My family member] is supported properly with this and their autism." They added, "Staff use a story book to explain things if changes are going on." Another relative said, "The team focus on [my family member's] progress. [My family member] is happier now."
- Accident and incidents were reviewed by the management team and records reflected lessons were learnt when things had gone wrong. This included taking action to prevent recurrences, and to improve staff guidance, training and practice.

Staffing and recruitment

- There were enough staff to meet people's care and support needs flexibly. There were sufficient staff to enable people to get out and about.
- One relative told us their family member had got to know staff over time and had built positive relationships because they had a consistent, core team around them. They added, "[My family member] as had the same staff since living there. [My family member] is fine with the staff."
- Staff were subject to robust pre-recruitment checks, which included looking at their character, employment history and qualifications.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should.
- People we spoke with told us they were happy with the way staff supported them with their medicines.
- The provider adhered to the principles of Stopping Over-Medication of People with a Learning Disability (STOMP). People's medicines were reviewed regularly, to monitor the effects on their health and wellbeing. One relative told us there had been positive developments around a reduction in the use of psychotropic medicines for the relative.
- Staff were trained to handle medicines in a safe way. They completed appropriate training and managers regularly assessed their competence to help make sure their practice was safe.
- The service conducted regular medicines audits and checks and when issues were identified these were addressed, such as gaps in medicines administration records.

Preventing and controlling infection

- People we spoke with told us they were happy with the way staff supported them to keep their homes clean. One relative said their family member's home was "Spotless."
- The provider had appropriate policies and procedures in place regarding the prevention and control of infection and promoted safe working practices for staff in relation to Covid-19.

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

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

- We found the service was working within the principles of the MCA.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to monitor the quality and safety of the service.
- The provider had a full schedule of checks. These governance systems identified and addressed areas for improvement.
- We could see there was a focus on continuous learning at all levels of the organisation a commitment to getting care and support right for people.
- Good practice was shared and adopted throughout the organisation and there was ownership of quality related issues.
- Staff received a comprehensive induction. The values of the service embedded into staff meetings and supervisions and the continual review of staff performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received positive feedback from people, their relatives and staff about the achieved outcomes for people.
- People were supported to lead full lives based on their individual interests and goals, which were planned for and celebrated. One relative told us staff would go to the family home, to pick up specific, freshly made food for the person, on the person's request.
- The management team was committed to providing the best care and support for each person. There was an emphasis on empowering the staff team, to help support the best outcomes for people.
- Relatives told us there was good communication between them and the staff. The relatives we spoke with confirmed the service informed of incidents or concerns. One relative said, "There's not really been incidents. They change things if it needs improving."
- The registered manager understood their duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager was aware what needed to be reported to CQC and the local authority, in respect of safeguarding, accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in discussions about their care and support, what happened in their homes and

wider issues. This was both, on a day to day basis, and via service user forums. Where feedback was provided, the management team listened carefully, and implemented effective change where needed.

- People's relatives confirmed their views were sought. They added they spoke with staff and managers on a regular basis. A relative told us they knew who to speak to. They confirmed they had the managers' names and numbers. They said, "They [managers] are very nice to speak to. They get back to me all the time, if they are in a meeting when I call." One relative told us they had only had to raise one issue in several years, and this had been dealt with appropriately.
- The management team reviewed questionnaires and meeting minutes and made sure action was taken in response to people's feedback.
- People and their relatives confirmed people's equality characteristics were protected and care and support was tailored to each person. We were told people were listened to, and their wishes were acted upon. For instance, one relative said, "The team are meeting [my family member's] cultural needs."

Working in partnership with others

- The provider worked in partnership with a range of organisations, to help develop the service and to increase opportunities available to people.
- The service worked positively with health and social care professionals to ensure people's needs were met. They had formed positive links with people's housing providers and other organisations in the community such as local church and community organisations.