Horton Housing Association

Supported Living Service

Inspection report

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Tel: 01422884193

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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

The inspection took place on 30 June 2016 and was announced.

The last inspection was carried out 15 January 2014 and at that time the provider was compliant with all the regulations inspected.

The service provides personal care and support for 11 people who have a learning disability to live independently in their own tenancies. People live in three houses where they have their own bedrooms and shared communal facilities. The houses have a support worker present 24 hours a day. At the time of the inspection there were 10 people using the service.

There was a registered manager. 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.

People were safe. They were protected from abuse and the risk of abuse by staff who had received training and understood how to recognise and report any concern they might have about people's safety and welfare. We observed people were comfortable and relaxed around staff and staff interaction with people was friendly, encouraging and caring.

The required checks were done before new staff started work and this helped to make sure people received care and support from people who were suitable to work with vulnerable adults.

There were enough staff to ensure people received the right support. Staff were trained and supported to understand people's needs and provide appropriate care and support.

People received appropriate support to take their prescribed medicines. People were supported to live healthy lifestyles and to meet their health care needs. They were supported to access the full range of NHS services.

People's risk assessments were completed and these covered a range of areas including accessing the community and personal safety.

The service was working in accordance with the Mental Capacity Act which helped ensure people's rights were promoted and protected.

Staff received training about nutrition and people were encouraged and supported to make healthy choices and have a varied diet. People were supported to plan their meals, shop and cook.

People were supported to be independent and make decisions about all aspects of their day to day lives. We found staff were respectful and showed kindness and compassion in their interactions with people.

We found people received support which was tailored to their individual needs and preferences.

People were supported to take part in a wide range of leisure, education and work related activities and to develop and maintain relationships with family, friends and their peer group.

People were given information about the complaints procedures in a format which was appropriate to their needs. We found people were listened to and their concerns were acted on.

The registered manager promoted a positive culture which was person centred, inclusive and empowering.

The provider had effective systems in place to monitor and assess the safety and quality of the services provided and there was a culture of continuous improvement.

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 by clear procedures and staff who knew how to recognise and report abuse.

There were enough staff and all the required checks were done before new staff started work.

People were supported to take their prescribed medicines safely.

Risks to people's safety and welfare were identified and managed.

Is the service effective?

Good

The service was effective.

People's rights were protected because the service was working in accordance with Mental Capacity Act.

People were supported by staff who were trained to understand and meet their needs.

People were supported and encouraged to have a healthy and varied diet.

People were supported to access the full range of NHS services in order to meet their health care needs.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion.

People were supported to be independent and make decisions about all aspects of their day to day lives.

People were supported to develop and maintain relationships

with family, friends and their peer group.

Is the service responsive?

Good

The service was responsive.

People received support which was responsive to their individual needs.

People were supported to take part in a wide range of leisure, education and work related activities.

People knew how to raise a concern or make a complaint, they were listened to and their concerns were acted on.

Is the service well-led?

Good

The service was well led.

The registered manager was clearly committed to promoting a positive culture which was person centred, inclusive and empowering.

The provider had effective systems in place to monitor and assess the safety and quality of the services provided and promoted a culture of continuous improvement.

Supported Living Service

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 30 June 2016. It was announced. We gave the provider 48 hours' notice because it is a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors. During the inspection we visited the office and two of the houses where people were supported. We spoke with two people who used the service and observed two people receiving support. We spoke with three support workers, the registered manager and the head of service. We looked at five people's care records in total, two in detail and three to check specific information about aspects of their care and support. We looked at three staff files and other records relating to training, team meetings, health and safety and quality assurance and monitoring.

Before the inspection we reviewed the information we held about the provider such as notifications and any information people had shared with us. We contacted the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We sent questionnaires to people who used the service.

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.

Good

Is the service safe?

Our findings

People who were supported by the service told us they felt safe. We looked at the responses to a survey carried out by the provider in October 2015. The responses showed people who were supported by the service felt it was safe. There were policies and procedures in place to help make sure people were protected. The registered manager understood their responsibilities in relation to safeguarding and the records showed allegations or suspicions of abuse were dealt with appropriately. This included reporting to external agencies such as the Care Quality Commission, local authority and police. People who used the service were encouraged to sign up to the 'safe place' scheme run by the local council. The scheme provides identified places in the local town, such as the library, where vulnerable adults can go for help or support if they become unwell or find themselves being bullied or harassed while out and about.

The care records we reviewed showed risks to people's safety and welfare were identified and assessed and where appropriate actions was taken to eliminate, reduce or manage the risk. For example, in one person's records we saw there were risks associated with behaviour which challenged. There were clear guidelines in place to inform support workers how to identify and respond when the person was becoming upset and about the actions they should take to keep everyone safe in the event of an escalation in the person's behaviour. In another example, we saw a person who had been identified as being at risk of financial exploitation when out and about in the community. A plan was in place to manage this which included the person agreeing to limit the amount of money they took with them when they went out.

Accidents and incidents were monitored and analysed to look for trends and/or patterns. In addition to being monitored by the registered manager, accidents and incidents were reviewed by the provider's senior management team.

Within each of the three houses where people were supported, safety checks were carried out daily, weekly and three monthly and any shortfalls reported to the landlords. These included checks on the fire safety systems, gas appliances, electrical appliances, water temperatures and the fabric of the buildings.

The provider had a disaster recovery plan in place which included detailed information for each of the three houses where people were supported.

The service was staffed 24 hours a day by permanent staff and relief staff to cover for absences and sickness. The registered manager told us a regular agency was sometimes used although the same staff were utilised to ensure stability and continuity of care and support. This was confirmed by speaking with people at one of the service houses. We looked at the rotas and saw various changes to meet the needs of the people. Staffing levels were reviewed according to people's needs and one to one support requirements. Rotas were compiled by care workers in each of the individual houses since they were aware of the changing needs of each location. We concluded there were enough staff to cover people's support needs although the service was in the process of recruiting staff to reduce the number of agency hours.

We looked at staffing records and saw safe recruitment procedures were in place to ensure staff were of

suitable character to care for vulnerable people. Tenants were involved in the recruitment process, some sitting on the interview panel and others supplying interview questions. Staff were recruited in line with the provider's policy with documentation stored at the head office. We looked at three staff files and saw all staff attended an interview, had proof of identity documents and at least two positive references. The service also carried out a Disclosure and Barring Service (DBS) check on all candidates to confirm they were suitable to work with vulnerable people.

People had regular assessments to determine the level of support they required with medicines. For instance, one person had been supported to self-administer their medicines in the past but had experienced some difficulties and had agreed to staff supporting them. However, staff told us they were working to support the person to manage their own medicines again. This was confirmed by the records.

Some people were assessed at requiring more support than others and this was documented in their care records. We saw detailed information about how people should be supported with their medicines and staff we spoke with confirmed this.

We checked a selection of medicines administration record (MAR) charts and medication administration sheets. We saw in one instance the sheets did not tally since prescribed eye drops and a cream present on the MAR were not logged on the medication record. On one MAR chart we saw there were no clear instructions to show where the person's prescribed ointment should be applied, and a body map was not present to assist application. We spoke with the support worker responsible for administering medicines on the day of the inspection. They said the GP had not specified on the prescription where the cream should be applied, although staff were aware. This was discussed with the registered manager who agreed that body maps could be utilised to ensure ointments and creams were applied accurately.

We saw evidence weekly medicines audits were carried out on all medicines. There was a clear system for recording medicines ordered and collected. When medicines were prescribed to be taken 'as required' (PRN) there were clear protocols in place in each person's care file. In one person's records we saw they had written their own PRN protocol which was an example of how the service supported people to be involved in decisions about all aspects of their care and treatment.

Good

Is the service effective?

Our findings

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection.

The registered manager had a good understanding of the principles of MCA and the Court of Protection and how to apply these. For instance, following completion of a mental capacity assessment, we saw an application in one person's care files for Deprivation of Liberties Safeguards (DoLS). We queried this with the registered manager since this legislation applied only to registered care homes rather than supported living services. The registered manager told us they were aware of this and had requested to apply for a Court of Protection order but the local authority had instructed them to complete a DoLS request instead, stating the legislation was changing. We concluded the service was working within the principles of the MCA.

We saw evidence of consent in care records and in day to day activities. For instance, tenants had been consulted about access to the houses for repair work and quality monitoring visits.

Support staff were trained in nutrition and we heard a support worker talking to one of the tenants about the benefits of a varied diet. Some tenants were supported to shop and cook for themselves while others had more support. We saw diet sheets and weight charts were in place for those assessed to be at higher nutritional risk. Some tenants enjoyed helping to prepare and eat meals communally, whilst others preferred to cook individually.

The registered manager showed us a new nutrition and hydration policy they were planning to implement which included a Malnutrition Screening Tool (MUST). They explained how they were trying to improve people's diets, for example, looking at ways to introduce a wider choice of food and picture menus for those tenants who weren't able to cook themselves.

The registered manager told us 85% of staff had obtained or were working towards a National Vocational Qualification (NVQ) at level 3. We looked at the training matrix and saw training was up to date and relevant to the needs of the service. Training was offered face to face and via e-learning and staff were encouraged to access the service training academy to book and attend courses. A care worker told us, "Training is kept up to date. They promote development." The registered manager had an annual plan for staff supervisions and appraisals. Supervisions and appraisals took place 'off site' to promote a more open approach.

People were supported to maintain their health and have healthy lifestyles. We saw people had 'Health

Action Plans' which were designed to support people with learning disabilities to be healthy and safe. The records also showed people had access to the full range of NHS services such as GPs, district nurses, mental health specialists, dentists and reflexologists. In addition, we saw people were offered sex education and information about how to practice safe sex.

Good

Is the service caring?

Our findings

The feedback we received from people who were supported by the service was positive. They told us staff respected their privacy and dignity. We saw this in practice during the inspection, when we visited one of the supported living houses the staff who accompanied us knocked on the front door and waited to be invited in. We saw people being spoken to with respect. We also found staff had a good understanding of the need to support people's dignity and privacy. A staff member told us, "I always knock on people's doors."

The properties we visited were comfortable and homely and the tenants appeared relaxed and at ease with support staff. We observed staff supporting people to do as much as possible for themselves. For example, we saw one person ask a care worker for a snack. The care worker gently encouraged them to verbalise what they wanted and go to the kitchen to get the snack, which they did. In another example, we saw staff had supported one of the tenants by accompanying then to a health care appointment.

The service supported people to be involved in decisions about all aspects of their day to day lives in a variety of ways. For example, each tenant had a document called 'My Recruitment Plan' which allowed them to identify how they wanted to participate in recruitment and provided them opportunities to be actively involved in recruiting a caring and supportive staff team.

Tenants had regular 'house meetings' which enabled them to have a say in how the service was delivered. For example, the meetings also gave people the opportunity to talk about and agree who was responsible for different aspects of the day to day housekeeping duties such as cleaning the communal rooms. In one of the houses staff and tenants told us the landlord had consulted them about the colour schemes before redecorating the communal areas.

The provider told us when there was a vacancy in a house the existing tenants were consulted before anyone new moved in. Prospective tenants were invited to visit the house a number of different times and usually had an overnight stay before any decision was made about moving in. This was confirmed by one of the people we spoke with; they told us that although they had not had an overnight stay they had visited the house on a number of occasions before moving in. The registered manager told us existing tenants had a 'veto' and if for whatever reason they did not feel the prospective tenant would fit in they would not be offered a place. They gave us an example of an occasion when this had happened.

The provider told us their long serving staff had built up excellent relationships with tenants, understanding their interests, likes/dislikes, preferences and ambitions. They said staff knew how important routines were for some tenants, and how and when they like support to be delivered. This was confirmed by the staff we spoke with during the inspection. For example, a support worker told us about a tenant's morning routine and what they told us corresponded with the information in the person's support plan.

The provider told us support was provided around identity and things which defined each tenant's individuality. These included religious preferences, cultural background, gender/sexuality, relationships and the people that were important to them. They told us tenants were supported to visit family and friends and

to develop and maintain intimate relationships. This was confirmed by records, our observations and our discussions with people who were supported by the service.

The registered manager told us tenants were supported to access advocacy services when necessary. For example, they told us how they had involved an advocate when a tenant needed surgery but did not have the capacity to give informed consent. They told us the advocate had continued to support the person throughout their recuperation.

The provider had included a 'When I die' element to the support planning toolkit and where tenants had expressed their wishes this was recorded. Where tenants did not have capacity the service had consulted people close to them.

Good

Is the service responsive?

Our findings

The provider told us they had a bespoke 'Person Centred Planning Toolkit' which was tailored to meet the individual needs of tenants. They told us each tenant had a detailed positive risk assessment and support and care Plan and these were person centred and reviewed according to need. During the inspection we found the care records were well organised and the support plans were detailed, person centred and up to date. These included a person centred planning toolkit, circle of support, likes and dislikes, and setting and monitoring of personal goals. For example, we saw a goal to go horse riding in one person's care plan. We saw how the goal had been actioned, monitored and revised to suit the tenant. In another example we saw a tenant had been supported to achieve their goal of going on holiday with their partner.

There were other examples of how the service responded to changes to people's needs and or circumstances. For example, one tenant had been supported into paid employment and another had been supported to develop their independent living skills, enabling them to move into a home of their own.

We saw from people's care records that activities were person specific. Each tenant had their own weekly activity plan which documented activities such as shopping, day trips, going out for meals, attending day centres or classes at the local independent living service. People's daily records confirmed attendance. We saw evidence of holidays booked with support from care workers and tenants going to social evenings organised by the local independence living centre. Two tenants had their own cars which enabled them to get out and about independently.

In one of the houses we saw one of the tenants had such a busy schedule it was proving difficult to find a time when they would be available to attend a house meeting. One of the other tenants suggested a telephone conference, so the person could take part using their mobile phone. This was an example of how the service empowered tenants to independently find solutions.

The provider had a complaints procedure which was available in an 'easy read' format. In addition all tenants were provided with contact numbers for the registered manager, head of service, advocacy services, Calderdale Council Contracts Team and the Care Quality Commission. The registered manager told us this had proved effective as one tenant had recently contacted the head of service to inform them they were unhappy with the way an agency worker had communicated with them. The complaint was investigated, upheld and the agency worker was not used again.

During the inspection we saw people were confident in approaching the registered manager about any concerns. During a visit to one of the houses one of the tenants raised some concerns with the registered manager. The registered manager suggested they meet them the next day to discuss their concerns in more detail and in private and the person indicated that was acceptable to them.

Complaints and compliments were a standing agenda item for team meetings, giving the opportunity for discussion, learning, and new working practices.

Good

Is the service well-led?

Our findings

We found the people who were supported were at the heart of the service. For example, we saw evidence of regular tenant meetings at the properties to support people's involvement in how the service was delivered. In another example, we saw the provider had consulted with people in each of the houses about the monitoring visits carried out by the Quality Assurance Team. The consultation included an explanation of the reasons for the visits and asked people for their views on how this could be done with minimal disruption to their daily lives.

The provider sent annual surveys to people who used the service and people's relatives. We looked at some of the responses to the October 2015 surveys which showed people felt safe and were satisfied with the service. We saw the provider had produced a 'You said, we did' document in January 2016 to tell people what they had done in response to the survey feedback.

The registered manager told us they were available for tenants and families to talk to at any time. During our inspection a family member rang to speak with the registered manager and they were happy to take the call which they did in private. When we visited one of the houses with the registered manager we saw the tenants knew the registered manager and interacted with them in a positive and open way.

There was clearly defined management structure. The registered manager and head of service were responsible for the day to day running of the service and ensuring actions were taken in response to feedback from internal and external quality monitoring visits. They were supported by the senior management team, which was responsible for ensuring quality and performance management systems were used to inform decisions and achieve objectives. The management board had overall responsibility for ensuring the organisation's effective governance and monitored the quality and safety of the services through quarterly reports.

The provider also had a quality assurance team who worked closely with the operational management teams and carried out regular audits of various aspects of the service. These included four visits a year to each of the houses, two announced and two unannounced. In addition, they carried out annual reviews of the effectiveness of complaints, safeguarding and incidents and made continuous improvement recommendations. All the services operated by the provider used an 'Improving Quality' toolkit which included a range of specific management and quality assurance checks. Some of these were completed by the registered manager, others by the head of service and others by the quality assurance teams. Where any shortfalls were identified action plans were put in place and monitored to ensure these were dealt with.

We found the registered manager was committed to improving the service and had implemented a number of policies and procedures since the provider had taken over the service provision. Staff we spoke with agreed the service had improved. One care worker told us, "It's been a positive change working with Horton."

The registered manager told us they were proud of what they had achieved since taking over the service and

said, "I like things to be done properly. I think we support people really well." They regularly attended meetings at the Learning Disabilities Forum, Independent Living Centre, and actively networked with other providers at meetings where best practice was discussed.

The registered manager told us the senior management team were available to staff at all levels to promote an environment in which staff felt valued and listened to. This was confirmed by the staff we spoke with. One staff member told us they felt there was open communication encouraged and said, "It's easy to contact the managers. If I'm concerned I can approach them." The provider recognised and rewarded staff achievements in a variety of ways which included performance related pay, bonuses and additional annual leave entitlement. In addition, the head of service carried out an annual staff consultation on the effectiveness of handovers, team meetings, appraisals and supervisions and the on call arrangements.

Morale among staff was good and they told us they enjoyed working for the service. One care worker told us, "I think Horton is a positive team from the management team down. There's a good atmosphere and a good work ethic. The teams across the three houses work well together. The team works hard together and knows each other well." Another care worker commented, "I think it's a very good service. The managers will do their best to help you. I love it."