The Hesley Group Limited

Community Solutions

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

The inspection took place on 5 January 2016 and was unannounced. Our last inspection of this service took place in December 2013 when no breaches of legal requirements were identified.

Community Solutions is registered to provide accommodation for up to 13 people who require personal care. People live in shared houses and, flats, and individual houses. All bedrooms have en-suite bathrooms. The service specialises in supporting younger adults with a learning disability and autistic spectrum disorder. The service is based in the centre of Thorne, within walking distance of local facilities including, shops, cafes, restaurants, parks and leisure facilities.

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 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.

Some people we spoke with had limited verbal communication. However, everyone very clearly indicated they felt safe and were happy living in the service, liked the staff and did the activities they liked to do.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks associated with people's care, and had been devised to help minimise and monitor the risks without placing undue restrictions on people. People's medicines were well managed.

Everywhere was very clean and well maintained, and there were effective health and safety audits in place.

There were enough staff to keep people safe and to meet people's individual needs, and the staff told us they received good training and support. Thorough recruitment checks were undertaken before staff started work in the service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. DoLS applications had been made appropriately to the local authority.

There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

People were supported to have a good, well balanced diet and people's individual needs and choices were catered for. They also had good access to a range of health care services, and received good health care support.

Staff retention was good, and staff knew people well and had built good relationships. There was also a good mix of staff.

Staff spoke to people in a caring and positive way, treated people with respect and were mindful of their rights and dignity. There was a nice, relaxed atmosphere and people were relaxed and smiling in the presence of the support staff.

There were very good care and support plans and information for staff about people's likes and dislikes and we saw that staff were very good at monitoring people's reactions and responses and responding to people in positive way. People were involved in choices about all aspects of their lives.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. The care plans themselves were detailed and thoughtful, and included pictures and photographs to enhance people's understanding and involvement.

People had full lives, engaging in lots of activities, and this included in the evenings and at weekends. They were encouraged to keep in touch with the people who were important to them, such as their family members. People and their close family members, were encouraged to make their views known about their care. An independent advocate had sometimes helped people with this. An advocate is someone who speaks up on people's behalf.

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People didn't have any complaints to tell us about and indicated they were happy.

The registered manager was very person centred in their approach. Person centred care is when staff understand what is important to the person and give them the right care and support to do the things they want.

There was a good range of quality and safety audits, undertaken by staff and managers.

People had a chance to say what they thought about the service and the service learned from its mistakes, using comments, complaints and incidents as an opportunity for learning and 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's care and support was planned and delivered in a way that made sure they were safe. We saw support plans included areas of risk.

The provider had appropriate arrangements in place to manage medicines.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had safe arrangements in place for recruiting staff.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good

The service was caring.

People gave us lots of positive feedback about how caring the staff were

We saw staff were sensitive in their approach and supported

people in a caring manner. They were also aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's individual plans were personalised and included their likes and dislikes and what mattered to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people took part in activities and events that they liked.

People were supported to keep in contact with the people who were important to them.

The service had a complaints procedure and learned from any concerns raised.

Is the service well-led?

Good

The service was well led.

The people who used the service and the staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

There were effective quality assurance systems and these took account of the views of people who used the service and their relatives.

Community Solutions

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.

The inspection took place on 5 January 2016 and was unannounced. The inspection team consisted of an adult social care 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 service.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. The provider had sent us 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.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We visited people in their various houses and flats, talked with people and observed the support being provided by staff.

We spoke with seven members of staff including the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Good

Is the service safe?

Our findings

We asked if people felt safe and they said that they did. For instance, one person said, "I feel safe living here. I like it".

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and happy living in the service. We saw staff supporting people and they interacted well with people, who were relaxed, happy and well cared for.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. Staff said there had been a brief period of change, when one person who used the service moved to their own, individual accommodation, but things had now settled.

There were very good levels of staff support funded for people, to meet their particular needs. This was mostly one to one staff support for each person, with some extra funding for two to one support for specific times and activities. This helped to ensure a safe environment, both for people who used the service and staff.

We visited the person who had recently moved to a house, a short walk away from the other houses and flats. It was clear that they had appropriate staff support and they told us they were very happy.

We were told by staff that if they needed additional help then this was available. This was usually through staff volunteering to work extra shifts. The registered manager was available during the day and there was an on call system for evenings, nights and weekends.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

The staff members we spoke with confirmed the service had policies and procedures in place to protect people and that they were expected to familiarise themselves with these policies as part of their induction training. The staff told us they had received training in safeguarding vulnerable adults and that this was repeated annually. The staff records we saw supported this. The staff were clear that they would report any concerns to the management team and they were confident that any concerns raised would be acted upon. They were also aware of the whistleblowing policy. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling someone they trust about their concerns.

Staff attended training in the Hesley Enhancing Lives Programme (HELP), a behaviour support approach based on Therapeutic Crisis Intervention (TCI), which is accredited by the British Institute of Learning Disabilities (BILD). Staff were trained in TCI, which is an approach to preventing and managing challenging behaviour that places emphasis on avoiding confrontation and the use of a range of techniques involving relationships and listening.

Where the risk had been identified that people might display behaviour that was challenging to the service, people's support plans included HELP and there was clear guidance for staff on the techniques that should be used. It was clear from the discussions we had with the staff and the registered manager, and from the records we saw that staff dealt very effectively with incidents and as a result, there was significant reduction in incidents and enduring improvements in people's behaviour.

In the main house, there had been significant improvements made to the areas where medicines were stored. Generally, throughout the service, we saw that the storage of people's medicines was neat and tidy which made it easy to find people's medicines. Most medication was administered from monitored dosage systems (MDS). These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of.

Staff only administered medication after they had received proper training and been assessed as competent. Their competence was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people's medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Members of the management team undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

We looked at the personnel files for six staff members and these showed support staff were only employed if they were suitable and safe to work in a care environment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the service. For instance, references were obtained, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People had a good, well balanced diet with choices and people's individual needs were catered for, and their diet and weight monitored as necessary. Where people needed support with making choices and communicating their preferences pictorial menus and objects were used to help them with this.

People had lots of choice and involvement with planning, shopping for and cooking their meals. Some people cooked and made drinks for themselves, with minimal support from staff, while others needed more staff support and encouragement to be involved, and this was reflected in their care plans.

People's menus were put together with their input about what they liked and didn't like, as well as input from a dietician and a speech and language therapist. Where people did not communicate verbally their plans also included a lot of information about what they liked and did not like to eat and drink. This had been built up from what people had indicated they enjoyed staffs' observations of people's reactions to different food and drinks, and information from people's families.

Where people needed support with making choices and communicating their preferences pictorial menus and 'objects of reference' were used to help people with this. An object of reference is an object which has a particular meaning associated with it. For example, a fork may be the object of reference for dinner.

There was guidance for staff on how to meet people's particular nutritional needs in their risk assessments and care plans. We saw evidence that people were weighed at regular intervals. Where people were assessed as at risk, we saw evidence that contact was made with the appropriate health care services for advice and treatment.

There were very thorough assessments and care plans related to all aspects of people's health and the records we saw showed that people's health was monitored, and any changes that required additional support or intervention were responded to. There were records of contact with specialists who had been involved in their care and treatment. These included a range of health care professionals such as specialist nurses, psychiatrists, speech and language and occupational therapists. They showed that referrals were quickly made to health services when people's needs changed. The GP practice and dental practices were very nearby. One person was feeling unwell at the time of our inspection and an appointment was made for the same morning.

There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. The registered manager described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as not everyone could effectively communicate their needs verbally. The staff were spoke with were aware of the way each person expressed themselves, and were aware of and responsive to people's f expressions and body language.

People had 'hospital passports', which were designed to help hospital staff to understand the person's

needs if the person had to go to hospital. However, we saw one person's some people's care plans hospital passports which needed to be completed. Additionally, this person's plan said there were no issues with their sight and hearing, when this was not the case, as they had specific sensory needs.

Staff had good access to training and there was a system in place to remind the registered manager when staff needed updates. Staff were well supported through a good quality induction, and one to one staff supervision with their manager, which ensured they received regular support and guidance. Staff also had yearly appraisals which enabled them to discuss any personal and professional development needs. Staff told us they received regular, one to one supervision sessions with their line managers and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. The staff we spoke with told us they were provided with lots of training opportunities and were encouraged to identify any learning needs they had, to help with planning for future training. Some training was provided in house, some via external courses and there were also e-learning courses available to them.

Staff had received training in the core subjects including moving and handling, health and safety, food hygiene and infection control. They also had training such as, working with people with autism, and other bespoke training, that was specific to the individual needs of people who used the service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The service had a policy in place for monitoring and assessing if the service was working within the Act.

The care plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS. People's care plans included information about how they should be supported with making and communicating day-to-day decisions about their care.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. We saw records in people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The managers had made DoLS applications to the local authority where required and Independent Mental Capacity Advocates (IMCAs) had also been involved, as appropriate.

The registered manager kept very thorough records of best interests decisions, DoLS applications and authorisations. There was however, room to improve the information available in people's files in their homes. This would help to ensure staff were aware of any legal arrangements in place for people, such as appointeeships and the parameters and conditions associated with any DoLS authorisations.

People were involved in choices about the décor of their homes and each person's bedroom was very individual to them, reflecting their personality and preferences. The person who had recently moved had made their house very homely indeed, with support from staff.

Good

Is the service caring?

Our findings

There was a relaxed, homely atmosphere in all of the houses and flats during our visit. Throughout the service, people we spoke with said they liked living in their particular home and liked all of the staff. It was clear from our observation that the people were happy and relaxed in their homes. We saw that staff were very good at monitoring people's reactions and responses and provided the emotional support people needed. People who lived in the shared house told us everyone got on very well. Staff spoke to people in a calm, caring and positive way. They were sensitive in their approach and showed patience.

There was a lively, family atmosphere in the shared house. Lots of people were coming and going in the sitting room and we were told that if people preferred, they could spend time in their own room, or the smaller lounges. There was lots of friendly banter and people were obviously happy and content. One person was feeling unwell and everyone asked how they were when they came in. One person told us, "I like [the staff] they are nice."

Staff were continually engaging with to people, asking if they were OK and what they wanted to do next. People were given plenty of choice for activities, menus and meal times. People were supported to do their own shopping, for food and clothes. One person told us, "I like going out shopping and to the café for cake." They told us had breakfast and lunch at times to suit themselves, and usually, all sat down to their evening meal together.

Throughout the service staff ratios were very good and enabled people to choose and pursue individual activities and interests. Sometimes people went out in small groups, if they had a shared interest such as swimming and rambling. The home had a 'people carrier' for transport and two people had their own cars. Again, this allowed flexibility when arranging activities and outings.

There were very good, personalised care and support plans and information for staff about people's likes and dislikes, and what and who mattered to them. People were supported to keep in touch with people who were important to them via the telephone, the internet and visits. We were told that one person had a regular visit from a relative, and they liked to go out for lunch together.

Staff retention was good, and staff knew people well and had built good relationships. There was also a good mix of staff. They came across as very committed. Most staff told us they had worked in the service for several years. When asked if they enjoyed their work they were very enthusiastic. More than one staff member said they loved it. For instance, one staff member told us, "I love working here. It's good".

Staff promoted positive relationships and had a positive impact on the people who used the service. The staff were close to people and knew their likes and dislikes. A member of staff told us, "We get to know people very well because we spend so much time with them individually: This helps build relationships." People and their close family members, were encouraged to make their views known about their care. An independent advocate had sometimes helped people with this. An advocate is someone who speaks up on people's behalf.

People told us they had freedom and choice. They said they chose what they wanted to do in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity one evening, they could change their plans.

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans. Two people went to church, when they choose to. Again, this is very close by.

Our review of the provider's training records showed us that a number of training courses were provided to enable staff to deliver appropriate care and respect the diversity of people using the service. For example, we saw that courses were provided in equality and diversity and person centred care. Staff we spoke with explained they tried to maintain people's privacy and dignity, whilst helping people to have a choice, and to be as independent as they could.

Good

Is the service responsive?

Our findings

People had full lives, engaging in lots of activities, and this included in the evenings and at weekends. We saw that each person had an activity plan. People had a combination of activities in their homes and in the local community.

As people had different preferences, they engaged in a number of different activities, of their choice, such as walking, swimming, watching DVDs, listening to music, and shopping. One person worked in a local shop for two hours a week and, up until recently, also in a café. Some people had laptops, which they used to gain access to the internet and to watch films and programmes. People's written records showed that they had lots of opportunity to do the things they liked.

One person told us they had been on holiday with two other people and said, "I liked the walks and swimming." Another person told us, "I like to help get meals ready."

The people's files we looked at included assessments of their care and support needs and a plan of care. These were informative and gave information about the person's assessed and on-going needs. They gave clear information about how the person needed to be supported.

The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. These had been kept under review.

People had person centred plans on their files. The registered manager explained that she and the staff had received person centred planning training. People's files were easy to understand and had person centred reviews completed about each person.

The person centred plans set out people's individual preferences and goals. Their plans included descriptions of the ways they expressed their feelings and opinions. Each person had a profile detailing how they communicated when they were happy and content and how they expressed, pain, anger or distress. The staff knew people well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

We saw that people were involved in decisions and choices about their care. The members of staff told us about choices and decisions people were able to make. We saw that symbols and pictures were used to provide information to people in formats that aided their comprehension and involvement. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities.

The complaints process was clear and people were given support by the provider to make a comment or complaint when they needed assistance. The complaints policy was displayed in an easy read format. Pictures and symbols were used to support people to make their concerns known.

Staff told us that some people were able to discuss any concerns they might have, while others used other forms of communication to express how they felt. From talking with staff it was evident that they got to know people's individual communication methods and their body language, as a means to determine if the person was happy with the care provided. One person said, "I have no problems and am happy talking to staff. "

A complaints record was in place. This showed that any concerns and complaints were taken seriously, thoroughly investigated and responded to in an open way. The registered manager also told us that lessons learnt from any concerns were used to improve and develop the service.

Good

Is the service well-led?

Our findings

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 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.

The registered manager had worked for the provider for 25 years, managing this and other services and knew the people who used the service exceptionally well. The registered manager was very person centred in their approach and very well organised. They spoke positively about providing a high standard of service for people. They had recently won a National award for managers, after being put forward for this by their line manager.

All the staff and managers we met were enthusiastic and professional, and were good communicators. We saw that all members of the team interacted well with people who used the service and spoke to each other in a positive way. All the staff we met said there were very good relationships and that they worked very well together as a team. One staff member said, "I feel very well supported here." Another added that the shift pattern suited them very well. The staff we met came across as confident, happy and relaxed in their work.

The service had a clear philosophy. These included enabling people to develop greater independence through their person-centred plans, in an environment that offered warmth, security, consistency and understanding. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

We observed that the atmosphere was calm and relaxed and Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked in the service for some years. The staff team were co-operative during the inspection. We found everyone to be very enthusiastic and committed to their work.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. They felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

Staff understood their roles and responsibilities and confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics, such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

There was a good range of quality and safety audits, undertaken by staff, managers and members of the

Hesley Group's quality team. Checks were conducted regularly in areas such as fire safety, accidents and incidents, care planning and complaints. Any areas identified as needing improvement during the audit process were then analysed and incorporated into an action plan, which was effectively monitored. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. Accident records had been completed appropriately and all records were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept confidential.

We saw at the time of the inspection that people's feedback was actively sought by staff on a day to day basis. There was an accessible quality questionnaire to help people who used the service to give their feedback.

There were further opportunities for people to provide feedback about the quality of the service; meetings were held with people who used the service. These allowed people to be involved in discussion about things they felt were important and their decisions had been recorded in a pictorial format. It was also clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continual improvement.