

Housing And Support Solutions Limited

Housing & Support Solutions - Bridlington Region

Inspection report

Stepney Court
Stepney Grove
Bridlington
North Humberside
YO16 7QR

Tel: 01636676054
Website: www.edenfutures.org

Date of inspection visit:
26 September 2019
27 September 2019
15 November 2019

Date of publication:
19 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Housing & Support Solutions - Bridlington Region is a domiciliary care and supported living service providing personal care to nine people at the time of the inspection. Three people received support with personal care in their own homes and six people lived in shared living accommodation across four homes. The service supports people living with learning disabilities or autistic spectrum disorder, mental health, older people, and people with physical disability or sensory impairment

Not everyone who used the service received personal care. The Care Quality Commission (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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff did not always feel supported or valued. Provider oversight of systems and processes had failed to ensure all staff had received supervisions and appraisals in line with the provider's own policy and procedure.

The provider had failed to ensure all notifications required by the CQC had been submitted as required under regulatory requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records confirmed people's input. However, where they were unable to consent, and decisions were made on their behalf, they were at risk from receiving care and support that was not always in their best interest. Provider oversight to ensure checks on care plans had failed to ensure information associated with best interest decisions was robustly recorded.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives were happy with recent improvements to the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

People received support with personal care where this was required, and staff encouraged their independence to live fulfilled lives free from unnecessary restriction.

Staff had received training to keep people safe from avoidable abuse and followed clear guidance to report concerns. The provider was reviewing and improving recording systems further to ensure all concerns were reported and investigated without any unnecessary delay.

Where people had been assessed as at risk from any activity, for example accessing the community and other events, support plans provided guidance to ensure they remained safe. People talked excitedly about these activities and the benefits they provided.

Systems and processes were in place and followed by staff to ensure where people required support, their medicines were managed safely and administered as prescribed.

Staff received appropriate training and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

The provider was passionate and creative about providing a service that was based around the needs of the individual person. The quality manager was responsive and proactive in implementing actions to any concerns CQC raised during the inspection. They sought feedback and engaged with people, staff and other stake holders to drive improvements.

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 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to provider's governance and oversight; failure to report certain incidents as required by law; to ensure staff received appropriate supervision and appraisal in their role and to ensure records were robustly completed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Housing & Support Solutions - Bridlington Region

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and in supported living settings, so that 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 26 September 2019 and ended on 15 November 2019. We visited the office

location on 26 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, local authorities and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited and spoke with four people who used the service and two relatives in their own home. We spoke with seven staff members, the regional director, quality manager and registered manager. We reviewed a range of records. This included five people's care records and associated medicine records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. One person said, "Yes, I feel safe; staff make sure I am prepared so I can go out on my own."
- Staff had completed training in safeguarding adults. They had a good understanding of the types of abuse to look out for and how to escalate any concerns for further investigation.
- The provider had a safeguarding policy in place. Where safeguarding concerns had been raised, thorough internal investigations had been completed.

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

- People's care plans contained individual risk assessments that provided staff with clear guidance about how to reduce and manage risks to people.
- Each person's care plan contained information about how to support them to leave their home safely.
- Accidents and incidents were recorded and dealt with appropriately. Incidents were analysed to identify any trends to help the provider prevent them from happening again.

Staffing and recruitment

- Appropriate recruitment procedures were followed to help prevent unsuitable staff being employed.
- Enough staff were on duty to support people safely. Staff and relatives told us staffing at some services had been insufficient to meet people's needs, but this had now improved.
- The provider confirmed people's needs had been re-assessed and staffing levels had increased. For example, to provide one to one support to people to attend events, appointments and activities.
- The registered manager confirmed recruitment was ongoing. They said, "We always aim to recruit the right staff to meet people's needs. Sometimes this can take longer, but we need to ensure they are suitable for the role."

Using medicines safely

- Medicines systems were organised, and records confirmed people received their medicines when they should. People told us they received their medicines on time and as prescribed.
- Staff who administered medicines had undertaken training and had access to information about medicines at the point of administration.
- The provider was following safe process for the receipt, storage, administration and disposal of medicines in people's own homes.
- Staff worked hard to avoid the unnecessary use of medicines. A staff member explained, "[Person's name] was prescribed medicines to help manage their behaviour by the community mental health team. Because

of the support we provide, we haven't had to administer this for over two years."

Preventing and controlling infection

- The provider had policies and procedures in place to control and prevent the spread of infections.
- Staff had access to gloves and aprons and had completed training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received appropriate supervisions and appraisal to carry out their role.
- Staff did not always feel supported or valued, and at times said they were unable to discuss personal concerns, or how they were progressing in their role. Comments included, "I haven't had a supervision for two years," and, "We have had so many managers, but they just don't have the time to sit down and discuss things with us; we don't feel appreciated."
- The quality manager was aware of the concerns and showed us a schedule they had introduced to make sure supervisions and appraisals would be completed in line with their own policy and procedure.
- Staff were supported with an induction and a range of training both to carry out their roles and specifically to meet people's individual needs. Where additional training was required this was planned.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 with appropriate legal authority.

- It was not always clear that decisions made on people's behalf when they lacked mental capacity were in their best interests.
- Clear and complete records had not been kept and did not show important people had been involved in making best interest decisions.
- Further improvement was needed to make sure records reflected decisions made for people. The quality manager had an action plan to address the concerns and said, "We are aware a previous team manager did not complete the records and we are now completing reviews of all paperwork to ensure this is updated."
- Staff had a working knowledge of the MCA and understood the importance of supporting people to make decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- Where assessed, people received support to maintain a healthy diet and drink enough. One person said, "Staff help me to choose and cook healthy food, but fish and chips are my favourite."
- People at risk of not eating or drinking enough were monitored regularly to ensure their needs were met.
- Staff were knowledgeable about people's individual dietary needs and preferences.
- Care plans were regularly reviewed and updated to ensure staff had information about how best to support people with their assessed needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to ensure people's care remained effective and met their needs.
- Staff were quick to seek support from other health professionals when needed. One person said, "If I need to see a GP then staff will help me to make an appointment and will ensure I get there okay."
- Staff followed the recommendations from healthcare professionals to provide effective care. For example, where people required assessments from the speech and language therapist to help them with their meals the provider had amended records and staff followed the revised requirements.
- Staff communicated changes in people's needs effectively and worked together to provide consistent care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a service from staff who were friendly and polite.
- Staff had a clear understanding of people's needs. One member of staff said, "We may have struggled with a lack of consistent management and support, but we still manage to pull together for the sake of people we all really care about."
- It was clear there were positive interactions between staff and people who received personal care. One person said, "I look forward to [staff name] coming; they are so nice to me."
- People and their relatives told us staff were caring. A relative said, "[Person's name] has not always been very well supported on an individual one to one basis. This is improving at the moment with the current staff and we hope it will continue."
- People had been consulted and their wishes and preferences recorded. Staff used this information to provide care and support in the way people liked. One staff member said, "[Persons' name] only has male staff visiting, because that's what they like."
- The staff team were committed to ensuring people's diverse needs were met. Staff had received training to ensure their knowledge in supporting people with regards to equality and diversity remained up-to-date.

Respecting and promoting people's privacy, dignity and independence.

- Staff were polite and showed empathy to people. A staff member said, "One person doesn't like their curtains closed when we assist with personal care, so we fitted frosted designs to the glass which they do like; it's made it much nicer and private for them."
- Staff understood the importance of treating people with dignity. One person said, "I get a lot of different staff visiting. I know them, but they always knock and shout hello before they come in."
- People were encouraged to retain their independence and staff only assisted people where it was required. People discussed how staff helped them prepare healthy meals and complete household chores. One person told us, "I have to do some cleaning; I don't mind hoovering and we have a rota to help us."
- A 'care pathway' helped people to move on to independent living. A team manager said, "We support one person who is ready to move on to independent living; but they do like it here. They had problems managing their finance, but now they are just amazing."

Supporting people to express their views and be involved in making decisions about their care.

- Staff communicated clearly with people and respected their individual views, choices and decisions.
- People were involved with their care planning. One person said, "Yes, I have a care plan. It is in a yellow

folder and has a picture of me in it. Staff talk to me about it to make sure everything is okay."

- People had access to independent advocacy support where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- People had choice and were able to be involved in the selection of their care workers. One person said, "If I don't like any of the staff, I tell [staff name] and they will change them for someone else."
- Staff recognised people's facial expressions and used sign language to help people to communicate and express their needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where people were able to, care plans recorded their input and provided staff with information to support them with their choices and preferences.
- The provider checked people's goals were being met with corrective actions and amendments implemented where this was not apparent.
- People were supported to enjoy their interests, hobbies and attend a variety of events and activities in their local communities. Staff discussed how, with their support, two people had regained their independence, using public transport to visit friends and relatives and to enjoy days out.
- The registered manager and staff were clear about the benefits of supporting people to complete educational courses, paid, or voluntary employment. One staff member said, "Most people choose to enjoy their individual hobbies and lead busy lives. Of course, we would support individuals if they wanted to take up any type of employment."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified and assessed people's information and communication needs and this was recorded for staff to follow in care plans.
- Staff understood the AIS. Information was available in a variety of formats including large print and the use of pictures to help people understand and make decisions.
- People were encouraged and supported to maintain meaningful relationships. This included the use of electronic tablets to help people stay in touch and form new friendships.

Improving care quality in response to complaints or concerns.

- A policy and procedure was available in an accessible format, with guidance on making a complaint.
- Staff understood the importance of supporting people to raise any concerns and these were taken seriously. A staff member said, "We can usually sort out any day to day concerns as they happen. We don't get many complaints, but if we do, we record them electronically and they are investigated and responded to."

End of life care and support

- The provider was aware of the importance of obtaining people's views for their end of life care.
- Where people agreed, information was recorded to ensure they would receive dignified, comfortable and pain free care and to support and maintain their cultural and spiritual requirements approaching the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Health and social care services are required to inform CQC of important events that happen in the service in the form of a 'notification'. The provider had failed to notify the CQC of all events they are required to.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Checks to ensure team managers had delivered staff supervisions and appraisals had failed to ensure these were completed following the providers policy and procedure.
- Care plan audits had failed to ensure records were always up-to-date. For example, to included appropriate input where decisions were made in people's best interest.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan to meet with all staff and provide structured supervisions. They started reviews of care plans to ensure information was comprehensive and up-to-date.

- Staff took their roles seriously and understood when to escalate their concerns for further investigation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- People were happy with the service they received. One person said, "There has been a lot of changes, but I am happier now." A relative told us, "We are hoping the improvements are sustained. There has previously been a lot of managers with no clear direction."
- Staff routinely put people at the centre of their work and discussed the positive improvements the service had on people's lives. One staff member said, "I enjoy coming to work; we have a good manager and a great team of staff who all work together for people's benefit."
- The provider worked closely with local authorities and commissioners to review people's care and support. They responded to feedback and made improvements if necessary for the benefit of people using the service.

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

- A clear system was in place to ensure incidents, accidents and complaints were recorded and investigated. The provider had the system under review to ensure all concerns were responded to without any unnecessary delay.
- Clear recorded evidence was provided which demonstrated the provider formulated responses and implemented actions to help improve the service.

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

- The provider responded well to feedback. The quality manager was proactive in engaging with people, staff and stakeholders to help implement positive changes for people's benefit.
- Staff were invited to attend staff meetings. The quality manager was improving communication to ensure, where staff had not attended, they had the opportunity to provide input and receive details of any outcomes and actions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to ensure all incidents were notified to the CQC as required under regulation. Regulation 18
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that their audit and governance systems remained effective to monitor compliance with supervision and care planning policy. Regulation 17(2)(f).