

Halow Care Community Interest Company

The Halow Care Agency

Inspection report

Carroll House
11 Quarry Street
Guildford
Surrey
GU1 3UY

Date of inspection visit:
16 December 2019

Date of publication:
24 January 2020

Tel: 01483447960

Website: www.halowproject.org.uk

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

About the service: The Halow Care Agency is registered to provide personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 12 people with personal care needs. Eleven people were living independently in a variety of settings and one person lived with their family.

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: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The values of the service were embedded into practice and were designed to ensure people received a highly personalised service which focussed on their specific needs and aspirations.

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.

People had developed positive relationships with staff and told us they felt safe. Risks to people's safety were managed whilst ensuring people were able to develop their independence. Where people required support with their medicines this was provided in line with their prescriptions. People were supported to access healthcare professionals and to monitor their healthcare needs.

Staff were supported to develop skills and received the training they required to meet people's individual needs. There were sufficient staff to meet each person's support hours and staff were recruited safely. Staff told us they felt supported in their roles.

People were supported by staff who were caring and knew them well. Each person had a personalised support plan in place which highlighted their needs and goals for the future. People and their relatives spoke positively about what the support they received and how they were progressing towards independence.

People, relatives and staff were positive about the service and the approach of the registered manager. There were systems in place to check the quality of the service and the service worked in partnership with

healthcare professionals and community resources. There was a strong emphasis on continually developing the service and people and staff were fully involved in this process.

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

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published 2 January 2019). One breach of regulations was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on our inspection schedule.

Follow up: We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

The Halow Care Agency

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 provides care and support to people living in 'supported living' setting and those living with families, 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 Care Quality Commission. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 December 2019 and ended on 31 December 2019. We visited the office location on 16 December 2019.

What we did before the inspection

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who received support and two relatives. We also spoke with the registered manager, a trustee, quality consultant, deputy manager and three staff members. We reviewed a range of documents about people's care and how the service was managed. We looked at four care plans, three staff files, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

We reviewed additional information requested from the provider regarding the support people received and further audit information.

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 and relatives told us they felt safe when receiving support. One person told us, "I feel safe living here because I have people around me all the time." One relative said, "I feel my son is safe and he's never alone."
- Processes were in place to protect people from the risk of abuse and information on how to report concerns was made available to people. Where concerns had been raised, these had been reported in a timely manner and relevant action taken to keep people safe.
- Staff were aware of their responsibilities in keeping people safe. They were able to describe the different types of abuse they needed to be aware of and signs which may alert them to concerns. One staff member told us, "I would raise anything worrying with my line manager or supervisor straight away and fill in a report. I'd feel quite comfortable going to social services if I needed to and know they have the safeguarding team."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were supported in a positive way to meet their individual objectives whilst ensuring risks to their safety and well-being were considered. For example, people told us being able to travel independently had a big impact on their lives. One person said, "I went on the bus with my buddy at first and they helped me do it on my own. I can go and visit my friend on my own now." The person's care records contained detailed risk management plans in relation to using public transport.
- Relatives told us they felt their family members were supported by staff who understood the risks to their safety. One relative told us, "They know him so well. They will always make sure he is safe but won't limit his opportunities."
- People were supported to manage their anxiety. Positive behaviour support plans were in place which highlighted possible triggers to people's anxiety and behaviours. Guidance was in place for staff regarding how to support individuals in a person-centred manner and using a positive approach. One relative told us, "I have seen a definite improvement in his behaviour. He tells me every day how happy he is here."
- Safe infection control processes were in place. Staff received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons. One staff member told us, "We always have PPE at the house and if we need to we can just come to the office and collect whatever we need."

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise the risk of them happening again. The registered manager told us, "We're completing more investigations following incidents now so we can be sure the right action is taken."
- Records showed that lessons were learned and the service responded to people proactively following

incidents. For example, records for one person showed that an investigation review had been completed following an incident to look at how the person could have been supported differently. Staff agreed that a more consistent approach to the person would be more effective to ensure the person was aware of what was happening and when. This had led to a reduction in the person's anxiety and the number of incidents.

- The registered manager maintained a log of accidents and incidents which was discussed at the weekly management meeting in order to identify any themes or trends. The log was also presented to the board of trustees to monitor any required actions were being completed.

Staffing and recruitment

- People supported by the service had an individual care package which determined the specific number of support hours they required. Sufficient staff were in place to meet each person's allocated hours.

- Support calls were monitored through an electronic call system which alerted office or on-call staff should staff not arrive to provide someone's care. There had been no missed calls and people told us staff were there to support them when needed. One person said, "We know staff will be there. I like them being there to help us."

- Robust recruitment processes were in place. Prospective staff completed an application form and had a face to face interview. Staff files contained references, evidence of the right to work in the UK and a Disclosure and Barring Service check (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

- People received their medicines in line with their prescriptions. One relative told us, "His meds are always given on time and indeed, they worked out an administration schedule that suits the pattern of the epilepsy better."

- Staff received training and guidance in supporting people with their medicines. One staff member told us, "I had training and then they did go through watching me twice to make sure I knew how to do it."

- People's care records contained information regarding their medicines and the support they required. Medicines administration charts were completed by staff and contained the information required. Stock checks of medicines were monitored following each administration.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not always provided with relevant training. At this inspection we found improvements had been made and training provided to staff which was relevant to people's needs.

- People were supported by suitably skilled staff. Staff confirmed they had access to an induction when starting their employment and regular updates to their training. One staff member told us, "They are very good about making sure we have everything we need, they're very organised. When you have training they will ask you about it in supervisions so you can ask any questions."
- Staff who were new to working in a care environment completed the Care Certificate. This is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- Staff completed all mandatory training in addition to training specific to the needs of people they supported. One staff member told us the training completed in Positive Behaviour Support had been useful in identifying when a person was becoming anxious and being able to offer reassurance. Senior staff had recently completed training in areas including autism and developing relationships which were being cascaded through the staff team.
- Training provided to staff was linked to the values of the organisation. One staff member told us, "I feel I got the right training and it was all face to face. The values were talked about through each session."
- Staff told us they received regular supervision and records confirmed this was the case. One staff member said, "I have supervision monthly. The management are really good, they're structured and will always listen."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The majority of the people supported by the service had previous experience of the organisation through other projects they were involved in. This enabled people, relatives and staff to look at the most appropriate support options for them.
- People were assessed prior to them receiving support to ensure their needs could be met. People told us they were fully involved in making decisions regarding their care and what they wanted to do. One person told us, "They asked me about where I wanted to live and what I wanted to do. I'm with my friends."
- Staff were aware of the different opportunities available to people within the wider organisation which supported people's goals. Examples of this included the A Reason to Get Up project which supported people

to develop their interests and skills.

- Staff worked together to ensure good communication and consistency in people's support. Electronic notes meant that all staff supporting a person had access to the most up to date information. Where appropriate, staff handovers were completed to share information and plans.

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

- People told us they were supported to make choices regarding their diet. One person said, "I like supported living. It helps me out to learn more cooking skills. Buddies (staff) help me to talk about eating healthily." A second person told us, "Staff help with cooking. We choose different food and go shopping for it. I make a list and shop once a week."

- People's care records contained information regarding allergies, food preferences and the support they may need to eat. Staff told us they ensured people had choices and were involved in meal preparation. One staff member said, "We go through menus and cook books together. We pass on information between buddies about what they like. The young people are involved in the cooking and shopping."

- Promoting healthy eating had been identified as an area of focus in relation to health and wellbeing. The provider's PIR stated, 'A few months ago we carried out a healthy eating audit across the services, we are supporting young people to eat healthy diets and have provided easy read information and resources to support this.'

- One person told us they had attended a course about healthy eating run by Halow which had been beneficial. The person said, "It has given me more confidence and taught me about food and healthy eating."

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare professionals when needed. One person told us, "I've been to the doctors and the dentist with a buddy. We talk about it and they tell me I'll be fine and not to worry."

- Health plans were in place for each person which highlighted specific healthcare needs, professionals involved in their care and a record of appointments. People's healthcare was co-ordinated and where a number of professionals were involved, staff ensured good communication between agencies.

- Records showed that where recommendations had been made by healthcare professionals, these were implemented by staff. For example, information from a range of agencies involved in one person's care had been shared, leading to an increase of their support they required. Communication plans had also been implemented following advice from a speech and language therapist to support their anxiety and health.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were supported to make choices and decisions. One person said, "I ask what I'm going

to do tomorrow and they (buddies) say anything I want and we do it together."

- People's legal rights were protected as staff worked within the principles of the MCA. Where required, capacity assessments had been completed for specific decisions including health support and finances.
- Where people were assessed as lacking capacity to make certain decisions, best interest decisions were completed. These took into account the views and wishes of the person, their families and professionals involved in their care.

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 and their relatives told us staff treated them with kindness and compassion. One person told us, "My buddy is really good and caring. I tell my buddy or mum or dad if I'm upset." Another person told us, "I live with other housemates and they (buddies) care about all of us."

- Staff were caring in their approach to people. During our inspection we observed buddies, office staff and members of the management team interacting with people in an open and friendly manner. It was clear all staff made an effort to get to know people accessing the service which created a positive and accepting environment.

- People were supported with their emotional needs and felt they could always access support should they need it. One person told us, "I sometimes call the office or on-call because I can get upset. They helped me this morning when I was upset and talked to me." Another person said, "When I'm sad they listen to me."

- At the time of our inspection the service did not support anyone with specific cultural or religious needs. However, there was a clear ethos of inclusion within the service values. During assessment people were asked about their needs in these areas to ensure resources could be made available to support people.

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

- People and their relatives told us they were fully involved in their care. One person told us, "I talk about my independence and what I want to do with my buddy." One relative said, "As parents, we feel included in our son's care. Halow has been a lifesaver for us, to know that my son is really accepted and loved."

- The registered manager told us they were in the process of ensuring all reviews were person-centred and people were fully involved in deciding their goals. One person's records showed they had recently been supported to lead their review, to determine their own goals and the support they would require to meet them. Discussions included what the person had achieved, what could be improved and setting both short and long term goals.

- Where people lived with others they were supported to discuss any concerns and decisions regarding the day to day running of their home. One person told us, "We have a house meeting most weeks to see what to do about any problems."

Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on supporting people to develop their independence. One person told us, "I feel more independent living in the house and learning new skills." A second person said, "The best thing (about support from Halow) is it making me more independent." A relative told us, "Independent living skills are really encouraged."

- People spoke with pride about how they had developed their independence and skills including using public transport, shopping, budgeting and household tasks. Staff understood that promoting people's independence was a central aim of the service. One staff member told us, "The best thing for the young people is they're given more independence and have their own choices. I love seeing them growing as individuals."
- Staff were able to demonstrate how they supported people in a dignified and respectful manner. One staff member told us, "It's all about respecting preferences and privacy. If someone was in the bath or the shower I would knock and get permission to go in. I would offer support or prompting depending on what they need. Some people would prefer you to be outside the door and others like you to be with them."

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

- People's support was highly personalised and aimed to help people in developing and achieving their personal goals. One relative told us, "I spent my whole life hearing how he could not do things; discouraging us from trying, even when we knew he had so much potential. Now it is lovely to hear staff genuinely welcoming him and wanting to be in his company. They stretch and challenge his abilities in the kindest possible way."
- Each person had a detailed support plan in place which highlighted their needs and goals for the future. This included a one-page profile sharing information about the person's likes, dislikes, family and what others admired about them.
- Buddies we spoke with were animated and enthusiastic when speaking about the people they supported. They were able to describe people's personalities, interests and aspirations in detail. One staff member told us, "I love working here because everything is so personalised and you see people achieving and being happy. Everyone's care is specific and goal centred for the individual."

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.

- People had detailed communication plans in place. This included people's preferred communication methods and how people wished to be approached. Where required, advice from health and social care professionals had been sought to support people in developing communication strategies.
- People were supported with their communication using a variety of different resources. One person used pictorial cards and photographs to support their communication. A second person was supported using social stories to help them know what was happening next and reduce their anxiety.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us they were able to access a wide range of activities which they enjoyed. One person told us, "I do lots of things. I like going out." One relative said, "This has been a real turning point for them, with loads of activities and socialising going on. All the activities they do are matched to their needs and preferences. They are learning how to cope with the world and they've made some very good friends."
- In addition to planning individual activities, people had access to a range of social groups and projects

provided by the wider buddies scheme. This included bowling, trampolining, craft creations, fit club and IT skills. People told us that taking part in the activities had led to them developing friendships and social networks outside of the groups.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise a complaint and were confident their concerns would be responded to. We asked one person what they would do if they were unhappy with their support. The person told us, "I would tell my buddy or (registered manager) and they would do something. They ask me if staff are kind to me and they are." A relative told us, "Halow were responsive when I was unhappy with how a member of staff supported my son. I talked to the lead buddy who shared my point of view and the member of staff was taken off the rota."
- The provider had a complaints policy which highlighted how people could raise complaints and how these would be responded to. The policy had also been developed in an easy read format and regularly discussed with people. This had led to an increase in the number of complaints received from people which demonstrated a sense of empowerment.
- The registered manager maintained a log of complaints which showed all concerns had been taken seriously and addressed in line with provider's policy. Information regarding complaints was also shared with the board of trustees to identify any trends or themes.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that audits were not always effective in comprehensively monitoring the service and that some policies required additional information. At this inspection we found improvements had been made in all areas.

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

- There was an open and positive culture throughout the service which was promoted through effective leadership and governance. Staff were clear on the values of the organisation and told us these were discussed regularly and embedded into the way people were supported. One staff member told us, "I've worked for other organisations but they are different here. Their values run deep and they mean it when they say they want people to achieve." A second staff member told us, "The values were spoken about at my interview and at every training session."
- People, staff and trustees were involved in developing the values and objectives for the service. An independent survey had been completed involving all stakeholders to determine what the service was proud of and where improvements could be made. A trustee told us, "From this we developed the concept of exceptional personal care. If we could understand the young people's bespoke needs we could build a service that was individual and put the young person in control." A further independent review was planned to monitor the progress made in achieving the stated aims.
- As part of the development process a number of work streams had been developed including health and wellbeing, independent living skills, relationships, community and citizenship. People and staff had been involved in developing actions to determine how the service could better support people's autonomy and independence in each of the areas. This included ensuring staff had the training they required in specific areas and had access to both internal and external resources to support them.
- Clear links between the aims of the service and the support people received could be seen. Examples included people's understanding and enthusiasm for cookery and healthy eating and the person-centred planning processes supporting people to be in control of their daily living and goals for the future. The support people had received to travel independently, had resulted in widening people's social opportunities,

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

- The management team were very visible within the service. People told us they regularly spoke with the registered manager and deputy manager and were asked about their views and wishes. One person told us,

"She (registered manager) does come to the house to speak to me a lot or I come to the office to see her." Another person told us, "(Registered manager and deputy manager) ask me questions like you (inspector). About if I'm happy with everything and if there's any problems."

- Staff were complimentary about how the service was managed and told us they felt supported in their roles. One staff member told us, "The management and administration are very, very good. I really can't fault them. They are very approachable and always spend time with the guys." A second staff member told us, "(Registered manager) is approachable. If you're not sure about anything you know you can just ask. She knows what's going on with everyone."

- A range of audits and checks were completed to monitor the quality of the service provided. The registered manager and deputy manager completed frequent monitoring visits. A number of checks were completed including finances, health and safety, records and speaking with people and staff. In addition, a consultant was employed to complete full audits covering all aspects of people's care and support. Focussed audits such as diet and nutrition were also undertaken. Following each audit, action plans were developed and continually monitored. All information gathered was collated for review by both the registered manager and quality board.

- Records were comprehensively completed and securely stored. An electronic recording system had been implemented which gave buddies up to date information in relation to people's needs and plans. Daily records of people's activities and support were completed in a detailed and person-centred manner.

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

- Throughout the inspection we observed people, relatives and staff visiting the office. The registered manager told us that as a result of the increase in people coming to the office for a chat they had introduced coffee mornings. The provider's PIR explained, 'This will give young people the opportunity to tell us what they think and be further involved in how we change and shape the service to meet their needs and wishes.'

- A Youth Committee was held regularly by young people who used the service to discuss a variety of issues such as activities available, the experience of moving into supported living and health issues. Conclusions and suggestions reached by the committee fed directly into trustee meetings. One outcome from suggestions made was the start of Halow's Got Talent social evenings. People reported they had very much enjoyed this and were looking forward to the next event.

- Relatives told us they were consulted and involved in their family members' care. One relative said, "As a parent, I feel included and involved as much as I want and can be." Parents meetings were held every three months to discuss developments in the service and to share experiences. The registered manager told us, "Parents have said it helps them to not feel so alone and in understanding their loved ones are becoming independent."

- Annual surveys to gain feedback on the service provided were sent to people and relatives. Results from the last survey were wholly positive with people reflecting they were happy with the support they received.

- The provider understood their responsibility in relation to duty of candour. Incidents and complaints were investigated. Any learning outcomes were shared with those involved and monitored. Where relevant, people and their relatives were given explanations and apologies were provided.

Working in partnership with others

- The service worked with other agencies and within the community to ensure people's needs were met and opportunities provided for people. Staff worked with a wide range of healthcare professionals, colleges and community resources to ensure people had access to the support they required and could engage in activities of their choice. For example, links had been made with a local restaurant who welcomed people to be involved in the food preparation and developing their skills. The registered manager told us, "It's been a

fantastic opportunity for us but they (restaurant) say how much they've gained from it too."