

Halton Borough Council

# Halton Supported Housing Network

## 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

Halton Supported Housing Network consists of 19 houses. The service provides accommodation with support in the community for adults with learning disabilities and physical disabilities. The service provides staff to support people within their own homes with a variety of support packages based on their individual needs. There were 54 people using the service at the time of our visit.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from abuse and harm because staff understood how to recognise and report safeguarding concerns. Risks to people's safety were assessed and mitigated. This included risks associated with people's care and the environment.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

Medication was managed safely. There were safe systems in place for the receipt, storage, recording and administration of medication.

Staff were recruited safely. The suitability of staff was assessed prior to them being offered a position. This included a check on their criminal background, previous work history, skills and qualifications.

Staff received training and support for their individual role to include robust induction, supervision and appraisals.

People told us the care provided was good and staff understood peoples' needs.

People were supported to have maximum choice and control of their lives which included details of their wishes in respect of their end of life care. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

There was a robust complaints policy in place to ensure people's concerns and complaints were listened to and acted upon within a given timescale.

The service was well led. People told us the registered manager was open, transparent and supportive.

Notifications and accident and incident forms were submitted as appropriate. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Further information is in the detailed findings below

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Halton Supported Housing Network

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This was a comprehensive inspection which took place on 7 February 2018 and was announced. We gave the service 48 hours' notice of the inspection because they provided support in people's own homes and we needed to be sure people would agree to our visit and be available to talk with us when we called. We needed therefore to be sure that staff and people who used the service would be in.

The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we had spoken with a family member of a person who used the service about the standards of care and support provided. We also spoke with local authority staff from safeguarding and contracts and commissioning teams as well as social workers who had involvement with people who used the service. As part of our inspection planning we also reviewed other information about the service including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law.

During our inspection we spoke with eight people who used the service and five of their relatives. With their permission we spoke with four people who used the service within their own homes and four other people on the telephone. We spoke with seven care staff members, two human resource staff members, the registered manager and the divisional manager.

We viewed four people's care files, four staff files, medication records, complaints and compliments file, recruitment and training files and a records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and that there was enough staff on duty during the day and night to meet their needs and keep them safe.

Relatives of people using the service said "Staff are always on hand to provide great care and support. We never worry we just thank god that there are places like this around and "There are staff around who understand (name) needs and know how to keep her safe. We are so grateful that we can settle knowing she is safe and happy".

People were protected from abuse and harm because staff knew how to respond to any concerns. Staff had completed safeguarding training and they had access to information on what was meant by abuse and how to report any concerns they had. The registered provider had a whistleblowing policy and staff knew about this.

Risk assessments had been carried out for each person, and where a risk had been identified there was guidance for staff on how to support people safely.

Accidents and incidents which occurred at the service were recorded and reported in line with the registered provider's procedures. Records showed actions were taken to help reduce any repeated occurrences.

Systems were in place to ensure equipment was regularly checked, serviced and repaired so that it was safe to use.

Recruitment of staff was safe. There was an appropriate recruitment policy and procedure in place and records showed that applicants underwent a series of pre-employment checks before starting work.

There was sufficient staff on duty to meet people's needs in a safe way. The registered manager reviewed the staffing levels in each supported housing regularly to ensure there was sufficient skilled and experienced staff on duty at all times.

The registered provider operated safe systems for the administration, ordering, storage and disposal of medicines. Staff had access to the most up to date guidance and codes of practice in relation to the management of medication in supported housing settings. We viewed a copy of the standard operating procedures drawn up by Halton Clinical Commissioning Group in coordination with Halton Council in respect of medication management. Staff told us that this guidance was excellent and we saw that medicines were administered by staff who had been trained and assessed as competent to carry out the task.

The registered provider had an infection control policy and procedure and staff told us that they had regular meetings and updated training in this area. Staff knew who they needed to contact externally if they needed advice or assistance with infection control issues.



## Is the service effective?

### Our findings

People told us that they received all the right care and support to meet their needs and staff were most supportive.

Family members told us they felt staff had the correct training and knowledge to care for their relative. Comments included "Since (name) has been here she has blossomed. Staff are great with her and I feel she trusts them with her life".

People's needs were assessed and planned for. Before moving into the service the registered manager or a suitably qualified member of staff undertook an assessment of people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. However the provider ensured people had their capacity assessed appropriately. The service knew which people using the service had appointed lasting powers of attorney for either finances or health and welfare decisions. We saw that people's lasting power of attorney representatives were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

The staff training matrix identified that staff were provided with extensive training in appropriate subject matters such as dementia awareness, effective communication and health and safety. Records showed that staff member received supervision in their job role. We saw that the matrix in place alerted the manager as to when refresher training and supervision was required and this was arranged accordingly.

People's nutritional and hydration needs were understood and met. Staff assessed and identified people's nutritional and hydration needs and any risks associated with them. Risks were set out in care plans along with information about how to minimise them. This included regular monitoring of people's food and drink intake to ensure a healthy intake.

People received appropriate healthcare to meet their needs. Staff supported people to see external healthcare professionals such as GPs, speech and language therapists (SALT), occupational therapists, dentists and opticians. Care records were updated with any advice and guidance given following contact people had with them. Family members told us staff always kept them informed of any changes to people's health and when healthcare appointments had been made.



## Is the service caring?

### Our findings

Staff were patient and respectful towards people when providing them with care and support. They took the time to speak with people as they supported them. For example, staff took their time and provided constant reassurance to one person whilst assisting them to transfer by use of a hoist. Staff checked the person's comfort throughout and maintained their dignity. Staff were patient when assisting people to eat and drink. They did not rush people and provided gentle prompting and encouragement to those that needed it. We observed a staff member who sat next to the person they were assisting, we saw that they maintained eye contact and focused completely on the person throughout the meal time. This was good practice.

Some people's ability to communicate was limited, however staff understood what people communicated and they responded using the different methods of communication that people understood. Staff provided people with appropriate care and compassion during periods of distress. For example, one person was visibly upset and anxious whilst waiting to be taken out by their family and staff comforted the person by holding their hand and speaking to them gently.

People's privacy and dignity was promoted and respected. Staff knocked and waited for a response before entering bedrooms and people received personal care in private. For example, where people needed physical and intimate care, they were taken to their bedroom or a bathroom and provided with the care and support they needed behind closed doors with doors locked. Staff provided examples of how they maintained people's dignity when providing them with personal care. Examples included; ensuring people were assisted to self-care as much as possible when washing or bathing, explaining to people what they were about to do if people needed assistance and ensuring people were comfortable and warm.

Staff understood the importance of ensuring people's human rights, equality and diversity. Care plans captured information to ensure that the person received the care and support they needed in accordance with their wishes and lifestyle choices.

## Is the service responsive?

### Our findings

Records viewed showed people's needs had been assessed prior to them using the service and care plans had been developed to enable staff to provide appropriate levels of care and support.

Care plans held full details of people's life history, hobbies and interests, how they communicated with others, preferences, choices and wishes for the future. They also detailed nutrition, communication, personal care, mental health, emotional support and end of life wishes.

Staff told us that they worked as small teams within people's homes and were able to provide consistent, responsive, needs led care and support.

Staff respected each person's individuality. The registered provider had an equality and diversity policy and staff received training on equality and diversity. Staff were aware of their responsibilities on how to protect people from any type of discrimination.

The service had a complaints policy and processes were in place to record and respond to any complaints received within the timescales identified in the policy. There had been five complaints made in 2017 and we saw they had been dealt with in accordance with the complaints policy. The registered manager told us that the service responded positively to all feedback and where appropriate used information to improve the quality of the service.

Records showed that staff had received training in end of life care. We saw that the service had been a national finalist in the Great British Care Awards for end of life care. We saw records to show that the service had cared for a number of people who were nearing the end of life and provided care and support to enable them to pass away in their own homes with the people they wished to be with.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had a good understanding of their role and responsibility as registered manager and during discussions they identified they kept themselves abreast of current legislation and codes of practice.

People's care records were kept securely and confidentially, in line with the legal requirements.

The registered manager visited all the properties where support was provided as part of the auditing process used by the service. In addition regular audits were undertaken by the divisional manager. Outcomes were recorded and action plans developed to remedy any shortfalls.

Staff meetings and team briefs, service users and relatives meetings were held on a regular basis to ensure people were fully engaged and involved in the running of the service. Questionnaires were also sent to people using the service and their relatives to gain their perception of the staff and services provided.

The provider published a business continuity plan which described the service's aims and objectives to include responsibilities in case of emergencies. This ensured that the service focused on continuous improvement for people by regular monitoring of the quality of staff and services and contingency plans if emergencies arose.

Staff told us the service had an open management style in which they felt supported and relaxed. The registered manager told us that the vision, culture statement and values model of the service underpinned the open management style. We saw that individual's specific roles, objectives and development were tracked, monitored and supported in supervisions and annual performance reviews.