

Housing And Support Solutions Limited

Housing & Support Solutions DCA

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

About the service

Housing and Support Solutions DCA, provides care and support to people with learning disabilities and autism in 'supported living' settings, so they can live in their own home as independently as possible. The properties ranged in size from single person flats to houses shared by four people. At the time of this inspection 11 people were receiving the regulated activity personal care.

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

Staff were trained, skilled and well-supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People appeared relaxed and comfortable with staff and in their surroundings. People were supported to do the things they wanted to.

The provider had systems in place to safeguard people from abuse. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. Sufficient numbers of staff were employed to support them. Systems were in place to recruit staff safely.

Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks. Staff remained committed to supporting people to manage their anxieties and behaviours in a positive way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care responsive to their needs, including promotion of good health and wellbeing and access to health care services. Care plans were detailed and up to date about people's individual needs and preferences. Staff worked well with other professionals and services to ensure people received the support they needed to stay well and safe.

The management team and staff valued people as individuals. Staff were caring and were observed treating people with dignity and respect.

The outcomes for people who used 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 with learning disabilities and autism who used the service could live as ordinary a life as any citizen.

There was a positive culture within the service; staff felt listened to and supported and worked well as a team. The management team were approachable and accessible. Systems were in place to improve the quality and safety of the service. People and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

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

Rating at the last inspection

At the last inspection, the service was rated good (published 16 February 2017).

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Housing & Support Solutions DCA

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 completed by one inspector.

Service and service type

This service is a domiciliary care agency. This service provides care and support to people living in 35 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority safeguarding and contract teams and professionals who worked with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We visited three supported living houses and spoke with five people who used the service about their experience of the care provided. We spoke with the registered manager, the regional quality lead, two team managers and five care workers.

We reviewed a range of documents. This included four people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with three relatives by telephone to obtain their views of the service and experience of the care provided to people.

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.

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

- Staff understood how to support people safely to reduce the risk of avoidable harm. Care plans contained clear guidance for staff to follow on how to keep people safe.
- People's complex needs meant they sometimes behaved in ways that challenged others. Positive behaviour support plans had been developed in consultation with the person, family members, the company's behavioural support therapist and where needed, specialist advice from other professionals.
- People were supported to take positive risks to promote their independence. Staff understood people's routines which provided continuity and stability and helped to reduce causes of behaviour or distress.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were monitored by the registered manager and the senior management team to ensure oversight of health and safety in the service. Improved recording systems were in place. Learning from such incidents was shared with staff at supervision and team meetings.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had effective safeguarding systems in place. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns. One member of staff told us, "I would report any concerns to the manager. If I had to, I would tell someone more senior or go to social services."
- A person who used the service told us they felt safe and supported by members of staff. They told us, "Yes, I'm safe here. The staff help me."
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis. The management team and staff worked flexibly to meet people's needs.
- A thorough recruitment and selection process was in place. This ensured suitable staff were employed.

Using medicines safely; Preventing and controlling infection

- People's medicines were managed safely. Staff were trained and had their competency checked regularly to ensure they were safe to administer people's medicines.
- People were encouraged to manage their own medicines where they had those skills.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews. Reducing these medicines was helping people to stay well and have a good quality of life.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of healthcare related infections.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective, safe care. People had a comprehensive assessment of their needs carried out and care plans provided information to guide staff and support good practice.
- People's relatives gave positive feedback about the effective support their family member received. They told us, "[Name] has made so much progress" and "[Name] is really happy and settled. I pop in regularly and I'm always happy with the care. The staff are a great team."
- Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention if needed. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated against.

Adapting service, design, decoration to meet people's needs

- People were consulted and supported to choose their supported living placement during assessment.
- The service and provider's housing team had been working closely with the housing providers to ensure properties were redecorated more timely, when needed. Staff maintained records of all maintenance and décor requests, so these could be followed up.

Staff support: induction training, skills and experience

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff completed a thorough induction and structured training programme. They received regular supervision, assessments of their performance and an annual appraisal.
- The provider employed their own behavioural support therapist who provided bespoke training to staff and worked with them to ensure they had the skills to meet the specific complexities of people who used the service.
- Staff felt supported by their manager and spoke positively about the range of training opportunities available to them. One member of staff told us, "Our manager visits regularly and deals with any issues and changes. We get a lot of training. The courses about autism and positive behaviour were really good."

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

- People's nutritional needs were assessed, and professional advice and support was obtained for people when needed.
- People were involved in meal choices and supported to maintain a balanced diet. One person told us, "Yes, I like the meals. I like ice cream."

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

- People had good access to healthcare services including an annual health check.
- Staff worked well with other agencies and health care professionals. Feedback included, "Staff are usually willing to engage and interact with professionals, and seek support as required."
- Staff supported people to maintain healthy lifestyles of their choosing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. Records to support consent to tenancy arrangements were not available and the registered manager agreed to obtain these from people's social workers.
- DoLS applications had been made when required. The placing authority were reviewing these, and no authorisations had yet been granted.

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

- Staff had developed good relationships with people who used the service. One person told us, "I like the staff, they are nice to me."
 - Staff communicated with people in a caring and compassionate way. We saw positive interactions between staff and the people they supported. Staff were smiling and used humour as they engaged with people. Interactions were natural, but respectful.
- Relatives told us the staff were very kind and caring. One said, "All the staff are incredibly kind and supportive. They always ring if there are any changes. I'm very happy with all aspects of the care."
- People's diverse needs were recognised and understood. Staff told us people who used the service and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.
 - Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves.

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

- People were listened to and encouraged to make choices for themselves. Staff knew people's communication needs well and we saw people made decisions about how they spent their day and what they had to eat.
- Where people needed more support with decision making, family members, or other representatives were involved. Advocacy services were arranged where this was needed.
- People were involved in reviewing their care and support.

Respecting and promoting people's privacy, dignity and independence

- The management team and staff showed genuine concern for people who used the service and were committed to ensure people received dignified care and support. We saw staff supported people in respectful ways, which upheld their dignity.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- The support people needed to complete tasks for themselves was detailed and ensured staff were able to promote independence.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

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 received person-centred care which was responsive to their needs, wishes and preferences.
- Care plans were detailed and described what was important to the person. This helped inform staff how to support people in the most responsive way.
- People's care was regularly reviewed to ensure they received appropriate support.
- Staff had developed positive and trusting relationships with people and talked to them about their interests.

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.

- We saw staff used a variety of ways to meet the communication needs of people who used the service. These included, communicating with a person through written messages via their computer tablet, photos, pictorial information, people's facial expression and gestures and some information produced in an easy read format.

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

- Staff understood people's needs and found ways of supporting them to have a good quality of life.
- People were supported to maintain relationships with their family and friends.
- Staff were aware of people's hobbies and interests and encouraged activities based on these.
- Links had been developed with the wider community, such as clubs, discos, leisure facilities, colleges and day services.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service provided a range of accessible ways for people to raise any concerns.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- People's wishes and preferences in relation to end of life care had been considered with them and their

families where possible and recorded.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had developed a positive culture, which was open and transparent. They valued the importance of providing high quality care, which was shared by staff. A member of staff said, "The managers are all very approachable and supportive. Everyone is working together to provide the best care for our clients."
- Staff were aware of the vision and values of the company and applied these in their day to day roles.
- Staff were proud to work at the service and spoke passionately about the people they supported. Staff worked well as a team and felt committed to achieving positive outcomes for people.

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

- The management team worked well together to ensure the smooth running of the service. Staff felt valued and supported in their roles; there was a positive team morale. A member of staff told us, "The Chief Executive visited the service last year and met lots of staff and clients. That was really good."
- Effective communication within the team supported people to receive their preferred care and support.
- Regular internal quality assurance checks ensured people were safe and happy with the service they received. Further quality monitoring was carried out by the provider's quality team.
- The registered manager knew to notify CQC and other agencies when incidents occurred which affected people's welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected.
- Some people were involved in the providers' expert by experience programme and were supported to participate in staff recruitment, induction and the completion of quality audits.
- There were satisfaction surveys for people to complete, but due to the poor response overall, consultation through coffee mornings had been introduced. Themes were passed to the quality team and individual concerns followed up.
- Staff were consulted and involved in decision-making and discussed people's changing care needs at team meetings. Staff were encouraged to contribute ideas and raise issues.

- People benefitted from good partnership working with other local professionals, for example GPs, community nurses and a range of therapists.

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

- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Continuous learning and improving care

- The management team were responsive when any issues were identified. They addressed issues and demonstrated learning to improve the service and the support people received.
- Staff learned from experience and shared their learning with other members of the staff team. They were committed to reflecting on their performance and improving it where possible.