

HaywardLiving Ltd

# HaywardLiving Ltd

## Inspection report

395 Pye Green Road  
Cannock  
Staffordshire  
WS11 5RW

Date of inspection visit:  
10 July 2019  
11 July 2019

Date of publication:  
07 August 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hayward Living is a supported living agency that provides personal care and support to people living in their own homes. It provides support services to people with a range of needs such as physical disability, learning disabilities and autism. Supported living is where people live either on their own or with a small group of others, and have their own tenancy agreement. Care and support is provided in order to promote their independence. The care people receive in supported living settings is regulated by CQC, but the accommodation is not. The service supported some people on a 24-hour basis and others at specific times during the day and night. At the time of the inspection 11 people were being supported by the service with personal care tasks.

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. The service was supporting people within three domestic properties.

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

The service had failed to notify CQC of incidents that had occurred. CQC use information provided in notifications to monitor services. The failure to comply with this regulation hindered CQC in the regulatory monitoring of this service. We checked all incidents that occurred since the service registered with us and found they had all been appropriately and thoroughly investigated, and other appropriate actions had been taken.

PRN protocols did not always contain enough information about when people required that medicine. However, staff we spoke with were able to detail when people would need this medicine. We found people had received their medication when they should.

Most care plans contained detailed information with regard to people's support needs. However, we found a couple of occasions where the information needed to be made clearer in people's plans. When we spoke with staff it was clear they knew people's needs well and the lack of clear information in the plans was a recording issue. The registered manager told us these would be updated immediately.

People were supported to engage with activities that interested them and supported with engaging in the community. It was clear staff knew what people liked to do and knew how to support them to avoid social isolation. However, we saw a lack of care planning regarding social activities and employment and training. We discussed this with the registered manager who agreed to review this.

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 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.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people. People were happy with the care and support they received.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Staff were caring and always promoted people's dignity and independence. Staff were trained to support people safely and effectively.

There was a clear complaints policy and procedure at the service that was adhered to. People told us they felt comfortable discussing any concerns with the service and felt confident concerns would be addressed.

Everyone we spoke with was complimentary about the service and felt there was an open culture. People told us they would recommend the service to others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 21/03/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# HaywardLiving Ltd

## 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 one inspector.

#### Service and service type

This service provides care and support to people living in three '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 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 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 10 July 2019 and ended on 11 July 2019. We visited the office location and visited the homes of people who used the service on 11 July 2019. We visited three different properties to talk with people within each house and look at their records. We contacted other people who used the service and relatives of people who used the service by telephone on 10 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work 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 all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, operations manager, and support workers.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- PRN (as and when needed) protocols were in place for some PRN medicines. However, they did not contain enough information regarding when the person required the medicine and how staff would be able to identify when the person needed it.
- Medicines management systems were organised, and people were receiving their medicines when they should.
- There had been multiple medication errors in the service. The registered manager had investigated these and implemented new medication protocols for people and a new medication policy. There had been no medication errors since.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the registered manager and operations manager.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people. However, statutory notifications to CQC about these incidents had not been made.
- Staff had received safeguarding training and were aware of the processes to follow to safeguard people at risk of abuse.
- People and their relatives said they felt safe with the service. One person said, "I'm safe. Staff are good."

### Staffing and recruitment

- Safe recruitment processes were in place. This ensured staff employed to work with people using the service were suitable.
- There were enough staff to support people safely, in line with their assessed needs.
- People were generally supported by a consistent care staff team.

### Assessing risk, safety monitoring and management

- People's care plans contained a range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- There was a system for the recording of accidents and incidents. Incidents were thoroughly investigated, and the registered manager reviewed these to see if there were any patterns or behaviours that required input from specialists, such as health care professionals.

### Preventing and controlling infection

- Staff confirmed they had access to Personal Protective Equipment, such as aprons and gloves when

supporting people with personal care or when preparing food. We observed staff using PPE when completing personal care.

- Information about infection prevention was included in people's care plans.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- We saw evidence improvements had been made to the service after things had gone wrong.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information regarding people's nutrition and hydration needs were recorded in their care files. However, we found for one person the information was not fully recorded in the care plan. We checked with staff supporting the person and they knew the needs of the person. We spoke with the registered manager who told us this information would be updated in the care plan immediately.
- We found people's fluid levels were not always recorded appropriately. One person's records showed the amount of fluid consumed was not always recorded, and there was no oversight of the total amount of fluid this person had consumed each day. This meant staff could not be sure the person had reached the fluid levels in line with their plan of care.
- People's preferences regarding food and drink were clearly recorded in their care files.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received.
- Staff had received training in the MCA and had a good understanding of the principles of the act.

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

- People's care plans described the support required and reflected their personal choices and preferred routines. We saw care plans promoted people making choices.
- Relatives told us they were involved in developing and reviewing care plans. A relative told us "We get involved in the care plans. Staff listen to us and put things in the plan we suggest."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to ensure they were able to carry out their roles safely and effectively.
- New staff received a comprehensive induction which included training, one to one meetings and shadowing experienced staff. New staff were introduced to people before supporting them.
- Staff told us they felt supported in their roles. They had regular supervision and team meetings.
- People and relatives were confident in the abilities of staff. One person said, "They [the staff] know what they're doing. They look after me."

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required assistance from other professionals this was supported, and staff followed guidance provided.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us staff treated them well and they felt supported. Comments included, "Very happy with Hayward Living. The staff look after me and know what they're doing," and "Staff are really nice."
- Relatives told us they trusted the staff and felt they always supported people in a caring way. One relative said "Happy with the care. Staff know [the person] well. [The person] is well looked after."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences. A relative told us "We are involved in the care plans and reviews. They involve [the person] as much as they can. "
- Managers met with people and their relatives to discuss feedback received on surveys. This gave relatives a chance to discuss their concerns in more detail. We saw action plans were developed based on these discussions, clearly showing relatives what action was going to be taken and by when to improve any issues. Relatives told us they were kept informed of progress.
- The views and preferences of people using the service were clearly expressed in their care plans. Care plans supported the involvement of people in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff protected their dignity and privacy. We saw staff asking people for consent before entering their bedrooms and completing any personal care tasks. A relative told us "Staff are caring. They show [the person] respect."
- People's confidentiality was respected. Records containing personal information were stored securely in the office or in people's homes. People's care plans were stored in their room in a secure cabinet for which they had access.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Although there were no care plans outlining people's goals and objectives in relation to social activities, we could see the service supported people to engage in activities and access the community. People completed weekly activity plans identifying things they would like to do that week, for example going to the local town to enjoy a coffee. These plans were flexible and could be changed by the person at any time.
- People were supported to practice their faith, and engage in relationships of their choice without any discrimination.
- People were supported to maintain relationships with their family and friends.
- People living in the homes supported by Hayward Living told us they enjoyed meeting up and spending time together. The service arranged for weekly activity sessions for people to enjoy. People were also supported to enjoy activities based on their interests.

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

- People using Hayward Living had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly. People and their relatives were involved in these plans and in reviewing them.
- People's likes, dislikes and what was important to them were recorded in person centred care plans.
- People told us their needs were met by the service. One person said "I'm happy with the care I get. They do things I like."

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's communication needs were detailed in their care plans.
- The registered manager told us the service would be able to provide information in different formats if needed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people.
- People and their relatives told us they knew how to make a complaint. People were encouraged to give their feedback regularly through meetings and discussions. There were also formal feedback surveys

completed throughout the year.

- Complaints had been responded to appropriately. A relative told us "If I have any issues I just speak with the office, things get sorted straight away. I raised something a few days ago and it was immediately put in [the person's] care plan and communicated to staff."

#### End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Hayward Living provided care to adults, some of whom had complex lifelong conditions. People were not always able to express their wishes in relation to end of life. End of life wishes and arrangements would be decided by the family, and supported by staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. Regulatory requirements had not always been met.

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

- Notifications to CQC about incidents had not always been made. Although these incidents had been referred to safeguarding and thoroughly investigated, the registered manger and registered provider had not met their regulatory requirements.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. One member of staff said, "We get good support off the managers. Can raise anything with them - they are quite active in the service and available anytime we need them."

Continuous learning and improving care

- Audit systems were in place to check the quality and safety of the service. However, these checks had not always been effective. We found some inconsistencies with the quality of recording of information which had not been identified. The registered manager told us there was a plan in place to improve their governance systems.
- We saw evidence that feedback from relatives had been used to improve the quality of care for people.
- The registered manager had implemented improvements to practice based on findings from investigations. The administration of medicines had improved, and a new medication policy had been created.

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

- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Information in peoples care documentation supported ongoing involvement in decision making for people and their families if appropriate.
- People, relatives and staff told us they felt a part of the service and outcomes were met. One relative told us "They are very responsive. I raised something the other day and it was immediately added to the care plan. That reassures me that [the person] is getting good care."
- Staff told us the enjoyed working at the service. They felt there was a caring culture and people's best interests were at the heart of the service. On staff member said "Staff and managers here genuinely care. There's a good atmosphere in the staff team."

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 service had a duty of candour policy.
- The service investigated all incidents and accidents, and ensured all learning was put into practice. There was a process in place to investigate incidents and involve people and their relatives in feedback.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

Working in partnership with others

- The registered manager had worked in partnership with other professionals including local commissioners, GP's, social workers and speech and language therapists.