

Hexagon Care Services Limited

Walnut Close

Inspection report

16 Walnut Close
Clifton
Salford
Manchester
M27 6NH

Tel: 01617279560

Date of inspection visit:
12 December 2018

Date of publication:
23 January 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?

Good ●

Summary of findings

Overall summary

About the service:

- Walnut Close is a small specialist service providing care and support to people living with complex needs. The service is operated by Hexagon Care Services. The property is owned and managed by a Registered Social Landlord and each person living at Walnut Close is considered a tenant and therefore subject to a tenancy agreement. At the time of the inspection three people were living at Walnut Close.

People's experience of using this service:

- The service continued to provide people with safe care which met their needs and wishes. People had been involved in assessing risks and determining how these would be addressed.
- The provider had systems in place to safeguard people from abuse. Staff were aware of what action to take, should they suspect or witness any abuse. Safeguarding information was clearly displayed within the service and written in a way which made it accessible to everyone.
- Staff had all received initial and ongoing training, to ensure their knowledge and skills were up to date. Completion of external qualifications was encouraged and promoted.
- Staffing levels were determined by people's plans and activities. Rotas demonstrated sufficient staff had been deployed to support people to do the things they wanted to.
- 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.
- Care files contained personalised information about the people using the service and how they wished to be supported. People had been involved in setting up their care plans and completed regular reviews to ensure information was accurate and reflected current needs.
- People's social, recreational, educational and employment needs were promoted and supported. People had been assisted to enrol and complete college courses, voluntary work and attend social events of their choosing, with an emphasis placed on integrating safely and successfully within the local community.
- Both people and staff's views on the service were sought through meetings and questionnaires, with action points generated and shared.
- The service had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.
- The service met the characteristics for a rating of 'good' in all key questions.
- More information is in the full report.

Rating at last inspection:

- At our last inspection the service was rated as 'good'. The last report was published on 28 April 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected.

Follow up:

- We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern 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.

Walnut Close

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team:

- The inspection team consisted of one adult social care inspector.

Service and service type:

- Walnut Close is a supported living service. It provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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 visit because it is small and people spend a lot of time away from the property. We needed to be sure both the manager and people using the service would be in.

What we did:

- Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority, housing provider and professionals who work with the home. Feedback received was positive and reported no concerns.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

- During the inspection we spoke with all three people living at the home.
- We spoke with the registered manager and three care staff.
- We reviewed three care files, three staff personnel files, two medicine administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At our last inspection in March 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People using the service told us they felt safe and felt able to speak to staff should they have any issues or concerns. Comments included, "Yes, I feel safe living here. I would talk to staff if I was worried" and "Yes, I feel safe. I would go to [registered manager] if I didn't or had any issues."
- Staff spoken with told us they had received training in safeguarding which was refreshed annually. Training records viewed confirmed this. Each staff member knew the different types of abuse and how to report any concerns.
- The service had up to date safeguarding policies and procedures, along with local authority reporting guidance. A log was used to record referrals.
- Information about safeguarding and how to report concerns was displayed within the service and in people's care files. This included an easy read version, containing simple text, pictures and imagery, to ensure everyone using the service could understand the process.

Assessing risk, safety monitoring and management:

- Staff knew the people they supported and how to keep them safe. Care files contained detailed personalised risk assessments, which provided guidance on potential risk areas and how to minimise the likelihood of these occurring. The assessments had been reviewed monthly to ensure information was accurate and reflected people's changing needs.
- We saw examples of positive risk taking, to help promote independence, such as gradually increasing people's unsupported access to the community.
- The home completed ongoing monitoring to maintain people's wellbeing and safety. Accidents and incidents had been logged consistently, with completed forms also forwarded to the provider for analysis and to look for patterns and trends. Where necessary action had been taken to reduce the risk of reoccurrence.
- Safe recruitment procedures had been followed, to ensure staff were suitable to work with vulnerable adults. Staff personnel files included at least two references, proof of identification, full work and educational histories and confirmation Disclosure and Barring Service (DBS) checks had been carried out. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- Although responsibility for ensuring the premises and equipment was safe and fit for purpose, was the responsibility of the housing provider, the service completed their own safety checks of the environment. These included checks of fire safety equipment; including alarms, extinguishers and means of escape, to ensure they were in good working order; water temperature checks, to ensure these remained within safe, regulated limits and quarterly health and safety inspections of the premises and any equipment as a whole.

We saw any issues and action points had been raised with the housing provider and chased until resolved.

Staffing levels:

- Enough staff had been deployed each day to safely meet people's needs.
- We saw staffing levels were determined by people's needs and the plans they had made. Comments from people we spoke with included, "There's always enough staff around" and "Always staff about to help when I need some support."
- The home did not use any agency workers, as they employed, what they referred to as 'casual' staff, who would fill any gaps in the rota and cover for holidays and sickness, to ensure everyone working at the service knew the people who lived there and how they wanted to be supported. We noted casual staff had received the same training as full time staff.

Using medicines safely:

- Medicines were being managed safely. Staff had received training in medicines management and their competency to administer these had been assessed.
- Detailed guidance was in place for all medicines prescribed, including what the medicines were for, how to administer and any side effects. This included any 'as required' (PRN) medications, such as paracetamol.
- Where necessary we saw professionals, including GP's and pharmacists had been consulted about methods of administration, such as if tablets needed to be crushed to assist people in swallowing these safely.
- Reviews of three Medicine Administration Records (MAR's), showed they had been completed accurately and consistently, with running balances kept which helped with auditing and stock control.
- Audits had been completed which covered administration, record keeping and stock control. Action points to address any issues noted had been generated and completed timely.

Preventing and controlling infection:

- People received support with maintaining the cleanliness of the environment, which included the introduction of a cleaning rota, to ensure tasks were shared fairly and equally.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. Action plans to reduce the likelihood of a recurrence had been introduced and completed.

Is the service effective?

Our findings

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

At our last inspection in March 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. 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:

- Prior to admission, an assessment had been completed. This ensured the service could meet people's needs and was aware of their goals and expectations.
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. People had been involved in reviewing their care file each month, and these had been updated to reflect any changes.

Staff skills, knowledge and experience:

- Staff completed a detailed induction prior to working unsupported with people using the service. This included the completion of training courses considered mandatory by the provider, such as safeguarding, challenging behaviour and health and safety.
- Staff completed regular training and supervision sessions, to ensure they had the knowledge, skills and support to carry out their roles.
- Staff spoke positively of the training provided. Comments included, "Training is very thorough; [we] go through a lot. This is my first care job [and the] induction taught me enough to feel confident doing the job" and "Fantastic. As training goes, excellent. All very informative. We do different things all the time. [We've] just done loss and bereavement. I have no concerns. If I needed anything, I would ask and [it] would be sorted."
- Staff were encouraged and supported to complete formal qualifications, such as NVQ's in health and social care, to enhance the in-house training provided.

Supporting people to eat and drink enough with choice in a balanced diet:

- People received support and encouragement to plan and prepare healthy, balanced meals, although staff were mindful of people's right to choose and respected their wishes.
- Where people had accepted support, we saw healthy eating plans had been utilised, which had resulted in positive changes in their presentation and appearance.
- The service kept a record of what people had eaten and drank. We noted one person who required a modified diet, due to difficulties with swallowing, had regularly consumed foods which guidance on file indicated they should avoid. We spoke with this person who was aware of the risks and had the capacity to decide whether they adhered to the guidance or not. Staff told us they consistently reinforced the need to adhere to a soft diet, however respected the person's right to choose.

Staff providing consistent, effective, timely care within and across organisations:

- The service continued to work with other community stakeholders, such as the housing provider, social workers, local authority, colleges and placement providers, to ensure effective care for people and that their goals and wishes were addressed.

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

- People had access to a range of healthcare professionals, with support provided to arrange appointments as required.
- Correspondence, including any recommendations from medical professionals had been stored in people's care files and where necessary, incorporated into care plans and risk assessments.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Each person using the service had capacity and had been involved in decision making about their care. One person told us, "They discuss my file with me, what I want to do and make sure I am happy."
- People we spoke with also confirmed staff sought their consent before undertaking any care task or entering their rooms.
- The service had policies and procedures in place regarding the completion of mental capacity assessments and best interest meetings. Whilst these were not required at the present time, staff were aware of the process and when they should be utilised.
- Any restrictive practices introduced in people's best interest, such as monitoring of internet usage, had been clearly documented in people's care files and their consent to these being in place, sought and recorded.

Is the service caring?

Our findings

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

At our last inspection in March 2016, we rated this Key Question as 'Good'. At this inspection we found people continued to be supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported:

- All three people spoke positively about the standard of care and support provided. Staff were described as being; nice, polite, helpful and kind. Comments included, "The staff are caring, they care about each person living here", and, "The staff are all nice people, polite and very helpful."
- Observations during the inspection showed staff had developed a good rapport with the people they supported. People engaged readily in conversation, which was natural and relaxed and contained appropriate humour. People told us they enjoyed spending time with staff and welcomed their support.

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

- People were actively involved in all aspects of their care, making decisions about how they wanted to be supported and what they wanted to do each day.
- People had been supported to review and reflect on any issues or incidents which had occurred, to enable them to reduce the likelihood of a reoccurrence and take an active role in their care.
- Supported person's meetings had been held monthly, with minutes taken by people using the service. These provided a forum for people to raise any issues or discuss agenda items they had generated, as well as receive information from the service. People told us they found the meetings useful and they helped to promote positive relationships between each other.
- Bi-annual questionnaires had also been distributed by the service, to ask both people receiving support and their families for their views and opinions on the standard of care and support provided, what they liked and didn't like and any suggestions they had. Feedback following each process had been collated and discussed with people.

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

- People told us they were treated with dignity and respect by the staff who supported them.
- Staff were also knowledgeable about the importance of maintaining people's privacy and dignity and how to ensure this was done. Comments included, "This is utmost, we will not infringe on privacy, the lads can lock their doors, we ask them what they want, provide care as they want it" and "[We] respect all three lads as individuals; respect privacy in their rooms. Everything we do is their choice. Any discussions are done in private."
- People's independence was promoted, with them being encouraged to do as much for themselves as possible. One person told us, "They let me do what I can, if I am struggling they will offer to help." A staff member told us, "They are all fairly independent here; we encourage them to do what they can, promote the use of public transport and getting out of the house on their own."

- People were being supported to explore their sexuality in a safe and responsible way. People received support with developing relationships, including the use of dating websites for people with a disability.

Is the service responsive?

Our findings

Responsive – this means that service met people's needs

At our last inspection in March 2016, we rated this Key Question as 'Requires Improvement'. This was because people's involvement in support planning and reviews had not been clearly evidenced and the recording of information to capture daily events was not effective. At this inspection we found improvements had been made and identified no concerns. People's needs were met through good organisation and care delivery.

Personalised care:

- People continued to receive care which was personalised and met their needs and wishes.
- People's involvement in the care planning and review process had been captured by the 'supported person's access to files' document, which covered the date, area / aspect of care file looked at or reviewed and signature of the person. Each person using the service told us they were involved in their care plans and these were regularly discussed with them. One person told us, "I am happy with my access to this [care plan]."
- Care files contained a 'personal planning book' which included information about people's likes, dislikes, and what they considered to be good things about themselves, along with details of their religious beliefs, spiritual or cultural needs and communication needs. This information had helped inform the care planning process.
- People were empowered to make choices. Daily routines were decided by each person, although some advanced planning was encouraged to ensure staff would be available to support certain activities.
- The service had taken on board feedback from the last inspection and ensured recording of daily events was more detailed and streamlined. A daily activity plan had been completed which recorded what each person had done during the day. Completion of goals and/or other aspects of people's support plans was also recorded. This information had then been transferred to the care file at the end of each month.
- People had been allocated a keyworker, who they met with regularly to discuss any issues or concerns, work through problems and discuss goals and things they wanted to achieve. Minutes from these meetings were kept on file.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information had been provided to people in an 'easy read' style. A communication dictionary had been completed with one person, which explained how they communicated their needs and wishes, including the giving of consent, expressing their emotions and the best way for staff to support them. We saw staff had also been learning an adapted version of British sign language (BSL), to further support effective communication.
- People's educational and employment needs had been supported. People had been assisted to enrol in college courses as well as investigate and complete voluntary work, in areas of interest to them. The service also supported people with their social and recreational needs, with people completing activities of their choosing.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure, which was displayed and provided in an easy read style, to ensure everyone using the service could understand it.
- Each person using the service told us they knew how to complain and if they had any concerns would speak to their keyworker, another member of staff or the registered manager. Each person confirmed any issues raised had been dealt with appropriately and to their satisfaction.
- The service used a complaints log to document any issues or concerns received. We noted only two formal complaints had been submitted since the last inspection, one verbal and one written, both about the same issue. These had been responded to in line with the provider's policy.

End of life care and support:

- At the time of the inspection, the service supported three younger adults and as a result consideration regarding end of life wishes was not required or appropriate.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in March 2016, we rated this Key Question as 'Good'. At this inspection we found the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care:

- The service had an experienced registered manager who had been in post for over four years. Due to the small nature of the service, the registered manager worked closely with people and staff and was reported as being approachable and supportive.
- People and staff spoke positively about the service and how it was managed. Comments included, "It's a great company to work for; very supportive", "I love working here. If I have any questions or concerns these get answered" and "I would recommend living here to other people; it's a good place to live."
- Staff had access to policies and procedures, which were stored both within the property and electronically. Policies were updated at provider level to ensure the most up to date guidance was available to staff.
- The registered manager understood their regulatory requirements. The service currently did not have a website on which to display the previous inspection report, however this was displayed and available within the service. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding's.
- The service promoted staff's development and encouraged the completion of external qualifications, which would in turn benefit people using the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- All adult social care providers are required to have a statement of purpose (SoP). The service's SoP clearly explained its aims and objectives and had been updated timely to reflect any changes in practice.
- The registered manager and area manager completed a range of audits and quality monitoring to ensure care and support was of high quality and met people's needs. This included a bi-monthly audit of service provision as a whole, based around the regulations associated with the Health and Social Care Act 2008. Each regulation and how the service was meeting this had been included.
- For each audit we saw actions and outcomes had been recorded, to ensure continuous improvement was maintained and the service was meeting regulations.
- Appropriate action had been taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. The service used a development plan, which listed any issues or areas for improvement and how these would be met, along with timescales for completion and a section for feedback.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- Staff told us the service and registered manager encouraged them to, "Bring stuff up and say what's on our mind" and "express our opinions". The service was reported to be very transparent, ensuring any information was shared, so that people and staff were fully involved in its operation.
- Monthly staff meetings had been held, during which staff were able to raise agenda items, express their views on the service and care provided, as well as discuss how they were feeling. We were told staff were encouraged to voice any concerns, so these could be talked through and resolved.
- Staff respected the ethos of a supported tenancy, ensuring people using the service felt like the property was their own home and was driven by their choices and needs. People we spoke with confirmed they 'felt at home' and happy with how they were involved and supported.
- We found the service to be an inclusive and empowering environment. Both people and staff's views and opinions were sought and acted upon and they were involved in making decisions about how the service was run.
- The service worked closely with the housing provider, to ensure the environment was suitable to both people living there and staff supporting them. The landlord for the property told us, "We have a good working relationship with the support team at Walnut Close, who are always friendly and welcoming during reviews and contractor visits. To date there have been no concerns raised regarding this scheme."
- From reviewing documentation, we noted the service worked collaboratively with a range of professionals to ensure care and support provided met people's needs, including the Local Authority's behaviour support and learning disability teams, psychologists, speech and language therapists, epilepsy support services and forensic support services.