# Imagine Independence

# Hope Street

## Inspection report

25 Hope Street
Liverpool
Merseyside
L1 9BQ

Date of inspection visit:
10 December 2018
17 December 2018

Date of publication:
15 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

Hope Street supports people who have learning disabilities or mental health conditions living in supported living houses around Merseyside including Southport. The service is registered to deliver personal care and the offices are based in Hope Street, Liverpool. The service currently supports 150 plus people.

In 'supported living' settings, people are tenants and can live in their own home and be supported to be as independent 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.

For people who have a learning disability, the care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance for people with learning disabilities. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was an announced inspection which took place over two days on 10 and 17 December 2018. The inspection was carried out by an adult social care inspector. Hope Street was newly registered with the Care Quality Commission [CQC] in November 2017 [Although existed as a support service prior to this]; as such this was a first inspection and quality rating.

We found the service to be providing good care for the people they supported. The overall culture of the service was very positive and the quality assurance process ensured consistent standards with a focus on ongoing service development.

We rated the service as Good.

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

The observations we made and feedback we received evidenced people were getting good support. External professionals involved in peoples care also gave positive feedback which gave further evidence of a good service.

We found medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance. There was a positive focus on getting people to safely manage their own medication.

There were arrangements in place for checking the care environment to help ensure this was safe. These

arrangements included regular checks and audits by house managers and 'cluster' managers which were supported by health and safety audits by other senior managers.
People using the service, relatives, professionals and staff told us they felt the culture of the organisation was fair and open and supported good care and support for people using the service.

People we spoke with said they felt safe with the staff from the agency and the support they received. We were told that if any issues arose they were addressed by the managers. The staff we spoke with clearly described how they recognised abuse and the action they would take to ensure actual or potential harm was reported. All the staff we spoke with were clear about the need to report through any concerns they had.

We reviewed past safeguarding investigations and the agency had followed procedures and liaised well with safeguarding authorities. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld.

We saw that any risks to care provision had been assessed and there were fully developed plans in place to help ensure they were kept safe. Staff were arranged to support this depending on each person's needs. There were sufficient staff available to support people.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. Appropriate applications, references and security [police] checks had been carried out.

We saw that people's consent to care was recorded. The service worked in accordance with the Mental Capacity Act 2005.

Feedback from people and their relatives told us that staff seemed well trained and competent. Communication between relatives, people being supported, staff and senior management was effective.

Staff were supported by on-going training, supervision, appraisal and staff meetings. Formal qualifications in care were offered to staff as part of their development.

Local health care professionals, such as the person's GP and the Community Mental Health Team [CMHT] were involved with people and staff from Hope Street liaised when needed to support people. This helped ensure people received good health care support.

Staff could explain each person's care needs and how they communicated these needs. People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the right care.

We saw that staff respected people's right to privacy and to be treated with dignity. Feedback form the people we spoke with on the inspection was positive regarding this aspect of care.

All family members and people spoken with felt confident to express concerns and complaints. Issues were dealt with and the service was responsive to any concerns raised.

The registered manager and the two deputy managers could talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. It was clear that the service was meeting standards outlined in current good practice guidance including 'Registering the Right Support'.

## 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.

Medicines were administered safely. Medication administration records [MARs] were completed in line with the services policies and good practice guidance.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they are safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff employed to help ensure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

### Is the service effective?

Good

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005. Care planning contained enough detail regarding people's decisions around key issues.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

People's care documents showed details about people's medical conditions and appointments with health care professionals such as, GPs and district nurse teams to help support people in their own home.

Staff said they were supported through induction, supervision, appraisal and the service's training programme.

### Is the service caring?

Good

The service was caring.

The feedback we received evidenced a caring service. People being supported and their relatives commented positively on how the staff approached care.

Staff treated people with respect and dignity. They had a good understanding of people's needs and preferences.

People we spoke with and relatives told us the manager's and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

## Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

## Is the service well-led?

Good

The service was well led.

The registered manager provided an effective lead in the service and was supported by other service managers in a clear management structure.

We found an open and person-centred culture. This was evidenced throughout for all the interviews conducted through to care and records reviewed.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

# Hope Street

**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 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.

This was an announced inspection which took place over two days on 10 and 17 January 2018. The inspection was carried out by an adult social care inspector.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

During the inspection we could see and interact with five of the people who received care from Hope Street when we visited two of the supported living houses. On the second day of the inspection we visited the central offices for the service to review the quality systems in place and speak with senior managers. We also contacted and received feedback from five relatives of people being supported by Hope Street.

We spoke with two health and social care professionals who gave us feedback about the service which was wholly positive.

We spoke with eight staff including care/support staff, a 'cluster' manager, the quality manager, the registered manager and the nominated individual [acting for the provider] for the service.

We looked at the care records for three of the people being supported, including medication records, three staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Good

# Is the service safe?

## Our findings

People we spoke with who were being supported by Hope Street told us they felt safe and were supported well. One person, in supported living accommodation, said, "The staff are good. I trust them and am able to talk to them – yes I feel safe here." Another person told us, "They [staff] keep an eye on me and they make sure I'm OK."

A relative we spoke with said the way staff provide support was very reassuring; "They communicate well with me. They identify when [person] is not well and know how to make sure [person] is OK."

We found medication management was safe and met good practice and the services own policy's. People we spoke with told us they were happy with the way they were supported with their medications. When care staff administered medicines, we were told these were on time and staff were competent. There was a strong emphasis on promoting people's independence by encouraging people to manage their own medicines. Staff ensured people were assessed for this and were supported and monitored to ensure safe practice. We saw that people had been assessed using a risk assessment profile and their ongoing care plan included agreements around checking people's ongoing compliance and safety.

Staff told us that all medicines were administered by designated staff members who had received the required training. Competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or a team leader following initial training. We saw an example of these assessments for one staff member. A staff member told us, "The training is thorough; I felt very confident when I started to administer medicines on my own.'' Each person had an overall 'medication care plan' which was detailed and informed care staff of any individual preference or risk factor. The plans we saw showed that people had been consulted appropriately.

Following each individual administration, records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records we saw were completed to show that people had received their medication. The service had also introduced a briefing tool used to reflect and learn for any medication errors or incidents that occurred. Staff felt this was useful and helped review any safety concerns.

The agencies medication policy was seen and covered all areas of medication administration including storage.

People requiring support had any clinical risks identified and recorded with an active plan of intervention and support if needed. The care records we saw identified risks had been assessed. For example, some of the people we saw presented with safety concerns as they smoked in their accommodation. Staff had been careful to assess peoples risk ongoing and seek active assurances to reduce any risk. We saw each person had also signed up to the services smoking policy as well as having more individualised approaches detailed in the risk assessments. One person's risk assessment was updated while we were on inspection to make the

risk and support needed clearer. People had been consulted with the assessments. The assessments help ensure people were kept safe.

Immediate environmental risks were also assessed. We found house managers and cluster managers were carrying out regular auditing processes so that environmental hazards such as fire safety and infection control were adequately monitored. We saw records were up to date and covered environmental risk such as hot water checks and checks in the communal kitchens and limited opening for windows above ground floor level.

Staff input was agreed depending on assessment, funding and people's individual care needs. Feedback from people was positive in that staffing was relatively stable and consistent. In both supported houses we visited the staff teams were settled and reported allocated hours for support were met. One relative reported, "It can be unsettling when staff are moved [or leave] but this is not usual and is reassuring." Another relative reported they were very reassured that staff were settled and consistent. We observed very good rapport between people [tenants] and support staff in both houses we visited. Staff knew the people they were supporting very well.

There were thorough recruitment processes to ensure staff were suitable to work with vulnerable people. We looked at staff files and found that appropriate applications, references and security [police] checks had been carried out. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable. We spoke with staff who told us they felt the service had been thorough in their recruitment.

Staff spoken with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All the staff we spoke with were clear about the need to report through any concerns they had. The agencies policies were up to date, clear and inclusive considering local authority safeguarding protocols.

An 'easy read' guide was available on safeguarding and was issued to people using the service and information and contact numbers were seen in the houses we visited for people to access. We reviewed some of the past safeguarding incidents that the service had notified us of. In these examples Hope Street had worked well with the Local Authority. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld.

Accidents and incidents were recorded and monitored by the service. We saw examples of these which were discussed at management meetings. Each accident or incident had been followed through individually and analysed so that any lessons could be learnt.

Good

# Is the service effective?

## Our findings

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.

The people we spoke with on the inspection were able to consent to and make their own decisions regarding their care, treatment and support needed. We saw care files where people had signed to say they consented to specific care and had been consulted when assessments had been undertaken. People told us that when their care needs were being assessed the staff took their time to ensure the final care package or care plan had been agreed and consented to.

One person reviewed explained how the staff had carefully assessed their ability to manage their own medications and had devised a plan of care to support them with this which considered their ability to understand and consent to the plan. The care records we saw showed that staff used a standard assessment tool to assess people's ability to understand and consent when making individual decisions.

In one example we saw the service had been careful to assess a person who lacked capacity to understand a course of medical treatment which had been assessed as necessary to maintain their health. We saw the 'capacity assessment' clearly identified this and why the treatment was considered in the person's best interest. Key clinicians had been involved in the process and the person's relatives. This showed staff understood the key principals involved in the MCA.

We saw that staff had received training on the principals of the MCA and this was included as part of new staff induction. The registered manager and deputy understood that the legal process involving decisions to do with people's mental capacity were managed through the Court of Protection if required. They were also able to discuss examples of relatives who had Lasting Power of Attorney to manage their relative's affairs in their best interest.

We received positive feedback from people being supported by Hope Street. They said the quality of the service was good and commented that staff were very competent.

Comments included; "Staff are very good – very approachable and always keep me informed." Another relative commented, "Every member of staff is superb. Staff make sure [person] has [their] medication – very good with this. They are very on top of any health issues." People [tenants] we spoke with and their relatives felt staff had the skills and approach needed to ensure people were receiving the right care.

One community professional we spoke with advised us, "Communications regarding changes and events are timely. All staff have a good knowledge of the [person's] usual presentation and are aware of the need for early timely intervention to prevent relapse if there are significant but subtle changes."

We found training and support in place for staff. Staff told us there was mandatory training for all in health safety & fire awareness, first aid, medication, safeguarding, Mental Capacity Act 2005 and infection control. Also, staff were assessed individually for further training dependant on their immediate role such as drug and alcohol awareness training. We saw training records confirming this.

Ninety two percent of staff also had access to the 'Care Certificate' which is the governments recommended standards for new staff induction. Staff were encouraged to work towards diploma qualifications in Health and Social Care. We had positive feedback from staff who said the training provided and support offered by the service was good. Eighty two percent [82%] of care staff employed had a standard qualification such as NVQ [National Vocational Qualification] or Diploma in Health and Social Care. This was confirmed by records we saw and evidences a good background standard of knowledge for staff.

Staff told us there were support systems in place such as supervision sessions and staff meetings. We were told; ''We are supported well. Managers are very accessible if we need any support.'' We reviewed a supervision record which showed regular support.

We saw, from the care records that local health care professionals, such as the person's GP were liaised with when necessary. We spoke with two health and social care professionals during the inspection who gave very positive feedback regarding the effectiveness of the service. A member of the Community Mental Health Team [CMHT] told us the service supported some very challenging people who had complex care needs.

Some of the people receiving care by Hope Street needed support with their meals. This ranged from preparing a meal to assisting with shopping. We saw that healthy eating was promoted for all individuals with some on specific care programmes aimed at encouraging independence in this area of support. We saw dietary information around the 'Eat well plate' concept which evidenced this approach alongside lists of individual preferences for people's diet.

Good

# Is the service caring?

## Our findings

We received positive feedback from people being supported and their relatives regarding the caring nature of the staff. A community professional told us, "The Imagine team [Hope Street] are caring, reliable and effective." People we spoke with and relatives commented, "Staff are as good as they can be and they have helped me become more confident" and "They are great, treat me well."

We could observe how staff interacted with people they were supporting. We saw examples of genuine concern and interest by staff. Staff, including senior managers, spoke warmly and positively about the people they were supporting and were very knowledgably when discussing people as individuals.

This was supported through the services management approach and training which helped emphasis people as individuals. The PIR stated, "We operate a support model that is based on Hope and Recovery which works with a high level of ..... social inclusion and working with a service user on identifying strengths". We found evidence of this philosophy on inspection. One person told us, "Staff will always be there if I need to go out in the community. They are very easy to be with." The registered manger explained how Hope Street gets people involved at all levels so the service can make use of their feedback. For example, the recruitment of staff includes input from people being supported who advise, or are included, at staff interviews. The registered manager explained that using this input helped to ensure a caring staff team.

In one interaction it was clear staff and the person they were supporting had developed a good understanding over a long period of time and the trust and rapport was very evident. A relative reported that the consistent approach and relationship developed had helped the person to not only feel safe but keep 'well' in terms of their overall mental health. The staff member we spoke with communicated warmly and had a good knowledge of the person's care needs and how these should be met.

There was information posted about local events and support groups such as local advocacy contacts. Some of the information was in different formats such as easy read formats to make the information more easily accessible.

The PIR also highlighted the importance of equality and diversity [E&D] is all aspects of the service management; "We conduct equality impact assessments alongside all policy review". The service's E&D policy was a good base for good practice. The registered manager was able to talk about some work carried out looking at supporting a transsexual [male to female] issue involving accommodation as well as another person who was supported to attend a local gay / lesbian support group.

Care files referenced individual ways that people communicated and made their needs known. We also saw examples were people had been included in their care planning, so they could see and play an active role in their progress. One person we reviewed had an 'easy read 'pictorial care plan which charted their weekly activity in the community and in house. This helped the person to be more directly involved in planning their week.

Information was kept confidential and maintained safely. Staff told us they understood the need to ensure all personal information was maintained confidentially.

Good

# Is the service responsive?

## Our findings

When we spoke with people on the inspection and made observations we found the care to be organised as much as possible to meet people's needs as individuals. The PIR stated, "Our main care plan document is 'Recovery/ Life Star' which relies on a holistic model of care; taking into account an individual's overall need and hopes rather than simply focusing on mental health symptoms". We checked this out with people we spoke with who agreed that the care had been set up with their involvement and was reviewed periodically. One person commented, "I need some help with personal care. Staff have sat down and gone through this and the care plan suits me at present."

We looked at three examples of care files for people. Care records contained individual life histories and events as well as recording the way any personal care, or other support, should be delivered. We found that care plans and records were individualised to people's preferences and reflected their identified needs. The three monthly 'Action Plan', drawn up with people's involvement and signed off, helped people focus on key areas for development. We could see on-going reviews of Action Plans.

A key element of the care planning was how people preferred to communicate. Any preferred ways of communicating were highlighted in care records. One example seen was the use of 'easy read' format for one person's weekly activity diary which used symbols the person could more easily understand. The care records also contained useful information about the person's preferred topics of conversation and how staff should respond.

We saw the personal care element of the care plans were well defined so it was clear for staff how this was to be carried out. For example, we saw a detailed assessment and care plan covering one person who needed increased personal care due to their mental health. One key area listed on the three-monthly action plan was a target for personal hygiene.

We asked people and their relatives if they were listened to if they had any issues or concerns. People spoken with and relatives said they knew how to complain. We saw that any complaints were reviewed and were tied into the monthly and three-monthly auditing cycle. Complaints received had been followed through. There was an 'easy read' complaints policy available for people using the service or visiting the accommodation we visited.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post. The registered manager was supported by a deputy and 'cluster managers' who were each responsible for designated supported living houses. Hope Street was managed from the provider's main offices and had access to senior managers such as the CEO for the organisation, administration support and the Nominated Individual who was also present on day two of the inspection. We could see a clear line of accountability and management structure.

We asked about the core principals of the organisation. The registered manager reiterated the importance of people using the service being involved at as many levels as possible in the running of the service. The PIR stated, "Staff, service users and key stakeholders are involved in the review of the strategic plan at Imagine, there is ongoing consultation in the review of the five -year business plan".

An example of this involvement included survey forms which were used to collect feedback from people using the service and relatives. From this the registered manager and quality lead had been able to set various action plans to further develop the service. We were shown a result for the most recent survey carried out in 2018 asking people's views on the service. We saw there was a very high rate of return from all the supported living houses with 123 replies out of 154 current tenants. The overall satisfaction with the service provided by Hope Street was very high. Any negative comments had been followed up on and changes made if needed.

The importance of this is that it helps evidence the culture of the organisation which we found to be open and positive. Staff interviews helped to confirm this. One staff said, "I enjoy working for Imagine – we support each other."

Managers were aware of the core elements of current good practice guidance including 'Registering the Right Support' regarding any people with a learning disability. Currently about 10% of people being supported had a learning disability. This guidance sets out the core principals and standards applicable to service providing support for people with learning disabilities; it was apparent the service was meeting the key elements of the guidance.

The service had quality assurance systems in place to monitor performance and to drive continuous improvement. The manager could evidence a series of internal quality assurance processes. The Quality Lead advised us of the auditing cycle and who was responsible for carrying these out. Also, how any results were fed back through the quality process and up to the Board of Trustees. A three-monthly report on quality activity by the quality lead covered areas such as 'policy and procedure', the 'ISO quality system', 'audit and monitoring' and 'opinion surveys'.

The registered manager had a clear understanding of the quality process. For example, we discussed some of the complaints received and how these had been managed. There was a clear pathway from receiving and assessing the issues to attending feedback from any professional input - to internal management meetings - to discussion at staff meetings and feedback if there were any lessons to be learnt. This showed

clear communication and a willingness to learn from incidents.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service.