

Hadet Solutions Limited

Watling Court Orbital Plaza

Inspection report

Watling Court
Orbital Plaza
Cannock
Staffordshire
WS11 0EL

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Watling Court Orbital Plaza is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to children from 13 to 18, people with learning disabilities or have autistic spectrum disorder, people who have physical disabilities and sensory impairment and younger adults. There were 3 people, with learning disabilities, using the service at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were supported to have maximum choice and control of their lives as staff knew people well. Staff understood people were to be supported in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

People's care plans and risk assessments did not always identify how to support them with their individual needs. Staff had not always received training in some non-mandatory areas of care. However, people had consistent staff teams and staff knew people well to be able to support them with their needs and to have choice and control in their lives.

Right Care:

Some improvements were needed to people's care plans and although plans were person centred, they did not always reflect all health risks were assessed and planned for. The provider had failed to ensure the Mental Capacity Act 2005 had been followed when completing care plans and risk assessments. Staff had received learning disability training, which is now a requirement for all services who support people with a learning disability.

Right Culture:

The staff knew people well and supported them to have as much choice and control over their lives as possible. The registered manager had systems in place to ensure incidents, safeguarding's and complaints were dealt with appropriately. They were responsive to our feedback and told us they would put measures

in place to reduce risks identified during the inspection. Relatives and staff were positive about the registered manager.

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

This service was registered with us on 23 July 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and care planning. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to ensuring consent to care and treatment in line with law and guidance and governance and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Watling Court Orbital Plaza

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to 3 people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 22 February and ended on 2 March 2023. We visited the location's office on 22 February 2023.

What we did before the inspection

We reviewed information about the service from on-going monitoring such as information we had received. We sought feedback from the local authority, Healthwatch and other professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 relatives. We also spoke with the registered manager and 4 staff. We looked at the care records for 2 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

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 of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff told us they received safeguarding training and what to do if they thought abuse was happening. The registered manager told us their process for reporting safeguarding's to the local authority.
- Systems were in place to keep people safe from harm. Staff told us there were regular staff meetings and handovers. These were used to pass on information and update concerns. One staff member told us, "Team meetings are where we share information about safeguarding."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One relative said, "They are very happy and settled. Seeing them with the carers, I have no concerns whatsoever."

Assessing risk, safety monitoring and management

- Risk assessments were in place to mitigate risk around people's individual assessed needs. These included communication, nutritional needs and personal living environment risk assessments.
- Staff managed the safety of the living environment and equipment within it well through checks and actions to minimise risk. These included health and safety checks, fridge temperature checks, food expiry date checks, fire safety checks and fire drills.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff told us they used PPE. However, there was no guidance in care plans that highlighted the need for staff to use PPE.

We recommend the provider consider putting information about staff wearing appropriate PPE into care plans and risk assessments.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- There was sufficient staff employed to meet people's needs.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

- People were supported by safely recruited staff. The registered manager completed Disclosure and Barring Service (DBS) checks on staff prior to them commencing their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and discussed changes of medicines with relatives where appropriate. One relative told us, "Staff do discuss any changes in medicines."
- Where people were prescribed medicines on an 'as required' basis there were clear records in place to ensure people received these when they needed them. One staff told us, "All people have protocols in place to tell us when to give as required medicines."
- Staff had attended medication training and had competency checks to make sure they administered medicines safely.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Learning lessons when things go wrong

- Lessons were learned where things had gone wrong. For example, the registered manager reviewed accidents and incidents and made changes to people's care and support to reduce future risk.
- There was a culture from learning lessons when things went wrong, by sharing information at team meetings and supervisions.

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 Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the provider was not always working within the principles of the MCA. Mental capacity assessments and best interest decisions were not completed for some people who needed them. Some people needed capacity assessments and best interest decisions made about doors being locked and items being locked away. One person was restricted certain foods, and this had not been agreed through following the principles of the MCA.
- The registered manager and staff demonstrated a good understanding of the MCA; however, this was not reflected in the action they had taken and within people's documents. No mental capacity assessments or best interest decisions had been completed meaning people were not supported in line with the MCA and we could not be sure that people were not being unlawfully restricted

Systems had not been established to ensure mental capacity assessments were carried out in line with law and guidance. This placed people at risk of harm. This was a breach of regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they ensured they asked people's consent prior to supporting them. One staff member told us, "I always get consent before I do anything for [person]."

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

- People did not always have risks to their safety assessed and planned for. For example, we noted that 1

person lived with Asthma and that there was no risk assessment in place to guide staff in supporting the person if they became unwell. Staff were not always trained around this specific health conditions, however staff told us they knew how they would to support them if they did have an asthma attacks.

- Staff completed an assessment of each person's physical and mental health either when joining the service or soon after with the support of family members. One relative said, "We gave them pointers when they first moved in, because no one knows them as well as we do."
- People had personalised care and support plans which reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff assessed people's sensory needs and did their best to meet them. Staff followed a sensory diet for some people. A sensory diet caters to a person's sensory needs, allowing them to reduce anxiety, improve concentration and focus, and regulate strong emotions, for example using a weighted blanket, having chew toys, playing with sensory items like play- doh.

Staff support: induction, training, skills and experience

- Staff received an induction which included mandatory training. This included some training tailored to the needs of people they would be supporting.
- Staff also received training around the needs of people with a learning disability and or autistic people.
- Staff told us there were regular staff meetings and one to one supervision with a senior member of staff.
- Staff could describe how their training and personal development related to the people they supported.
- The provider had clear procedures for team working which promoted good quality care and support.
- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure new staff could see quickly how best to support them.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Some people's needs and preferences regarding food and drink were recorded in their care plans and we saw records which showed staff had matched people's plans.

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

- People had access to health and social care professionals where they required them. For example, staff supported people to contact their GP's where concerns with their health had been identified.
- The registered manager worked with health and social care professionals to make improvements to people's care where their needs changed.

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

- Relatives gave positive feedback about their relative's choices being respected. One relative told us, "If [person] wants to be quiet in the afternoon staff let them get on with it, but they still stay close."
- Information about people's protected characteristics was included within care plans to support staff to meet these needs. For example, people's religion, gender and sexuality was recorded within their care file.
- People were supported by kind and caring staff who knew them well. A member of staff told us how they had supported a person to have Christmas dinner with their neighbours.

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

- People and their relatives were supported to be involved in people's care and how it was delivered. One relative told us, "We have advised them or asked them to do something and they have done it."
- People's relatives told us staff knew their relatives well and supported them to make changes. One relative told us, "Staff definitely know them. They are able to pick up from how they communicate what they want."
- Staff supported people to express their views using their preferred method of communication. Staff told us that 1 person understood them if they used short sentences and gave them time to process the information and then the person could answer them.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were respected, staff gave us an example of how they knocked on bedroom doors before entering people's rooms.
- People's independence was promoted through their care planning. For example, one person's care plan contained details about activities they liked, and staff were to offer choices around these activities.
- Staff understood the importance of promoting independence. They supported people to do activities as independently as possible. One relative said, "Staff do try to give [person] as much independence as possible and not do things for them they can do themselves."
- Staff knew when people needed their space and privacy and respected this. One staff member said, "I give [person] space, when they need it. I treat [person] as I would like to be treated. I respect their wishes, I offer choices."

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.

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

- The provider supported people through recognised models of care and treatment for people with a learning disability or autistic people. The provider followed the STOMP guidelines, which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. This meant the provider used positive behaviour support (PBS) training to support people who displayed emotive behaviours rather than using medicines to calm people.
- Staff provided people with personalised, proactive support in line with their communication plans, sensory diet and support plans. One person had a PICA support plan in place (Pica is an eating disorder in which a person eats things not usually considered food), which told staff how to support them appropriately. Staff told us what the plan said and how they used it to support them.
- People were offered choices tailored to their individual communication needs. One person used picture cards to show staff what they wanted, and staff would use the cards to communicate with the person.
- Staff spoke knowledgeably about the people they supported and how they tailored the level of support to individual's needs

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which provided guidance for staff on how to meet people's needs. For example, care plans recorded whether people required staff to use short sentences and time to process information given them.
- Where people had complex communication needs staff worked with them and their families to develop an understanding of how best to communicate with them. One relative said, "[Person] uses one-word prompts and staff know what they want from them."
- People could access information in a variety of formats such as braille or large print. The registered manager showed us information which had been adapted to easy read documents.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff supported 1 person to attend college activities during the week.
- People who were living away from their local area were able to stay in regular contact with family via weekly visits to their family home, and families visited them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. One relative told us, "We know the manager and they do listen to us."
- Where complaints had been made the registered manager responded to these in full, in line with their policy.

End of life care and support

- Nobody at the service was receiving end of life care at the time of our inspection.
- However, the registered manager told us if a person required end of life care then their staff would be trained to support with this.

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: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems were not always effective and had not enabled them to continually assess, monitor and improve the quality and safety of the service.
- The provider's governance systems had not identified what we found at this inspection in relation to care plans which did not always identify how to support some people with certain health conditions.,
- Audits recorded as being required to be completed in the provider's quality management plan were not being carried out, for example infection control and recruitment audits which meant the provider was not following their own policies.
- The provider was not following the principles of the MCA which is a regulatory requirement.

The provider's governance and quality assurance systems were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had some systems in place to monitor care people received and staff were supported so they could provide good quality care.

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

- The registered manager had responded to complaints and had been open and honest in their responses and acted on the concerns raised.
- We spoke to the manager about inclusivity and they told us they considered people's cultures and preferences when they produced care plans and risk assessments, and this was seen when reviewing care plans.

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 registered manager was clear about their duty of candour. They told us they have told people and others when something had gone wrong., that they apologised and put appropriate measures in place to reduce the risk of it happening in the future.
- Staff told us how incidents and mistakes were shared and discussed within regular team meetings and handovers in order to learn from them.

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

- Staff encouraged people to be involved in the development of the service. The registered manager told us each person had a key worker and they encouraged people to be involved in how their support is developed.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative said they had received a questionnaire about the service, and they needed to return it.
- Relatives told us they felt included in the care provided and able to confidently raise concerns.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- Staff felt able to suggest improvements to the care they provided at supervisions and team meetings. One staff member said, "Team meetings are very enthusiastic and can share information about safeguarding and other things."

Working in partnership with others

- Records reviewed confirmed collaboration with health and social care professionals
- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems had not been established to ensure mental capacity assessments were carried out in line with law and guidance. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance and quality assurance systems were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>