

Origin Housing Limited

Hillside

Inspection report

3 & 4 Hillside Crescent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hillside is providing personal care to three people with learning disability and mental health support needs. The service can support up to four people. Hillside is two separate attached houses, each house had three bedrooms, kitchen, living room and bathroom facilities.

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

The provider and registered manager had limited governance systems in place which did not formally capture improvements or actions.

People felt safe with the care provided and risks were managed well. This was due to staff training and staff understanding how to report any concerns. Risk to people were identified and were assessed to ensure that people were able to take informed risks. People were supported by staff who had been safely recruited.

People's medicines were managed safely. Staff felt they received appropriate training for their role. People's care plans detailed what was important to them and included their likes and dislikes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture. People's voice was clearly heard in the support being provided and people felt they were able to express what was important to them. People felt staff were kind and staff spoke about people and their dedication to their role in a compassionate way.

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

Rating at last inspection

This service was registered with us on 24 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection and was the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Hillside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with five members of staff including the registered manager, team manager and care workers. We used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We had feedback from three professionals that had input in the support for people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Although they had not been required to report any concerns since registering the service, there were effective systems in place to help protect people and respect their human rights.
- Staff had training and told us they were confident to advocate for people where they may be at risk and were aware of their responsibilities in reporting this.
- People told us they felt safe with the care provided. One person described feeling safe because they had the staff supporting them when they needed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and assessed. The risk assessments detailed how to actively support people to make choices, so they had as much control and independence as possible.
- Staff protected people's dignity and rights when they felt challenged by people they supported. Staff had regular input with health professionals to ensure they were consistently reviewing the support, so it was right for people.
- Staff were clear about their responsibility in the event of a fire. People had personal evacuation plans (PEEP). PEEP details how someone would be supported to evacuate the building safely in the event of a fire.

Staffing and recruitment

- When speaking with people they said they felt their staff available when they needed them.
- People were supported by a small team, when staff were absent the registered manager had developed a small pool of bank staff who knew people well. This enabled them to have consistency of care and build relationships.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as a criminal record check and references, although not all references had been verified.

Using medicines safely

- People had their medicines when they needed them. The manager recognised that people were able to manage their own medicines and ensured they created a monitoring system which supported people to continue with this.
- Where medicine errors occurred, these were investigated, and action taken to ensure people were safe.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. When the inspector entered the property, the staff did not complete any screening to ensure that they were fit to enter the building.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach

Learning lessons when things go wrong

- The registered manager met with the provider where they reviewed of all accidents, incidents and safeguarding concerns monthly. They looked at any trends or lessons learnt and if any actions were needed to improve. From actions taken the latest report detailed a reduction in incidents.
- Staff spoke about how they met with health professionals to look at specific incidents and have and had discussions about what went wrong and how to prevent the incidents for re-occurring. This gave them the opportunity to share their experiences and take on suggestion to improve the support people received.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the effectiveness of people's care, treatment and support achieved good outcomes.

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

- People were supported by staff who put the person at the centre of their care and gave them choices and control over their life.
- Staff were flexible when supporting people and understood what was important to them, this promoted good outcomes. One person said, "Staff listen to me, I really enjoy going on holiday and we are planning to go on holiday again."

Staff support: induction, training, skills and experience

- Staff had training that helped them complete their role. Staff had training that met people's personal support needs. For example, mental health awareness and dementia. The provider was open to offer different training courses to enhance staff's knowledge.
- Staff felt they had the right skills and knowledge to support people. A part of the staff role was to lone work for set periods of time. Staff felt this empowered them to make decisions and develop their skills. Staff felt supported by the management team and were able to speak to them when they needed to.

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

- People's dietary needs and requirements were identified in their care plans. Where there was a risk of someone having difficulty swallowing suitable referrals were made to health professionals. Staff had a good understanding of how to support people with their nutrition. Where needed the care notes evidenced people's intake of food and drink.
- People had choice and access to food they enjoyed. One person said, "I eat when I want. I have a healthy balance of food. I like salmon, ribeye steak and greens. We also made a cake today."

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

- People received care from health professionals and referrals for relevant professionals were completed.
- The management team gave an example where a person needed more support to do this, they made a referral to an occupational therapist who reviewed the persons support needs and offered recommendations. This input meant the person could continue to stay in their home.
- People's wellbeing was central of the support they received, one person told us they had pet therapy, and this made them happy. Since the pandemic they have been unable to have the face to face contact so have been continuing this virtually.
- A professional confirmed the staff team worked closely with them to positively manage situations where a person may need emotional support.

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

- People were supported to decorate each room with how people liked it. For example, one person took pride in dressing their chair with the knitted blankets they had made. Another person had pictures of their loved ones and meaningful trinkets displayed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team were aware of their responsibility when supporting people to make their own decisions, and where they could not they ensured decisions were made in people's best interest. Where a formal assessment needed to be completed the manager had links with the relevant professionals to do this.
- A professional said, "I do not feel that unnecessary restrictions have been placed on people by the service." This meant people were able to make decisions about their care.

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

- People were offered emotional support when they needed it. This was reflected in the feedback we received from people who used the service. One person said, "I get on well with [staff]. We have a laugh and we can talk. When I am feeling bad, I like to write things down it helps me."
- We observed staff interacting with people in a compassionate and kind way. When speaking with staff they spoke about people they supported fondly.
- People's care plans and records were written in a way that was respectful. The manager told us that the staff and people sat down and spoke about their care plans so there was transparency when writing in records.

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

- Staff gave examples of how their focus was to enable people they supported to be as independent as possible and ensured this was in line with the persons wishes and choices. For example, a person with continuous encouragement managed to independently pack for their own holiday.
- People were supported by a small team which meant that they built a relationship where they felt comfortable to speak about things that they were not happy with, about the support or things that were worrying them.

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; 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's needs were identified, and their choices and preferences were recorded and well known by staff. People's care plans identified goals and aspirations.
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, it was important for a person to maintain their health and wellbeing by having a massage and their hair done. Another example of this was a person wanted to manage their own money, staff had supported this person to start understanding how to budget their money.
- Staff helped maintain relationships that were important to people. One person spoke about how through COVID-19 when seeing people was difficult, they were able to continue to speak with their loved ones virtually.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager spoke about how they ensured people were kept informed by staff holding discussions with people and taking pictures to explain scenarios. This was something that worked for each person being supported at the time of our visit

Improving care quality in response to complaints or concerns

- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.
- A complaints policy and procedure was in place which was shared with people. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.

End of life care and support

- At the time of the inspection there was nobody on end of life care. However, staff had started to support people to think about their wishes and advanced decision. Additional conversations were planned to develop people's end of life care plans.

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; Continuous learning and improving care

- The registered manager said they needed to develop their governance systems, however this had been on hold due to COVID-19. The management team had maintained regular contact with the service and completed informal quality checks, however these were not documented, and actions were not captured to show where improvements were needed.
- Where there had been identified actions from visiting professionals these were not always followed through. For example, it was recommended that staff had bi-weekly meetings to exchange lessons learnt and the best ways of supporting someone, these discussions had not been completed.

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

- Staff gave feedback through individual face to face meetings with the management team. Staff had been involved in surveys in the past to formally capture their feedback.
- People had limited opportunities to share their views about the service formally. The management team did not capture feedback from people nor was there evidence that improvements were acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had a good understanding of their responsibilities towards the people they supported and had a passion for delivering person-centred care.
- People knew who the registered manager was and felt they were approachable. One person said, "[Manager] is a good manager they will leave me alone when needed, I have everything I need."
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "I would say it is pretty good, it can be hard we have all suffered at some point during COVID-19 but we all support each other even if it's a cup of tea and a chat."
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professions to achieve good outcomes for people.

- Professionals said although staff and the management engaged in the care, there were times where they had to reinforce the professional advice. One professional said, "I have generally found the care provided to be flexible and person-centred, adapting somewhat to their changing needs. The staff team and the manager have endeavored to adapt their approaches in response to people's needs and professional advice, demonstrating care, but this has not always been successful and professional advice often has to be repeated and reinforced."