Hamelin Trust

Hamelin Trust Community Support Service

Inspection report

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Date of inspection visit:
02 May 2018
03 May 2018

Date of publication:
13 July 2018

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

Hamelin Trust Community Support Service is focused on supporting families to continue caring for their relatives at home. It primarily provides personal care to young adults and children living at homes with their families. The support usually involves supporting people to access the local community. At the time of our inspection there were 38 people with learning or physical disabilities using this part of the service.

There is also a smaller project attached to the service, called U Matter 2, which provides holistic support to families caring for relatives at home. The service is mainly provided in the person's home and involves supporting the whole family. At the time of our inspection there were approximately seven people receiving personal care through this project. There were other people receiving support through U Matter 2 who did not require personal care, for example who received advice from the service. We did not inspect the support provided to these people.

At our last inspection we rated the service as good overall. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

At our last inspection we found that although people received good care, checks on the quality of the service were not working effectively and so we rated well-led as requires improvement. At this inspection we found the checks had improved, though the timetable for internal audits did sometimes slip. However, senior staff supervised the service closely on a daily basis so concerns were picked up promptly. There was now an external consultant who carried out independent checks and highlighted concerns and areas of development. Any actions from checks and audits were dealt with openly and effectively.

The manager promoted a positive culture where people and their families were central to the service. People and their families were encouraged to provide input and feedback into the service and their views or concerns were listened to fully. Support was flexibly tailored around individual needs and people achieved good outcomes. People took part in a wide array of stimulating activities of their choice.

Staff managed risk well at the service and developed practical solutions to ensure people were safe. There were enough safely recruited staff to provide a flexible and responsive service. Staff had the necessary skills to administer medicine safely and prevent the spread of infection.

Staff were highly motivated and well supported. They received training and guidance to enable them to support people in line with their needs. Staff worked well with families and other professionals to meet people's nutritional and health needs.

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. Guidance to staff promoted people's right to choice. However, care plans did not always distinguish between the different legal responsibilities when caring for children, young adults and adults.

Staff provided caring support and developed positive relationships with people and families. People were supported by a small and consistent staff team who knew them exceptionally well. Support to family carers was a key role and staff communicated well with them. Staff were skilled at communicating with people and finding out what their views were about their care.

The U Matter 2 project had been developed in response to demand from the local community and provided responsive and caring support. The development of the service reflected the innovative culture in the service. The flexible nature of the service had raised some concerns but these were being dealt with effectively by the manager to ensure people received safe and caring support.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service has improved to Good.

Checks on the quality of the service had improved.

There was a culture which focused on the personalised needs of individual.

The organisation promoted innovation in response to the needs of the local population.

Hamelin Trust Community Support Service

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 was planned to check 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 comprehensive inspection took place on 2 and 3 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a service to people in the community and we needed to be sure the right staff would be available to answer our questions.

This inspection consisted of one inspector and one 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. The expert-by-experience had experience of using, and caring for family members who used, a variety of health and social care services. They spoke to nine relatives on the telephone to find out their views about the service their relatives received. Most of the people who used the service had complex needs and were not able to verbally communicate their views.

During our visit, we met with the Acting Manager for the Outreach service, the Deputy Director of Operations and The Director of Operations. We also met with the manager of the U Matter 2 service and three care staff. The registered manager was not at the service on the day of the inspection so we spoke with them by telephone after our visit. We met a person who used the service for a coffee at a local café. The staff member who supported them were with us for part of this meeting.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and any improvements they plan to make.

We also sent out questionnaires to people who use the service and staff about their experience of the agency. We had three responses from people who used the service, three from relatives and three responses from community professionals. We also looked at information sent to us from others, including family members and the local authority.

We looked at three care records for people who used the service. We reviewed three staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits, to ensure robust quality monitoring systems were in place. We used this information to plan what areas we were going to focus on during our inspection.

Good

Is the service safe?

Our findings

The service continued to be safe.

Staff had a practical and common-sense approach to managing risk, whilst still ensuring people were not overly restricted. A member of staff told us, "When [Person] is having a bad day we don't go to Taco Bell as it's so busy but I offer them MacDonald's drive or KFC instead." A family member told us, "Person has little awareness of the risks, so staff have to be their eyes and ears. Staff work very patiently to ensure our relative's safety at all times."

There were effective risk assessments around going out in the community and using vehicles, for example where risk was high staff used the larger vehicles provided by the service. Each person had an information pack which staff carried during visits which had detailed information about the person's needs, including advice and contact details for use in an emergency.

Staff were often lone working in the community. They told us they knew who to ring in an emergency, for example at weekends. There were lone working assessments in place, though these were basic. We discussed with senior staff some areas of improvement to ensure plans to mitigate risk were fully explored and recorded.

Staff did not regularly support people with any transfers, for example hoisting, as most of the people in the service were fully mobile or were supported in this area by their family carers. When staff did support with manual handling, we noted the guidance was not of the same standard as the rest of the care plans. We discussed this with senior staff who agreed to review the manual handling section of the care plans to ensure staff had more detailed guidance.

Accidents and incidents were recorded well with practical actions agreed. For instance, where a person had become distressed while shopping, staff revised the risk assessment and focussed on developing money skills. The manager signed off all incidents, which ensured they retained oversight of significant events.

Staff supported people to minimise the risk of abuse, for example, they considered people's vulnerabilities when planning activities. Any concerns around safeguarding were escalated as required. Hamelin Trust had a safeguarding group which met throughout the year to review safeguarding concerns.

Rotas were flexible, consistent and well managed. Families told us there had never experienced a missed visit and staff communicated well on the rare occasions they were delayed. Safe recruitment practices were followed to check staff were of good character and suitable for the roles they performed. The provider had the necessary pre-employment and identity checks in place before staff could commence work.

People at the service usually received support with medicine from their family members. Where necessary, care plans gave detailed advice to staff about medicines and staff kept accurate records of any support provided. There were safe arrangements for transporting medicines in the community which also supported

people's independence. A member of staff said, "We have a lockable tin which [Person] keeps in their bag as they like to hold their own medicines."

Good

Is the service effective?

Our findings

The service continued to be effective.

Staff received the necessary training to meet people's needs. Staff supporting people with specific needs had attended training to ensure they had the skills to provide the necessary support. A member of staff had carried out training in dementia and another member of staff told us the epilepsy training was, "Face to face, we had a dummy to practice on, it was really good training."

Staff had excellent skills at diffusing potentially risky situations. They could describe how they supported people who might posed risk to themselves and others in the community. The support provided mirrored the information in people's care plans.

Staff told us they had regular supervision and informal support. There were team meetings where staff were updated on concerns around individual people they supported or new systems. The meetings were also used to promote best practice. Senior staff understood the potential isolation of care staff and provided good opportunities for staff to keep in touch and debrief.

People's nutritional needs were largely met by families but staff supported them to eat out as part of their activities. Staff demonstrated a good understanding of people's needs and any risk, for example, they knew of any allergies. A family member told us, "[Person] has difficulty swallowing 'hard' food, so the carers know that they must have 'soft' food if they eat out. I usually pack some suitable food, but staff just cut up food really small if they buy something when out." Daily records were kept, summarising any food and drink consumed during the support. Staff were skilled at offering choice, whilst keeping to any guidance provided by family and health professionals.

We checked whether the service was meeting its responsibilities under The Mental Capacity Act 2005 (MCA). The 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. At the time of our inspection, we found that the provider was working within the principles of the MCA.

Staff were exceptional skilled at understanding and promoting the choices of the people they supported. Where people had more complex needs staff communicate well with families and professionals to ensure decisions were made in the person's best interest. The service supported children, young adults and adults. The impact of the MCA on these groups is different and required a different approach depending on the age of the people being supported. We found some of the paperwork around consent was not always clear and care plans did not adequately distinguish between the role of parents consenting on behalf of an adult or a child. We discussed this with senior staff at the service who agreed to seek advice to ensure their documentation met the requirements of the MCA.

Good

Is the service caring?

Our findings

The service remained caring.

The feedback we received from people and families was all positive. Consistency of staff was referred to as a key to promoting meaningful relationships between people and families and the staff who supported them. Families told us, "Hamelin are brilliant, especially our main carer who has supported our relative for the last 4 years without fail" and "The manager has the ability to recruit people that are genuine carers. It is very person centred. Hamelin provides excellent continuity of care so we see very few different carers."

Staff were given the information they needed to provide caring support. For example, care plans described any triggers which might cause the person distress so staff could avoid these. A care plan stated a person was frightened by the noise of a blender, another advised staff not to refer to a person's disability by name as this would cause distress.

Staff were skilled at understanding how different people communicated. For example, a member of staff had recorded how they had tried different music when driving and chose the music when the person smiled. Photos and pictures were regularly used to help staff communicate with people. A family member told us, "[Person] cannot communicate clearly, but staff will show pictures of different places to eat when they go out, and [Person] is then able to decide where to go by nodding and making hand gestures."

Staff promoted people's independence well. Where people had more complex needs staff promoted independence by breaking down tasks into stages and encouraging people to do as much as possible independently. For example, staff described how they put food on a person's fork and then, put it on the plate in order for the person to feed themselves.

Support was led by people's views, or where appropriate their representative. A person told us, "Most of my care plan came out of my head. I've told them what to do when I have a seizure and they listened." Where appropriate people texted their support staff to discuss what they wanted to do each week. During our visit we heard a person ring up to change the time of their visit to later that day.

Staff supported people with respect. A family member told us, "[Person] needs help going to the toilet and the staff do this in a respectful and supportive way." Confidentiality was promoted and maintained.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

The service responded both to the needs of the people and supported family members in their caring role. Staff were sensitive as they supported whole families through the transition from children to adult services. Staff introduced change gradually, communicating well with the parents of people who used the service, whilst still upholding and advocating on behalf of the person they supported. A family member told us, "They have given us a lot of advice on the transition stages, helping [Person] get ready for adult life."

People were supported to take part in varied and stimulating activities. A person told us about the fishing trip they had been on the previous week. They said, "I need them (Hamelin staff) to get out and about and not be stuck in the house." The service also provided invaluable support to family carers. Staff had been matched well with the people they supported. A member of staff told us, "I go with one person because they like young staff. Another colleague goes out with [Person] because they like doing outdoor 'army' type activities like laser tag."

Where people had a mental health needs which meant they were not always motivated to receive support, we noted staff had an extremely flexible response. This helped people remain engaged in the support they received as the service was tailored to their needs. A family member told us, "The carers are very clever in the way they gently stretch [Person's] horizons to attempt new things like going to different places to eat."

Care plans were highly personalised and reflected the needs and preferences of each individual person. Staff had guidance when people had needs due to their religion, which helped ensure the support was provided in line with their preferences. Daily records were well written and served a practical purpose. They enabled senior staff at a glance to ensure staff were offering choice and to monitor activities against the stated aims of the support. Care plans were reviewed regularly and revised when people's needs changed.

Care plans in the U Matter 2 side of the service, did not provide sufficiently detailed information and guidance about people's needs. However, this support was provided by a very small group of well supported and trained staff who had in-depth knowledge of people's needs. There was also excellent communication with the main family carers. There were planned improvements in these care plans which would resolve the lack of recording around people's care needs.

The organisation had a complaints procedure in place, however there were very few complaints as any concerns were dealt with swiftly and effectively. For example, a family member had raised a concern that staff had not followed the guidance in a person's care plan. The manager had met with the family and resolved their concerns through open communication. Staff received guidance to ensure they altered their support to meet the person's needs. All the families we spoke to told us they felt able to raise concerns where necessary.

The bulk of the service was geared toward children and young adults and there was not a focus on planning

for end of life care. The people being supported through the U Matter 2 were older and some of these were at end of life. All these people were living with family carers who had responsibility for end of life planning. Staff kept individual records of visits which showed the support was person centred and compassionate. Staff had accessed a palliative training course through the local hospice to develop their skills and knowledge.

Good

Is the service well-led?

Our findings

At our last inspection in 2015, we found the service required improvement in well-led. Although people were very satisfied with the support they received, systems to monitor the quality and effectiveness of the service had only recently been introduced and were not well established. At this inspection we found the oversight of the service people received had improved and we rated well-led as good.

There was a registered manager in place. 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 long-standing registered manager was due to retire and had planned their departure well to ensure a smooth transition. They had been instrumental in setting up the service and were responsible for several areas in the wider organisation. The registered manager had remained committed to the community support service and maintained good oversight, however as the service had expanded they were no longer involved in the daily running of the service. As part of the change in structure, the new registered manager was going to focus on the community support service. This was a positive move by the organisation which recognised the need for a dedicated manager to support the development of the service.

After the inspection we were advised that the Acting Manager for Outreach was applying to become the new registered manager. They were already involved in the day-to-day management of the service and had previously been a senior carer. We received positive feedback about how accessible and committed they were. A family member told us, "The manager is very easy to get on with and wants the very best for my relative." As part of the wider structured the new manager was well supported by very experience managers within the organisation so we were assured this would be a positive transition.

There was an open and positive culture at the service. There was an exceptional focus on enabling people and families to develop a personalised and flexible service. Staff told us the job could be quite isolating but they felt well supported. A member of staff told us, "Any problems and 100% I would go to the manager. Positive or negative, they take everything on board."

At our last inspection we found there were not sufficient checks on the quality of the service. We found checks had improved and any issues raised were addressed effectively. For example, staff were booked on training where gaps were found in the training schedule. The external audits, completed by an independent consultant, had already highlighted the concerns we had raised regarding some of the care plans. Although the internal audits were also a good quality; they were not carried out in a structured way. Due to the hands-on approach of the acting manager, we found there was no negative impact on the people who used the service. However, senior staff agreed to address this to ensure management oversight became more structured as the service expanded.

The provider used learning about the current service to drive improvements. For example, they had

purchased mobile phones for staff, after concerns for the safety of a member of staff who had a problem with their personal mobile phone. The development of the U Matter 2 service demonstrated the organisation's commitment to innovation. Hamelin Trust had responded to the needs of people caring for family members with dementia and developed a bespoke service. The flexibility of the service had posed some challenges but these were being well managed by a committed management team to ensure the service was provided in line with the relevant regulations.