

Diverse Abilities Plus Ltd

# Diverse Abilities Plus - Supported Living

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

Diverse Abilities Plus provides care and support to 37 people with a learning an or physical disabilities living in 22 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. 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.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and were confident in their role as advocates for people when this was appropriate. Staff supported people to take medicines safely.

People were supported by skilled and caring staff who worked to ensure they lived their life the way they chose. Communication styles and methods were considered and staff supported people to understand the choices available to them.

People were supported to have maximum choice and control of their lives and shared lives carers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to understand the choices available to them in ways they could easily understand. People led full and active lives in their homes and in the community.

People, relatives and professionals told us they could raise any concerns and these were addressed appropriately.

The service was well-led and there were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service people received.

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 remains Good

# Diverse Abilities Plus - Supported Living

## **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 inspection took place on 1 and 5 October 2019 and was announced. We gave the service two days' notice of the inspection visit because the location provides a supported living care service. We needed to be sure that the staff we needed to speak with would be in. The inspection was conducted by one inspector on the first day and one inspector and a pharmacy inspector on the second day. This included visiting people in their own homes.

We visited six different supported living services. We spoke with and met 10 people in their own homes. We spoke with nine staff, three deputy managers and the registered manager. Three staff provided feedback via our website.

Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. All of the people we visited had 24 hour personal care and support packages from Diverse Abilities Plus supported living service. We observed the way staff supported people in their homes.

We spoke with three relatives of people who use the service and received email feedback from three relatives via our website and the service.

We looked at four people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records. The registered and deputy managers sent us information about staff training, medicines policies, staff medicines competencies and examples of the positive impact the service has had on people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views. We only received feedback from the service's local authority commissioner.

# Is the service safe?

## Our findings

People told us they felt safe receiving care and support from staff. Relatives told us their family members were safely supported and they had no concerns about their safety. One relative said, "I feel he's as safe as possible", and another relative fed back to us, 'My son is safe and well cared for.'

People were relaxed in the company of staff, initiated conversations and where people did not communicate verbally they smiled at staff when they interacted with them.

Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, one person's positive behaviour risk management plan focused on the person's strengths. The plan gave staff clear direction as to how they needed support the person when they may present challenges with others.

Staff fully understood their role in protecting people from abuse. All staff had received training on the safeguarding of adults. The registered and deputy managers had a good knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. They had a positive working relationship with the local authority safeguarding team.

People, who were able to, confidently told us who they would speak to if they felt unsafe or were worried about anything. Each person had a plan that detailed how they would present if they were unhappy and or being abused. The plans included which staff member, family member or representative the person was most comfortable with so they could be supported by them during any investigation.

Improvements had been made to the way medicines were managed, this was to try to address some incidents and errors that had been reported. We visited three homes and looked at six people's medicines. Staff recorded on medicines administration records (MARs) when people were given their medicines. There were directions for staff on applying any creams or external preparations and these were also signed on the MARs when they were applied.

New standardised MARs had been introduced across the service. The charts had all been signed and checked by a second member of staff and records showed that people had received their medicines correctly in the way prescribed for them. There were plans in place for any medicines prescribed 'when required' to provide information on when it would be appropriate to give medicines to people. This included maximum dose information and personalised information on assessing whether people may need pain relief if prescribed for them. Staff completed daily medicines check sheets when staff changed at handover. Medicines sent for disposal were recorded, to provide an audit trail of medicines in the homes. Medicines were stored safely and securely.

Staff received training in safe handling of medicines and had checks to make sure they were competent to

give medicines safely. However, fifteen of the 107 staff had not had their competency reassessed for over a year. The deputy manager told us this was being addressed immediately.

Policies were in place to guide staff on looking after medicines. When any incidents happened these were reported, investigated and any learning put in place to reduce the chances of these happening again. Staff were removed from administering medicines until their competency had been re-checked.

Managers completed regular medicines audits and we saw that changes had been made to improve medicines safety as a result of the findings from these audits.

People told us they knew the staff that supported them and most people's teams were fully staffed. Since the last inspection there had been a massive reduction in the use of agency staff. Where agency staff were used, people's views were taken into account as to whether they were suitable. For example, one person was uncomfortable with an agency staff member who had worked at their previous home where they had been unhappy. Although there were no concerns with the suitability of the agency worker staff listened to the person and agreed for the agency staff member not to work in the person's home.

There was an 'on call' team who provided out of hours cover and staffing support to people at short notice. Staff spoke highly of the support of the 'on call' team and the support they provided.

We looked at four staff recruitment records and the profiles of agency staff. Recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Staff were aware of how to report any accidents or incidents and there was a system in place to record these. These were reviewed on a monthly basis and any actions and learning from incidents was shared with staff at team leader and team meetings and or at one to one support meetings. Following safeguarding incidents information and learning was shared in staff meetings.

## Is the service effective?

### Our findings

People received effective care from staff who were trained and had the skills and knowledge to meet people's needs. This was supported by feedback from relatives. One relative said about their family member's staff team, "Absolutely wonderful well trained team that are fantastic with him."

There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

New employees had a comprehensive induction which included training and information about all aspects of the service and staff roles and responsibilities. New staff also had two weekly support sessions with their line manager and regularly met with the registered manager. The registered and deputy managers told us this high level of support had increased the staff retention at the service and contributed to the improved staffing situation.

The service had not started supporting any new people since the last inspection. However, the service had a process in place so that when a new placement was considered they would assess the person's needs and discuss how the service could meet their wishes and expectations. From these assessments care plans would be written with the person and or their representatives, to agree how they would like their care and support to be provided.

We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed all aspects of their needs including characteristics identified under the Equality Act. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care. Following discussion with the registered manager they contacted local groups so they could better support the needs of people who identified as Lesbian, Gay, Bisexual, Transgender (LGBT+).

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

Mental capacity assessments and best interest decision were in place for people in relation to specific decisions. For example, the use of a monitoring device in the bedroom of one person with epilepsy.

People were supported to maintain a healthy lifestyle where this was part of their support plan. One person proudly showed us their weight records and certificates from the weekly slimming club they attended. Staff



supported people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected.

Each person had a plan that detailed their likes, dislikes, types and consistency of food and drink and the type of equipment they needed. Staff supported one person to have their choice of soup thickened to the consistency described in their safe swallow plan written by the speech and language therapy team (SALT).

Each person had a health plan that was supported by pictures to make it easier for them to understand and included important information about them if they went into to hospital. People's health needs were assessed and planned for to make sure they received the care they needed.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

## Is the service caring?

### Our findings

People were supported by staff who knew them well and cared about them. Staff spoke with respect and kindness about people and their discussions were full of jokes and references to shared experiences. People told us they liked the staff and relatives described the staff as "Triple A star they really the best", "Staff are very caring" and "Staff are extremely caring and we are lucky to have them".

People received care from the same team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. One person said, "I know the whole team" and then went on to name the whole of their staff team.

Care and support plans focussed on people's skills and abilities and independence and the importance of choice were clear throughout. Staff used communication systems that people understood to ensure they were able to contribute to decisions and make as many decisions as they could about their own day to day lives.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. For example, when one person was admitted to hospital staff worked extra hours and on their days off to make sure person was supported by staff that knew and understood them.

Relatives told us staff went above and beyond what they expected. For example, a relative told us "I was impressed when he [family member] had a bad turn and the manager and two other staff came in in their own time to look after him". They go above and beyond I cant fault them, in all the years they've been supporting [family member] they have been brilliant".

Staff told us they felt cared for by the service. The registered manager had introduced a mental health awareness course for managers and staff to make sure their wellbeing was being promoted, recognised and supported.

People lived in their own homes and these were respected by the staff who supported them. The furnishings and layouts were adapted to suit the people living in them. Where individual people's behaviour impacted on the autonomy of others this was highlighted and discussed amongst the staff team and with professionals. This meant that people's rights were always considered.

People's relatives told us that staff were respectful of their input as they recognised how important their role was to the person they supported. Relatives told us that staff always consulted with them and had provided them with practical and emotional support where they could.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. Some people's records were being recorded on an electronic care planning system that were password protected and staff had their own log is. This meant people's confidential information was

protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans outlined details of people's routines at various points throughout the day. For example, the person's morning routine, lunch and evening routine. They also specified what assistance the person needed staff to encourage them to retain or develop independent life skills. This made sure staff tailored the care and support they provided towards supporting the person to achieve their goals or objectives.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. They were also supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their other personal relationships.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. The service met people's information and communication needs by identifying, recording, flagging, sharing how these needs were to be met in their care plans. Each person's plan detailed how they communicated and what if any aids they needed. Staff were proactive at exploring different ways to assist people with their communication. For example, with one person they tried using a computer tablet communication programme and a picture exchange communication system (PEC) cards. This did not work for them so staff introduced 'signalong', a type of sign language and staff said the person was starting to respond and communicate with others.

The service was aware that some people were unable to easily access written information because of their communication needs. They had worked with 'People First' a local advocacy group to develop 'easy read' (pictorial) formats of certain documents to provide information in a more meaningful way to people. For example, they had produced three different surveys for people that focused on people's homes, support and activities.

People were starting to use technology to aid their communication. One person we met had previously made choices by touching items or touching staff's left hand for 'yes' and right for 'no'. They were starting to use a large button that said 'yes' to make their choices. Staff anticipated that the person would eventually be able to start using the switch to make more complex choices and develop their communication further.

There was a written and pictorial complaints procedure and each person's communication plan included details as to how they would let staff know if they were unhappy or worried.

Relatives told us they knew how to complain. Those we spoke with told us they had not needed to complain as things were sorted out before they reached that stage.

People and or their representatives were starting to be consulted about their end of life wishes. For one person these were recorded and a plan was in place. The plan template was supported by photographs and pictures and used language that was easy for people to understand.

The service had received positive feedback from a celebrant who conducted the funeral service for a person who had died whilst being supported by Diverse Abilities Plus. The person did not have any family and their staff team had produced a very personalised funeral service that celebrated the person and their achievements and personal developments during the five years the staff had supported them.

## Is the service well-led?

### Our findings

There was a registered manager who knew the staff and people using the service well. They had been registered for four years. 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.

Overall, we received positive feedback from staff, commissioners and relatives about how well-led the service was. They told us they could approach managers with anything and they were listened to and action was taken in response to any queries or concerns.

People and staff told us they were involved in developing and running the service. Their views were sought out and acted upon. Relatives were consulted at regular friends and family events held at the provider's community café. Staff told us they felt able to approach the management team with ideas and suggestions and were confident they would be listened to.

The registered manager and staff were proud of the work they did and the positive impact their support had on the lives of people. Staff were committed to the people who used the service and the organisation. One staff member told us, "Diverse Abilities take a real pride in offering the most full-filling lives possible for the adults in supported living. The management and training team go to great lengths to ensure that the staff are the "right" kind of people working in those services. I've worked in supported living for almost seven years and very proud to work for an organisation that cares for both those they provide a service for and those they employ. It's a pleasure to go to work".

People told us they regularly saw the registered manager at the office and the deputy manager responsible for their service at their homes. One person said, "if anything's wrong I'll tell [deputy manager] and she always sorts it out. She comes and checks things and looks at the paperwork".

The deputy managers undertook quality reviews in the supported living services every two months. We saw the records of these reviews for the people we visited. They covered areas such as; activities, medication, cleanliness, handover records, accident records and the care and support provided to people. From these quality reviews an action plan was produced for the team leader to complete and follow up.

There was a focus on improvement and developing the services. The service was introducing different communication technology systems for people and were starting to use an electronic care planning and recording system for people. It was planned to introduce this system across the whole service. The registered manager told us they were also planning to develop transition services for young people in the local area and they also planned to work on a project with a local housing trust.

Diverse Abilities Plus had a programme of 'thank you' awards that recognised people's achievements, fundraising awards and staff good practice. There was an annual event to celebrate this.

The service was working in partnership with other agencies. For example, they were working with Poole Learning Disability Forum and Poole hospital on how people can be best supported when they stay in hospital. They were also working on a project supporting young homeless men with autism. They were also taking part in a research project using a computer/phone application that focused on relaxation and reducing stress.

The registered manager and deputy managers ensured that their work practice was kept up to date in line with best practice.

The service's last inspection rating was displayed on their website and in the office.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.