

The Fremantle Trust

# Milton Keynes Supported Living Service

## 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	

### Overall summary

The inspection took place 06 January 2015 and it was announced.

Milton Keynes Supported Living Service provides a domiciliary support service to enable adults with learning disabilities to live independently in their own home. This agency provides support services to adults living in the Milton Keynes area. On the day of our inspection, 39 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Risks to people's safety had been assessed and were in people's support plans. Staff used these to assist people to be as independent as possible.

There was sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff had been recruited using a robust recruitment process.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People could make choices about their food and drink and were provided with support when required to prepare meals.

Each person had a 'health Passport' and access to health care professionals to ensure they received effective care or treatment.

Staff treated people with kindness and compassion, and knew people well.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

People had the privacy they required and were treated with respect at all times.

People's support plans were person centred and reflected how they wished to receive support.

Staff supported people to follow their interests and social activities.

There was an effective complaints procedure in place.

Regular meetings were held for staff and people who used the service to enable everyone to be involved in the development of the service.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# Summary of findings

## 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.

Staff had received safeguarding training and knew how to put it into practice. Staff had a good understanding of the different types of abuse and how they would report it.

Risks to people's safety had been assessed and were in people's support plans.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs, and were supported to follow their interests and social activities.

People were encouraged to provide feedback.

Good



### Is the service well-led?

The service was well led.

The service had a registered manager who was supported by a staff team and the provider.

A variety of meetings had been held including residents and staff, to keep people informed of any changes.

Good



# Summary of findings

There were internal and external quality audit systems in place.

# Milton Keynes Supported Living 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 inspection took place on 06 January 2015 and was announced. We gave 48 hours' notice to ensure the availability of staff, people who used the service and the registered manager.

The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 28 November 2013.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported to keep their independence, to have meals and access activities of their choice.

We spoke with five people and the relatives of three people who used the service. We also spoke with the registered manager and five staff.

We reviewed four care records, four medication records, three staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe, one person said, "I feel safe here with the support I get from the staff."

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. One staff member said, "I would go to [registered managers name] to discuss it first and make sure it was recorded." The registered manager explained that they had recently raised safeguarding's regarding people's finances. The Care Quality Commission (CQC) was aware and the Local Authority were in the process of investigating them. This showed that systems in place were used effectively to safeguard people. The registered manager told us they attended the local safeguarding standardisation meetings to ensure they are up to date with local protocols and they cascade this information to the staff team.

Risks to people's safety had been assessed and were in people's support plans. These included risks associated with special diets, accessing the community and keeping safe. Staff told us that these had been developed with the person themselves and if required this information had been shared with other services, such as day services which people attended. Evidence of up to date risk assessments were seen within peoples support plans. The service provided training for people who used the service on stranger danger to keep them safe when in the community, and fire awareness, food hygiene and infection control to minimise the risks to people.

On the notice board in the staff office was an emergency contingency plan. This detailed what to do and who to contact in case of emergencies. There was also a list of emergency contacts for a variety of services including electricity, water, and contractors and contacts for the management team and provider. This meant that staff could respond immediately to keep people safe.

Staff told us that they reported any accidents and incidents, and completed the appropriate paperwork. The registered manager showed us the accident reporting records, these were all completed correctly. She explained that they were analysed for any trends, if any were obvious an action plan would be developed.

The registered manager explained that people who used the service were in their own homes which were rented, but if there were any environmental issues they would be supported to contact the landlord and help with any on-going issues.

The registered manager explained that people who used the service were allocated a number of support hours on specific days by the local authority for specific tasks and activities. She had the responsibility for allocating staff to those hours. She told us that as most staff work part time they usually cover for each other for absences, but they had their own team of bank staff. This eliminated the need of agency staff and helped with keeping people safe.

Staff told us that when they had been recruited they had gone through a thorough recruitment programme. This included supplying references, proof of identity and they had to wait until their Disclosure and Barring Service (DBS) check had been received before they had started to work. The registered manager told us that they had recently started to ask people who used the service to sit in on staff interviews as they would be working closely together. Records seen confirmed this.

The registered manager explained the staff disciplinary procedure. Documentation seen showed this had been carried out following the provider's policy and procedure.

People we spoke with told us that they managed their own medication, although some needed prompting. Staff told us that everyone had their medication in blister packs which reduced the risks of errors. We observed that medication was kept in a locked cupboard within each person's flat or room. Documentation included what the medication was, dosage and how the person liked to take it. Along with these was a sheet which had a photograph of each tablet and what it was. This assisted the person to check they were taking the correct medication at the correct time. Staff told us that the pharmacy was two buildings away which helped with collection and delivery of medication. People who administered their own medication signed for receipt of their weekly medication and also completed Medication Administration Records (MAR) every time they had taken it. We saw evidence of this.

# Is the service effective?

## Our findings

People told us they thought the staff were trained to look after them properly. One person said, “The staff know what they are doing.” A staff member said, “I only work part time but get all the training I need.”

The registered manager explained that the company has an induction programme which all new staff must complete as part of their probation. There were no new staff to speak with but staff files contained documentation to show the induction process had been completed.

Staff told us they received a variety of training from the provider and from the local authority. They said they found that useful as they met other people and knew that the training was up to date.

One staff member told us they had recently completed the train the trainer qualification in moving and handling which enabled them to train the staff and to keep them up dated with any changes. One staff member said, “I have received specialist training in challenging behaviour.” The registered manager kept a training matrix. This enabled her to know when refresher training was required and this could be planned effectively. Staff were informed when future training was due. Records confirmed that staff had attended required training. This demonstrated that people using the service were being supported by staff with the correct knowledge.

Staff received support from the registered manager. One person said, “I get regular supervisions, but could go to [registered managers name] at any time.” Another said, “I can go to [registered manager] for personal support as well as work.” The registered manager showed us the supervision plan. Records of supervisions we saw confirmed they were carried out on a regular basis. Staff also had one observational day a year. This involved a line manager spending the day with them and feedback was then given. If any improvements were needed an action plan would be developed, and the staff member supported with this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were

protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS. Where people lacked the capacity to make decisions about something, best interest meetings had been held and documented in people’s care records.

People told us that staff always knocked on their flat doors and ask if they need help, one person said, “They always ask me if they can help me to do things.” Staff said, “Their flats are their homes, we must respect that and we always knock and wait, and would not do anything without their permission.” We observed staff gaining consent throughout our inspection, this included assisting to make meals, to enter people’s rooms and to ask if they would like to speak with us.

Staff told us that they attend specific NAPPI (Non-Abusive Psychological and Physical Intervention) training to use as a management tool to assist with people who may have behaviour which challenged.

People we spoke with told us how staff helped them prepare their meals. One person said, “Staff remind me to have my breakfast on time before I go out.” Another said, “They help me write my shopping list and go shopping.” Staff told us that some people were able to get their own meals with little assistance, others need more help. Staff who worked in shared houses told us that the meals were planned between the people who live there, but with some staff input to ensure meals were nutritious and balanced. One person said, “[staff members name] helps us to bake, we do lots of cakes in this house.”

People told us they saw the nurse or doctor if they needed to. One person said, “The doctors is next door, I can be there in two minutes.” Another said, “I see the doctor when I need to and know that the staff will come with me if I need them to.” We observed one person tell the manager they had a sore eye. The manager sat with the person in their own flat to check it and find out more information, then told the person they would contact the surgery, which they did. The staff told us that each person had a ‘health passport’. They explained that this contained all documentation regarding the person’s health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. We saw these with peoples support plans and contained information from GP’s, specialists, opticians and various other health professionals, which showed continuity with people’s health care.

# Is the service caring?

## Our findings

People told us the staff were kind. One person said, “The staff are all friendly.” Another said, “The staff are kind and look after me well.” A relative we spoke with said, “I get on well with the staff.”

We observed positive interaction between staff and people who used the service, for example; people were going out and staff made sure they had eaten breakfast and were ready for the transport. Staff and the people were relaxed with each other and conversations were light hearted and chatty. It was obvious from our observations that staff knew people who used the service well. For example, one person told us that a staff member was going to help them bake as they liked to do that.

One person had returned from their outing and spotted a member of staff, shouting out of their window to the staff member about their outing, the staff member asked them politely not to shout out of the window and they would go to their flat to talk about it. The staff member explained that the person got quite excited when they had been out and they would now go to let them tell her about it, as was in their support plan. Staff were able to tell us about the people they provided support to. We observed staff chatting in general to people about a variety of subjects which interested them.

We observed staff responding to people in a timely manner. One person told us, “There is always staff around; I have a buzzer to call them if I want them and they always come quickly.”

People told us they knew what was in their support plans. One person invited us into their flat to look at it. They were able to talk us through it. It contained all that staff would

need to know to enable them to support the person. They were written in a person centred way and were pictorial to enable people to understand them. Alongside the full support plan was a picture book used for quick reference. This contained photos of the person doing an actual activity and a short statement stating what support they required to enable them to carry it out. One person told us they had enjoyed doing the photos and liked the book, as it was easy for people to see and they were able to take it with them if they wanted to if they went anywhere else.

The registered manager told us that they were involved with an advocacy service which worked with people with learning disabilities. The advocacy service visited the various day centres people attended, and they were given the information in case they wanted to use them. The registered manager told us that they email the advocacy service if they are needed. She explained that they had been involved recently with one of the people who used the service.

People’s privacy and dignity was maintained. People had keys to their own flats or houses and staff knocked to gain entry. The registered manager explained that they had access to all flats and houses for use in emergency.

People were encouraged to be as independent as possible. One person who used the service told us, “I go out on my own, which gives me some independence.” Staff we spoke to told us that they support people to do what they can for themselves. We observed people going out to day services and shopping.

People told us they could have visitors when they wanted. A relative we spoke with said, “I visit when I want and [name of relative] comes to visit and stay with us.”

# Is the service responsive?

## Our findings

People we spoke with told us that staff involved them in updating their support plans. One person said, “We go through my book together.” Relatives told us they had been involved in reviews. One relative said, “[relatives name] has had a review which I was involved in.” Another said, “I know what is happening, the staff keep me well informed.” Support plans we looked at showed these had been reviewed and updated on a regular basis.

The registered manager told us that before anyone was offered a place, she and another staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the person was suitable for the service and that staff were able to give them the support they require. Within people files we saw documentation that this process had taken place. This was then used to develop a support plan.

The registered manager told us that people were allocated a specific number of support hours either per day or per week, but this could be flexible to support the person in a way they wanted. For example, to go out or attend activities of their choice.

We saw that staff had worked with people to develop support plans which were person centred, these included, for example, staff devising a board in the shape of a train, with pictures of important people and significant information to help the person identify their daily routine and understand what was important to them.

People were encouraged to follow their own interests. One person who used the service told us, “I go out and do lots of activities; I’m going to groovy gecko disco.” Another said, “I have a job to go to. I can make my own choices about what I do and when I do it.” Most people we spoke with had been away on holiday with staff support. One person

showed us photographs from a recent cruise they had taken. They told us that was their choice and went every year. One person showed us a patchwork which they had made with the help of staff, this included pictures of things which were important to them, transferred onto the cloth by various means. This was hanging on their wall and they were able to tell us about each picture.

The registered manager told us that people were encouraged to take active roles in the community. Some people are supported to help at the local food bank and a book shop.

People told us that they knew how to complain or raise concerns if required. A relative said, “I know how to complain if I needed to, but I have never had a need.” Another said, “I could speak to [registered manager] at any time if I had a problem.” The registered manager explained how one complaint from a relative of a person who used the service had been resolved and had been used to make changes for the person. This showed that complaints had been used to improve the service. The registered manager told us that a copy of the complaints process in an ‘easy read’ format was sent out annually to every person who used the service. There was a copy of this on the notice board in the communal area. We saw the complaints log which showed complaints had been responded to following the correct procedure.

The registered manager told us that annual questionnaires were sent to people who used the service and their families or representatives. This was analysed by the provider and results sent to the registered manager. We saw the results of the most recent survey. The majority of the answers were noted as very satisfied or satisfied. Some comments were; ‘I am happy with the support from staff-thank you’, ‘I find my relative is well looked after’, ‘I think the carers do a good job’ and ‘my relative is happy which is a pleasant feeling’.

# Is the service well-led?

## Our findings

People told us that they had been included in many decisions regarding the service, including the re-decoration. Staff told us that they were involved in the decision-making process for the service and said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

The registered manager often worked on the floor alongside the staff. This gave them a good opportunity to be aware of people's changing needs and to understand what staff were experiencing on a daily basis. Staff told us that they appreciated this as they knew the registered manager was then aware of what was actually happening. We observed the registered manager interacting with people and staff and it was obvious that she was aware of people's needs and knew them well.

One person told us they could speak to the registered manager when they wanted, she was always available. A relative said, "I know I can talk to [registered manager's name] at any time."

One person told us that they had house meetings where they talked about things. The staff and registered manager told us that regular house meetings were held when a variety of issues were discussed, including the décor and suggested activities. Staff meetings were held to cascade information and to give staff the opportunity to raise any issues. Minutes of these meetings were seen.

There was information available in the form of booklets from the provider at the service. These included the Annual Report which showed how the provider was progressing and their future developments, and the monthly news leaflet with information and photographs of any news from the services from the past month.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a regular basis.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager explained the processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The service was also audited by the provider and the local authority. This showed that a variety of audits had been carried out to ensure a quality service had been delivered.

The service had a leadership structure which had named members of staff in lead roles. These staff were responsible for overseeing a specific area within the service. Information from their area was feedback every two weeks at the leadership team meeting. This enabled a team approach to quality for the service.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything, to have prevented it happening or to stop it happening again.