

Virgin Care Services Limited

NES 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 ●

Summary of findings

Overall summary

The inspection took place on the 10 and the 17 June 2018. The inspection was announced. This was because we needed to be sure that staff and people would be at home to meet with us. We also needed to be sure that the registered manager and staff were available. This was the first inspection of the service since it was registered with the current provider. The service had previously been registered with another organisation.

NES Supported Living Service is registered to provide personal care to adults with a learning disability many of who have complex needs in their own homes. At the time of the inspection, there were 10 people in receipt of a care service.

There was a registered manager for the service. They had worked for the previous provider as the registered manager. 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.

This service provides care and support to people living in a number of '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.

Not everyone using NES Supported Living Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People were protected because there were systems in place to help keep them safe from unnecessary risks to their safety and wellbeing. There was enough staff to ensure people's needs were met in a flexible way.

People were very happy with the care and support that they received from the staff. People's needs were being met effectively by staff that were competent and knew how to support them in the ways they preferred.

People's right were upheld because staff understood about the Mental Capacity Act 2005 and its impact on people they supported. The team knew that this meant people had the right to make decisions about their care and their life. Staff also understood that it meant people were to be properly supported and their rights protected when they were not able to give consent.

Staff supported people to meet their range of health and social needs. Staff went with people to GP appointments, if needed, and to see other healthcare professionals when it was required. People were

consulted and involved in planning how their needs were met. They were supported by staff that were kind and caring in their approach. One person told us "They ask me all the time", when explaining how staff involved them with their care and support needs.

Staff received proper support and supervision in their role. Staff also received annual appraisals. This showed staff were supported with personal development and learning in their roles. Staff had been on relevant training in a number of topics. There was an on-going training plan to ensure the team were kept up to date.

Support plans were informative and were really detailed about each person's range of individual needs. The support plans looked at on each person's goals, skills and long term wishes. Support plans were reviewed and evaluated regularly. This was to make sure that the support people received was current and up to date.

Staff told us they felt supported by the registered manager. There was an open and accessible management culture. Staff and people using the service interacted with the registered manager in a really relaxed manner. Relatives also felt involved in decisions made about the way the service was run. Their views were actively taken into account by the registered manager.

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 was safe.

People were protected because there were systems in place to minimise the risk of harm and abuse.

There was enough skilled and experienced staff to support people safely with their needs. There was a robust recruitment procedure in place to reduce the likelihood of unsuitable staff being employed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had the right skills and knew how to effectively support them. Staff were trained and supported so they had up to date knowledge to be able to carry out their role effectively.

People's rights were protected because the staff understood the requirements of the Mental Capacity Act 2005

People were supported to prepare and cook their own meals. Guidance was provided to assist people to eat a suitable diet based on what they enjoyed.

Is the service caring?

Good ●

The service was caring.

People who used the service were very positive about the caring nature of the staff who supported them.

People felt staff always treated them properly and they enjoyed their visits.

Staff understood how to respect the privacy of people when they assisted them with their support needs.

People were being well involved and encouraged to make decisions about their care and the type of support they preferred.

Is the service responsive?

The service was responsive.

Care plans clearly set out how to meet people's care and support needs.

Staff understood how to meet people's needs in a flexible and responsive way. Staff were knowledgeable about people's interests and preferences.

People who used the service and their relatives felt the registered manager and other staff were approachable and they could easily make their views known about the service. There was an easy to follow complaints procedures in place for people to make a complaint.

Good ●

Is the service well-led?

The service was well led

Staff and people who used the services felt the registered manager was providing effective leadership and support .

The registered manager and staff reflected the values of the provider.

Staff and people who used the service were involved in the running of the service and were able to give feedback and suggestions.

There were systems in place to monitor the quality of the service.

Good ●

NES 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 checked 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.

The inspection took place on the 10 and 17 June 2018 and was announced. We gave the service 5 days' notice of the inspection site visit because the registered manager and staff are often out of the office supporting staff or providing care. We also needed to be sure that people would be available to speak with us.

The inspection was carried out by one inspector. Before the inspection, we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

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 spoke with four people and five relatives. We interviewed the registered manager and five staff. We pathway tracked the care of two people. We saw how staff responded to people's care and support in their own homes. We also looked at records that related to how the service was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

All the people and their relatives that we spoke to said they felt safe at all times with the staff. People all said if they did not, they could go straight to the registered manager who would address their concerns.

The staff demonstrated to us that they had an up to date awareness of what abuse was. Staff had been on safeguarding training to help to keep them up to date about the protection of vulnerable people. There were up to date policies for staff to follow.

Staff were given their own copy of the safeguarding adults' policy and procedure in the staff handbook. The registered manager showed that they had an understanding of their safeguarding role and responsibilities. The registered manager and staff also understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals to help to keep people safe. Staff also knew how to report any concerns if they had them. The staff were aware about how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC).

People were positive about how visits were planned and carried out to ensure the support they received was safe. People and relatives said that staffing arrangements and visit times were planned in a way that was safe and suited them. People told us the staff always stayed the allocated time and sometimes for longer if needed. Staff said that they always had the time to meet people's full range of needs. This showed there was enough staff so that visits to people were planned in a way that was safe. Staff said they were not being normally asked to do extra visits at the last minute. They also said they were never asked by management to work excessive hours. Visits to people were usually booked in sections of time between half a day and up to a full day or overnight. This was to ensure that people were provided with the right level of staff time and they received care and support that safely met their complex needs.

The care records showed that assessments of potential risks to people's health and wellbeing had been completed. There were also personalised risk assessments in place for each person. Some of the risks identified included those to do with people's physical health, falling, a person's inability to meet their own personal care and nutritional needs, medicines, and finances. Risk management plans included detailed information on how staff could support people in a way that minimised the risks but did not unduly restrict liberty. For example, we saw that there was a detailed procedure on how support a person if they had an epileptic seizure.

People's risk assessments were reviewed and updated regularly or when their needs had changed. Records were also kept of incidents and accidents. These had been reviewed in order to identify ways of reducing the risk of them happening again. We also saw that equipment, including wheelchairs was regularly checked to ensure that they remained safe for use by people.

Medicines were stored safely in people's home and were given them when they were required. The medicines administration charts we saw were clearly written and stated exactly what medicines people had

been given. There were also additional checks on how medicine records had been completed by staff to ensure they were being done correctly. A full medicines audit was carried out and actions were taken to address shortfalls. Staff went on regular medicines management training. Medicine administration charts also had photographs of the person to help ensure staff could identify them. We saw staff gave people their medicines and this was done by following a safe procedure. The staff signed the medicine charts after they had given people their medicines.

To help to ensure only safe and suitable new staff were recruited all new staff completed a thorough recruitment process before they could start work. Staff had Disclosure and Barring checks in place to check if they had any criminal record, which would exclude them from working with vulnerable people. Two written references were always taken up, and any gaps in employment history were explored with the person who was applying for a job. There was also a staff disciplinary procedure in place. This was used if there were concerns around staff practice. This was another way that hoped to keep people safe from the risks from unsuitable staff.

Is the service effective?

Our findings

We saw staff support people with their range of needs effectively. Staff prompted people with their personal care needs and this was done very discreetly. Staff supported people with their meals and drinks. Staff also assisted certain people to stay safe by discreetly observing them to minimise the risk of them falling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 the best interests and as least restrictive as possible.

People were supported by staff that had been well trained on the subject of mental capacity. Staff were also supported with policies and procedures to offer further guidance. Staff knew that a person's mental capacity needed to be assessed in relation to different aspect of their life. The staff also knew how the legislation was applied to people who lived in their own home. The registered manager and the staff that we spoke with demonstrated they had a good awareness and up to date understanding of issues around consent in relation to the people they supported.

The registered manager and staff told us that consent was always sought when agreeing a care plan and before any personal care tasks were undertaken. Care records also showed that consent was always sought and recorded for all personal care that people were receiving. Training records showed that that staff had been on training relating to mental capacity and Deprivation of Liberty Safeguards (DoLS) had also been completed.

People were well supported with their nutritional and dietary needs. When people needed support with food and drinks their needs were assessed and set out in their support plans. People's needs were varied and staff knew how to meet them. One person for example, needed support to buy and cook food. Other people needed to be assisted to eat their meals and drinks. Staff were able to tell us how they supported people who needed extra support in this area of their life. Certain people for example, due to their specific physical disabilities people had problems swallowing food and needed support to eat and drink safely. People with complex health needs had very detailed support plans in place that included how to meet these needs.

People were supported by a staff team who were properly supervised in their work. Supervision is a system that aims to enable staff to be supported and developed. It also aims to give them the chance to discuss issues about their roles, training needs and the people they support.

New staff were properly trained and well supported into their role. The induction process and staff training programme was aligned to the care certificate. This certificate requires staff to complete a programme of learning. This is the basic training to be delivered within the first six months of employment. For some, the training may be delivered more quickly and for others, it may take longer but six months is the expected

time it will take. They also have to be observed in practice by a senior colleague before they can be assessed as skilled enough to support people safely and independently. This was confirmed by staff and by the training records we viewed.

Staff were trained and developed in their role. This helped them to understand the needs of people they supported in their home. This included subjects such as different health and safety practices and procedures, the needs of people with a learning disability, safeguarding people from abuse, and correct moving and handling.

Is the service caring?

Our findings

Feedback from people and relatives about the service and how they were supported was positive. Comments from people and their relatives included, "We are really impressed with the staff's commitment." Other comments included "They are excellent , the commitment is second to none , they are so caring they speak to X and they treat them with respect and ask them what they want to do every time ". A further comment was "I really like my keyworker and I really like all the staff they help me".

When we visited one of the houses people lived in, we observed that staff communicated with people in a positive and respectful manner. It was evident from how staff spoke with people that they knew them really well. People told us that their views were listened to and they were able to make choices about how they lived their lives.

People were given information that was in 'easy read' format so that they could understand it in order to make informed choices and decisions. When they started using the service, everyone had been given a 'service user guide', which included information about the service and where they could find other information, such as the complaints procedure.

Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. People could also have the support of an independent advocate if they needed additional support and we saw that a referral had been sent for one person because staff felt that they would benefit from the support. An advocate is a person or organisation that helps people have a stronger voice and to have as much control as possible over their own lives. This is by speaking on behalf of people who are unable to do so for themselves.

We saw the staff engaged with people and communicated with each person using a kind and caring approach. We saw numerous warm and friendly interactions between people and the staff. Staff talked with people sensitively about how they were feeling and how they wanted to spend their day.

Staff encouraged people to build up their independence in their daily life. This was seen in a number of ways. The staff supported people in household chores within their home. This included for example, setting of tables for mealtimes and doing their laundry.

Is the service responsive?

Our findings

People's supports plans were informative and explained how each person wanted to be cared for and supported. Care was planned in a flexible and responsive way for example; care plans explained who people wanted to support them with personal care and at what time of day. Support plans also set out people's bedtime and morning routines. This included how they liked to be supported at these times.

Staff assisted people with their care in the ways that were explained in their care plans. Care plans records had been reviewed and updated regularly. This was to ensure they were accurate and showed what people's needs were and how to meet them. People were involved with their care and the support plans that were about them and their needs

People families and staff told us it was clear that people who used the service were involved in discussions about their care and support needs. We also saw that people were actively involved in regular reviews of their care plans. People also had annual reviews with health and social care professionals. Reviews were used to set goals and long term aims. These included building up their confidence for certain people so that they could go out into community more independently. People told us they liked to go out on a daily basis. They also enjoyed a number of groups, social events and exercise activities.

People were supported to have access to the information they may need about the service and how to make a complaint. People were given a copy of the service user guide so they could find out more about the service and the range of support and services they provided. The service user guide included clearly written information about the service. This was written in an easy to understand way. It contained information about the qualifications of the staff employed, and the way care and support was planned. The philosophy of the service and how the service aim to meet people's needs was also set out.

The complaints procedure was in each service users guide so people know how to complain about the service. The complaints procedure included the up to date contact information for the ombudsman if a person wanted to contact them directly. The ombudsman is a service that investigates complaints from the public about registered adult social care providers. People knew how to make a complaint if they were unhappy. This showed that there were suitable systems in place to support people if they did make a complaint. There was also an easy read picture format complaint policy available for people. We saw that complaints were recorded and responses were prompt.

Is the service well-led?

Our findings

The staff all understood the provider's values for the service. These included treating and respecting people as unique individuals. The service was led by a very committed caring, enthusiastic and experienced manager.

The registered manager was highly praised by people. Staff and other people told us the registered manager led by example and always followed these values in the way they ran the service. The registered manager was very well regarded by all of the team.. One staff member told us, "The registered manager ensures we are very happy, we are very well supported and it's really good team. Our manager was nominated for a national manager's award. "Another comment was "The registered manager is very professional and always gives a 100%." Staff also told us "The registered manager is very open very approachable very keen for feedback and keen to give praise too."

The registered manager had led the team through a period of significant change. This was when the service was taken over by the current provider. All of the staff repeatedly said that the care and leadership of the registered manager had been essential at that time, and continued to be.

The registered manager kept up to date with best practice by going to registered managers meetings and other relevant social care managers meetings. Learning was shared with the team and staff told us updates were also sent to them via their own secure provider run email. The registered manager was nominated for a national social care run manager award scheme. This showed that they were seen as very competent and skilled in their role.

There were regular team meetings that were planned flexibly, and repeated so that all staff could attend. The team staff felt their opinions were valued and acted on. The registered manager was well supported by a senior manager who visited the service regularly. Staff and people told us that if there were any issues at all they could also raise them with the registered manager or the senior manager. They said they always swiftly addressed these issues. For example some challenges had been faced by staff adjusting to a new computerised system, when they were taken over by a new provider.

People were supported by staff who felt supported and valued by management. Staff told us that their opinions were respected. They also knew how to identify and act on poor practice. A whistleblowing policy was in place that all staff knew about. Whistleblowers are members of staff who have become aware of possible illegal activities taking place in the work place.

The registered manager reviewed all incidents and accidents and this was a priority for the safety and wellbeing of all at the service. A regular analysis was completed which picked up daily trends in the service. Where incidents had happened that could have caused harm a new and person centred risk assessment was completed with each person's full involvement.

There was a number of quality monitoring checks in place. People and relatives told us they were fully

involved in these quality checks. Systems were in place, which assessed and monitored the quality of the service on an on-going basis. Examples included regular one to one time with people to seek their views about overall quality in the service. Where changes were suggested or felt to be needed there were named people to implement them. Quality checks also monitored other areas including, care plans, staff competence and visit times. If people said they wanted different staff to support them for example, this was always accommodated and swiftly addressed.