

The Stable Family Home Trust

Supported Lifestyles Main Office

Inspection report

Centurion House
Woodside Road
Bournemouth
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Website: www.sfht.org.uk

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05 November 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Supported Lifestyles Main Office is a supported living service. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was providing personal care to 54 people with a learning disability and autistic people across nine settings in the Bournemouth and Southbourne area. There was a central office in Southbourne.

The size of the supported living settings varied between four and eight bedrooms or flats. Each of the locations had a staff sleep-in room and an office. There were shared living areas and kitchen spaces. Some people in some of the settings had their own kitchenettes within their flats.

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

People and relatives said they or their loved ones felt comfortable with staff. People had a consistent team of safely recruited staff with the necessary skills and abilities to support them safely. People received the support they needed to manage risks, whilst developing their independence. Medicines were managed safely, as was the risk of infection.

People and relatives praised the support provided. Care was personalised. There was an emphasis on getting to know and understand people. People had the support they needed with communicating. They were supported to keep in contact with their families, to develop friendships and to get involved in work, education and hobbies.

The service had an open, inclusive, person-centred culture. Relatives voiced confidence in senior leaders, who had close oversight of the whole service and were in regular communication with people and their families.

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

Based on our review of key questions safe, responsive and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People and relatives told us how they or their family member lived how they wanted to live and had the

support they needed to do this. Staff encouraged people's choice, control and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care:

- Care and support was provided according to people's individual needs and wishes. It promoted their dignity, privacy and human rights.

Right culture:

- The ethos across the service was that people should be supported in such a way as they could lead confident, inclusive lives. The senior leadership team role-modelled such person-centred practice. They had regular contact with people, relatives and staff, overseeing the culture of the service and ensuring this remained positive. They responded promptly and openly to any concerns raised by people, families or staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 September 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 27 and 29 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led, which includes those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supported Lifestyles Main Office on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Supported Lifestyles Main Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 21 July 2021 and ended on 5 November 2021. The delay was due to a COVID-19 outbreak. We visited the office location on 21 July and 5 November 2021.

What we did before inspection

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

During the inspection

We spoke with eight people who used the service and thirteen relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, nominated individual, two support workers and the human resources manager who oversaw staff recruitment and training. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, three of those people's medication records, and three staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We reviewed documentation provided by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt comfortable with staff, and relatives expressed confidence their family members were safe where they were living and with the staff who supported them. A relative described a member of staff they had met as "very gentle, very nice". Other comments included: "They [staff] are very kind" and "[Person] is safe... They have taken great care of [them]" and "We sleep at night [confident their loved one is safe] and for quite a few years we didn't."
- The service had current safeguarding policies and procedures for safeguarding people from abuse. Staff, including the management team, had training about their responsibilities for safeguarding people and knew how to raise concerns if they had concerns that abuse might be happening.
- People were supported to develop their independence. They and their families said this was managed safely. Relatives gave examples: one said, "Staff have continued to support [person] to maintain their independence. [Person] has been involved in training their staff team... [Person] is really proud of their independence", and another described how the service installed a one-cup boiler so their family member could safely make their own cup of tea.
- People received the support they needed to manage their risks safely, in the least restrictive possible way that was acceptable to them. This was set out in people's support plans, which took account of risk assessments. Areas of risk assessed were individual to the person; examples seen included swallowing difficulties, health conditions and impairments, managing money, managing relationships and going out or staying at home alone.
- Where people had been known to behave in a particular way when excited, stressed or upset, they had positive behaviour support guidelines. These gave staff clear, highly personalised, non-restrictive strategies to support them.

Staffing and recruitment

- Staff had the skills they needed to support people safely and effectively. They had training in essential topics when they first started employment and at intervals after this. These training topics included moving and handling, first aid, food hygiene, fire safety and mental capacity.
- There were enough staff on duty to provide the care and support people needed. People told us they had regular staff; they described how named members of staff supported them with different aspects of their lives. Relatives commented on good staffing levels and matching against people's needs and personalities: "They are very, very smart about matching, and they know their people really well", "It's a really good team and good balance and variety of staff" and "It's the best match we could have made... [registered manager had taken a] great deal of care making sure that everyone gets on well."
- Relatives expressed confidence in the abilities of staff, making comments such as "every confidence in

them" and telling us staff were "great". Another relative explained, "New people have to learn the job, people and routines. The ones who have been there a few years are good. They all have their own strengths."

- People had a consistent team of staff working with them. A relative commented on the low turnover of staff: "It's the same ones always, which is important for [person]."
- Pre-employment checks were carried out before new staff had contact with people who used the service. These included criminal records checks, obtaining a full employment history with an explanation of any gaps, taking up references and checks on entitlement to work in the UK.

Using medicines safely

- People's needs in relation to medication were individually assessed and formed part of their support plan. This included where people managed aspects of their medication for themselves.
- Where people were prescribed medicines for occasional use, staff had guidance that explained how and when these should be administered.
- Staff who administered medicines were trained to do so. Their competence in handling medicines safely was checked at least annually.
- Medicines administered were recorded on people's medicines administration records. There were regular checks to ensure medicines had been correctly administered and recorded.
- The registered manager and staff were keen to ensure people were not taking unnecessary medicines. They liaised closely with GPs and requested medicines were reviewed at people's annual GP health checks.

Preventing and controlling infection

- People talked about the pandemic in ways that reflected they had been well supported to understand what was happening, for example changes to venues for social activities.
- Relatives praised the support staff had given. A relative said, "The way they have managed COVID and testing has been absolutely phenomenal, we didn't have a single case until recently. The senior, middle management and all of the carers deserve medals." Another relative described how kindly and safely their family member had been supported during a period of self-isolation.
- People had all been double vaccinated, with the appropriate consent. The service worked closely with primary care health professionals to ensure people received their second jab, one of the provider's day services becoming a venue and their staff providing administrative support for the nurse.
- The provider had a current infection prevention and control policy and kept up to date with current government guidance for the management of COVID-19. Staff received training in infection prevention and control.
- Staff had regular testing for coronavirus. Supplies of personal protective equipment (PPE) were readily available for them.

Learning lessons when things go wrong

- Staff recorded accidents and incidents on the computerised care recording system. They also reported these to the on-call manager, who informed the registered manager as necessary. The registered manager reviewed and followed up the accident and incident reports, ensuring all necessary action had been taken for people's safety and welfare.
- The registered manager and senior management team had regular oversight of accidents, incidents, safeguarding and complaints. This included reviewing such adverse events for emerging trends.
- Where appropriate, the learning from adverse events was shared with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives praised the support provided. Relatives said care was personalised, with positive outcomes for people. Comments included: "[Person] has become more independent and able to verbalise their opinion. They have come on really leaps and bounds, it's been a very positive experience for them", "[Staff] have provided amazing care despite the restrictions", "[Person] has come on hugely compared to where they were previously living", "[Person] struggles with their weight and they [staff] have put in strategies, taken [person] out for walks and understand their trigger points... it's all focused on [person], not on the group which [person] appreciates."
- There was an emphasis on getting to know people, especially those new to the service. The registered manager led on assessment and transition work and relatives confirmed they and their loved one had been involved in the process, with lots of visits. Relatives commented that this transition work in preparation for moving into supported living accommodation and in getting to know people after they had moved was successful: "They get to know each individual very well", "They have learned a lot about [person's] personality, character, likes and dislikes" and "They were brilliant from the day [person] walked in... right from the start."
- Relatives confirmed people and families were involved in assessments and in planning and reviewing care. Highly personalised, up to date support plans reflected this.
- People's equality characteristics, such as age, gender and disability, were addressed in support plans. A relative told us how staff provided the support their family member needed because of their visual impairment, enabling the person to go about their chosen daily life. Another relative described how staff supported their family member to manage their health issues, proactively contacting the person's GP and assertively requesting the right support.

Meeting people's communication needs

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

- People received the support they needed to be heard and understood, and to be involved in decisions about their care. People explained how they were able to make their views known and a relative said, "The language is always right. [Person] is empowered as much as [person] can to make their own decisions." Another relative commented that staff supported their family member to express what they really wanted, rather than just saying what they thought staff wanted to hear.

- People's communication needs had been identified and were clearly flagged in their support plans and care records.
- Communication needs were shared appropriately, for example, with community health professionals or if someone went into hospital.
- The service provided information in an accessible format, where people and relatives needed this, such as easy read versions of support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to keep in regular contact with their friends and families. People talked about how they often visited or had telephone or video calls with their families. A relative commented on how their family member called, video-called and texted them often, telling us, "[Person] always says they're happy."
- People were supported to develop and maintain friendships. A relative described how their family member had formed some good friendships; when asked what made the person happy, they replied, "The people around him."
- The service had a relationship education group, to promote awareness of positive relationships, consent and safe sex. This was run by staff who had been trained to do so by a community learning disability team.
- We heard about people getting involved in work, education and hobbies. For example, a relative described how their family member had found voluntary work, having opted not to attend a day centre: "[Person] is so much happier. Family and friends cannot believe how independent and able they now are." Another relative described how staff had successfully supported their family member to find a yoga teacher, as the person used to enjoy yoga and wanted to start it again.

End of life care and support

- The registered manager had a particular interest in positive end of life care.
- The service had started work on advance care planning, so staff and managers knew people's preferences in relation to end of life care and funeral arrangements. This was being addressed sensitively with people and their families and had been slowed down by the pandemic.
- We viewed a person's highly personalised end of life book and plan. The included details of their religious and cultural needs, people they were close to, preferences regarding their funeral ceremony and memorial, whether they had a will and what they wanted to happen to their possessions.

Improving care quality in response to complaints or concerns

- The service had an up-to-date policy addressing complaints, suggestions and compliments. This set out how people could make a complaint, and how the service would investigate and respond within a set timeframe.
- No-one we spoke with had experience of the service's complaints policy, although relatives knew how they could make a complaint.
- People told us they felt comfortable to speak with staff or managers if they thought something was wrong. Relatives said any issues raised were addressed promptly: "If anything arises, I just make a phone call and discuss it and things are resolved" and "It's always a dialogue, we constantly email; if I was worried, I would be straight on the phone." A relative commented that the registered manager had always responded positively when they had raised any concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection quality systems were not robust, records were not complete, and the registered manager did not have full oversight of all settings. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the service had restructured. The then nominated individual of the service had become the registered manager and the chief executive had been designated nominated individual. Feedback from people and relatives and discussions with the registered manager about the service reflected the registered manager's close oversight of all parts of the service.
- Regular staff supervision made clear what was expected of staff.
- The registered manager oversaw a range of audits that checked the service was working to a good standard, following its policies and procedures. These included audits of health and safety, infection prevention and control, medication, human resources (recruitment, training and supervision) and people's finances. Issues identified were promptly rectified.
- The service usually undertook an annual survey of people and relatives, but due to the pandemic there had not been one in 2021. However, there was ongoing regular communication with relatives and the service was planning for its next survey.
- The service had notified CQC of significant events and incidents, which is a legal requirement. The rating from the previous inspection was prominently displayed on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open, inclusive, person-centred culture. This was reflected in comments from relatives, such as: "They are a lovely organisation, it's a warm feeling, they seem to have it right", "Fully inclusive and it's lovely to see", "The whole ethos and culture of the place is just amazing" and "I am just thrilled, the whole culture and respect for the clients is just amazing."
- Relatives voiced confidence in senior leaders, including the registered manager and nominated individual,

describing the registered manager as "very able" and "very good". Comments included: "Really impressed with [registered manager]", "They [managers] are all terribly approachable", "The senior people have a very good understanding" and, "[Registered manager] is the most phenomenal human being walking the planet. She is exceptional. I have never come across anyone like her before. It's the way can relate to every level of person. [Person] loves her. Nothing is too much trouble; she really cares for the people that she is supporting."

- Managers and staff kept people and relatives well informed about the pandemic and about the service generally. Comments from relatives included: "[Nominated individual] and [registered manager] have kept us all informed with every step they take. They have been ultra-cautious and have gone above and beyond" and "[Managers] have been excellent and good keeping in touch. It's easy to email them if there is an issue and they respond straightaway."
- The registered manager had set up a forum for people using the service, where they could meet and put forward their views about the service. This had been on hold because of the pandemic.
- The turnover of support staff was low, although one of the five house managers had left and another two were on fixed term contracts to cover maternity leave. Relatives' comments included: "Staff loyalty is extraordinary" and "Low staff turnover and they are happy; it all seems to run smoothly."
- The service produced a monthly bulletin for staff and there were regular online staff meetings for staff to discuss their work and developments at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager exercised their duty of candour, being open and honest with people and their families in the event of something going wrong or a near miss.
- A relative commented that the service readily communicated with them if there was a problem: "If there is a concern, they get to me and if I have a concern, I get on the phone to them."
- The service's complaints, suggestion and compliments policy reflected the duty of candour, requiring staff to apologise and to offer a meeting.

Working in partnership with others

- The service worked closely with health and social care professionals, such as GPs and members of community learning disability teams, to ensure people received good care and treatment.
- The registered manager worked closely with commissioners. They were a local authority provider representative, were part of the local housing allocation panel, and had a good working relationship with the local authority safeguarding team.