

Homesdale Supported Living Ltd

Homesdale 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

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Homesdale Supported Living provides personal care to people with a learning disability and autistic people in a supported living setting. People using the service have their own rooms with some shared communal facilities. 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 our visit, the service supported two people with personal care needs.

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

Right Support:

The model of care and setting maximised people's choice, control and independence.

Staff understood their roles under the Mental Capacity Act staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs. People were supported to maximise their independence or participate in activities of their choice within their local community. Activities were a reflection of people's personal choices preferences and hobbies.

Risks to people were identified and risk management plans were in place. Positive risk taking was considered to help people to develop new skills and confidence within a safe environment.

Right Care:

People received person-centred care from staff who promoted their dignity privacy and human rights.

People had personalised plans for their care. They were supported to identify or achieve their aspirations and goals. Staff had training on equality and diversity and supported people's diverse needs.

Staff knew how to protect people from poor care or abuse. Medicines were safely managed. People were protected from the risk of infection. People's nutritional needs were met.

Staff received appropriate training to meet people's needs and were encouraged to do further training for

their development.

Staff enabled people to access health and social care support in the community.

Right Culture:

The registered manager monitored the quality of support provided to people. Feedback from people, relatives and staff was positive about the registered manager and the support they offered.

Staff understood the values the provider wanted them to uphold. These were aimed to support people lead confident and empowered lives.

People were actively engaged and consulted about the running of the service through house meetings and informal conversations.

The service considered people's support needs with a view to increasing their independence. Staff supported people to lead lives connected into the local area.

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

This service was registered with us on 19 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating for the service.

Recommendations

We have made a recommendation to the provider about the quality monitoring of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Homesdale Supported Living

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2023 when we visited the location's office and ended on 14 June 2023 when we visited people in their home with their consent.

What we did before the inspection

We reviewed information we held about the service which included notifications of events and incidents at the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority for their views about the service.

We used all this information to plan our inspection.

During the inspection

We visited the office for the service and spoke with the registered manager and two directors of the service. We reviewed care records and records related to the running of the service.

We spoke with two relatives and four members of staff by phone to understand their views about the service.

Following the office visit, we asked the consent of people using the service to visit them and we spoke with them in their homes to understand their experience of using the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Staff understood how to safeguard people from neglect or avoidable harm. People using the service told us they felt very safe living there and with the staff who supported them. One person told us, "I am safe and very happy here. I get on with everybody here. The staff are all really great people." Relatives commented they thought their family members were safe using the service.

We observed a friendly atmosphere in the communal areas. People were very comfortable with each other and with staff. They chatted together in a relaxed way, seeking their advice when needed.

- Staff had received safeguarding training and understood the signs of possible abuse and how to raise any concerns. The registered manager knew how to raise alerts with the local authority if needed and to notify CQC.

- There had been no safeguarding alerts raised at the service. Staff were aware of the importance of completing accident and incident reports and we saw these were reviewed by the registered manager and any actions needed were identified.

- Learning about accidents and incidents was shared with staff and discussed in regular staff meetings to understand if there were areas that could be improved to reduce future risk. For example, we saw how an issue with garden furniture had been acted on and addressed.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and staff put plans in place to reduce the likelihood of them occurring. People's care records included risk assessments in relation to, medicines, falls, financial risks and travel risks. Advice from relevant health professionals to reduce risk was included when needed.

- Staff had received training on fire safety and first aid. They knew how to support people with specific health conditions, such as epilepsy and diabetes. Staff knew people well and could discuss the range of individual risks they needed to consider and how they supported people to effectively reduce them.

- Relatives commented that the staff supported people to reduce possible risk. One relative remarked, "It's a small staff team so they are well aware of possible risks. They are quite vigilant."

- Environmental and equipment risks were assessed including fire risks and plans were in place to keep people safe. People had a personal emergency evacuation plan and took part in fire drills. Staff and people were able to describe what they should do if there was a fire.

- In line with Right support, right care, right culture staff were also proactive in supporting people in positive risk taking to support a good quality of life. For example, people were supported to travel and attend groups and events in the community independently.

Staffing and recruitment

- There were enough staff to support people safely. People told us there were always staff available to support them when they needed and to enable them to take part in activities in or outside the service. One person commented, "Staff are here and take me out when I want to go somewhere." Relatives and staff told us they thought there were always enough staff to meet people's support and activity needs.
- There were lone working arrangements in place and staff said they were confident with the arrangements and felt safe. When people had conflicting arrangements on the same day then other staff would be allocated to work or the registered manager would support people as needed.
- We observed that there were enough staff to support people with their daily living tasks and meals as well as support people in the community on the day of the visit to their home.
- Appropriate recruitment practices were in place. Appropriate pre-employment checks were completed before new staff began working. This ensured staff were suitable for their roles.

Using medicines safely

- There were appropriate processes in place to support people with their medicines safely when required. At the time of the inspection staff were not supporting people with their medicines. However, they were able to describe how they would administer and record medicines safely. We saw there were records where medicines had been administered previously that were completed appropriately.
- Where people had been assessed as able to administer their own medicines, we saw they were supported with written prompts in their rooms. One person spoke about how they managed their medicines and showed us how they were securely stored. They also showed us records where staff carried out regular checks to support them to self-administer safely.
- Staff had received training on how to support people with their medicines and had their competency assessed.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe. Staff supported people to understand how to reduce infection risks. People told us how staff encouraged and supported them to keep their home clean and reduce the risk of infection. There were signs to encourage regular hand washing.
- Staff had received training on infection control, they told us they had access to plenty of PPE for use when providing people with personal care and cleaning.
- Staff had completed food hygiene training and followed correct procedures when they supported people to prepare and store food. Regular checks were made of fridge and freezer temperatures to ensure food was stored safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Information was gathered from people, their families and relevant health professionals in order to assess how best to support people. Care plans reflected an understanding of the range of people's diverse needs, their preferences and assessments of people's communication support and emotional needs.
- Support and health care plans were reviewed and updated on a regular basis in discussion with people, their families and professionals to ensure their needs and preferences were met.

Staff support: induction, training, skills and experience

- Staff had the skills, training and experience to support people with their needs. Staff received a wide range of training including specific training on learning disabilities and a wide range of other health conditions. Staff also completed training on positive behaviour support a recognised person centred approach to supporting people with distressed behaviour.
- Staff told us and records confirmed, they undertook the Care Certificate and were encouraged to complete further health and social care training awards to increase their knowledge and understanding. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they had an induction when they started work which included an extended period of shadowing experienced members of staff. They said this meant they had got to know people well and fully understood people's needs and how to support them. One staff member said, "I learned so much from shadowing. I really felt I understood the job and was ready to work by the end."
- Staff received regular supervision and support to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were encouraged to prepare and cook for themselves as much as possible and staff supported them where they needed. One person said, "I cook my own breakfast. I like to do that."
- People said they were encouraged to eat a healthy balanced diet. Feedback from a relative we saw commented on how one person had, "Become much more adventurous and freely chooses healthier food options." One person had been supported to lose a considerable amount of weight. Relatives commented on the positive difference this had made to their life.
- People explained how they planned their meals and were supported in this with pictorial guides where appropriate. We observed people discussing evening meal choices. They told us they liked to eat together

when they could and took it in turns to cook the evening meal.

- Staff understood people's cultural needs in relation to their diet and these were identified, discussed with them and supported.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked in partnership with GP's and other health and social care professionals to plan and ensure people's health needs were met. People had detailed health action plans that outlined their needs and included advice from health professionals.
- We saw some feedback from a relative about how staff had supported their family member to lead a much healthier life in which they slept better, was able to enjoy exercise, and ate more healthily, "Because of this, they have made a positive life changing impact on my family member's health."
- People had hospital passports which outlined their health care and support needs for professionals. This information was available and shared with hospital staff when this was required.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected because staff acted in accordance with the MCA. Staff had received training on MCA and understood the need to assess people's capacity to make separate decisions about their care and support and to arrange best interests' meetings when required.
- Where people had capacity there were signed consent forms in relation to their support needs where relevant. People confirmed staff asked for their consent before they provided care or support and we observed this to be the case. One person told us, "Staff always check with me, tell me what they want to do and check its ok." Staff confirmed they understood the importance of consent. One staff member commented, "It's really important to explain and ask people how they feel about any support first."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well and who treated people with kindness and consideration. People spoke positively about their relationship with all the staff. One person told us, "The staff are fantastic here. I get on with all of them." Another person commented, "The staff are brilliant. You can talk to any of them. They really care."
- People's needs in respect of their protected characteristics such as their culture, religion, sexuality, and disability had been identified and were respected. Staff had received training on equality and diversity and explained how they would support everyone equally. One person's spiritual needs were supported by staff in attending a place of worship and being encouraged to be part of that community.
- Relatives were also positive about the relationships between their family members and staff at the home. One relative had commented in feedback to the local authority, "I know that [my family member] is in a place of love and support and care."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in decisions about their care. People told us how staff involved them in deciding how they spent their time, what they chose to eat and drink or spend money on. People's views, preferences and choices about their care were recorded in their support plans. We observed staff consulted with people about their everyday choices and ensured they fully understood their preferences and decisions.
- Care records showed that people and their relatives had been consulted about the support they received. Regular key worker sessions and house meetings were held to ensure people could express their views about the support they received. A relative remarked, "I have great peace of mind knowing that if there were any concerns the staff would inform me straight away."
- Staff told us they knew how to access local advocacy services for people when they needed to.

Respecting and promoting people's privacy, dignity and independence

- Staff protected and respected people's privacy and dignity. We observed staff speaking with people in a respectful and engaging manner. People told us staff treated them with dignity and respect at all times and told us they knocked on their doors before they entered. Staff described how they protected people's dignity when they provided personal care.
- People told us staff encouraged them to be as independent as possible. One person explained how they had been supported to learn to travel independently. People looked after and administered their medicines,

where it had been assessed it was safe to do so. People said they were encouraged to look after their personal care as much as possible and staff supported them in areas they found difficult.

- People were encouraged to invite family and friends to visit and maintain relationships that mattered to them. One relative remarked, "I always feel very welcome when visiting and it really does feel like I am just popping into their home."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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 received person-centred care from a small group of staff who knew their needs well. Staff had a very good understanding of people's care and support needs and worked flexibly with people picking up on any mood alterations or changes to their needs. Care plans were regularly reviewed to ensure they were up to date. A relative commented, "They are incredibly considerate and aware of potential triggers for anxiety for [my family member]."
- People told us they had goals they were working towards, reflective of Right support right care right culture principles. Staff explained how these were broken down into smaller steps to support people. One person told us how they managed to cook and learned to look after their medicines safely.
- Records of care showed people were empowered to develop skills across aspects of their care and support. Records of key worker meetings were completed and showed people's active involvement in the meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and any support they needed was recorded in their care records. Information about the service was available in a variety of formats such as easy read and pictorial guides depending on people's needs. The registered manager said that if people required information in other formats such as large print, a different language, audio, or visual aids these could be made available to them.

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

- Staff supported people to take part in activities and develop their interests and hobbies.
- People told us they had enjoyed a range of different activities. They had individual weekly activity programmes that reflected their different interests such as going to the gym, rock climbing, pedicures, going to football matches going to the pub. People told us they liked to see what they were doing for the week as it helped them plan their time.
- Relatives commented that they thought people were supported to be part of the local area and take part

in activities of their choice.

- People were supported to look for work or opportunities to develop their skills. One person was working in the area and told us how much they enjoyed this.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available in different formats, so that people could understand how a complaint would be acted on. Records showed that when a complaint was raised, it was investigated by the provider and responded to appropriately.
- Most people told us they had not needed to raise a complaint at all. Where relatives had raised a complaint, they told us they were happy with the way it had been responded to and it was fully resolved.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There was a system of oversight and quality monitoring of the service. However, there were limited records to evidence how the provider maintained their oversight of how the service was running. Regular meetings were held and a consultant provided advice and oversight, but records lacked detail of this monitoring. We found some minor issues in relation to the provider's registration which had not impacted on people's care. These were acted on promptly by the provider.

We recommend the provider seek best practice guidance on a system for recording their monitoring and oversight of the service.

- The registered manager monitored the quality and safety of the service through regular audits across aspects the service to identify any improvements needed. They had acted on recommendations from a local authority inspection in November 2022 to address some areas identified at that time. The registered manger said they had learned a lot from the visit and made a number of improvements.
- Regular safety checks were carried out by staff and these were reviewed by the registered manager. Staff told us the registered manager was often onsite to check an observe the quality of the service.
- The registered manager was open to learning and had attended provider forums to ensure they kept up to date.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was an empowering, and person-centred approach at the service. People were involved and included in decision making. People were supported to be socially active and develop a range of interests and skills and develop their strengths. The registered manager and staff understood the values of the service, to promote their independence and demonstrated a commitment to provide people with good support .
- People and their relatives all told us that they had made progress and developed in a positive way with the support from staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 manager demonstrated a clear understanding of their roles and responsibilities as a registered manager. They understood their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and understood the importance of this.
- People and relatives said they thought the service was well managed and that the registered manager was very approachable and supportive. Staff were all very positive about the registered manager. One staff member said, "She is a fantastic manager. I feel very supported. She is ever so patient and takes time to care about the people here and staff."
- Staff told us they were confident they understood their roles and responsibilities and there were effective communication channels. "I have been really supported to learn the job. We do a written and a verbal handover, so we know what is going on."
- There were regular staff meetings to discuss policies and practice and ensure good teamwork.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were actively engaged in making decisions about the way the service was run through house meetings and key worker sessions and through surveys.
- Relatives remarked they thought their views were sought through a survey and that they were consulted and kept up to date about any changes.
- The service worked in partnership with relatives, the local authority and with healthcare professionals to support people's needs. Feedback we saw from professionals was positive about the service and the way they supported people.