

Leading Lives Limited

South East Supported Living and Domiciliary

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:

- South East Supported Living and Domiciliary is a service that provides personal care to 11 people who live in their own homes. At the time of the inspection no one was receiving personal care from the service who lived in a supported living environment. The service supported younger adults, older people, people with learning disabilities and autistic spectrum disorder.

People's experience of using this service:

- The service continued to provide people with a safe service. Systems and processes were in place to manage medicines safely and to protect people from the risk of harm and abuse.
- Safe recruitment practices were followed with enough support workers to cover people's planned visits.
- People's care and support led to good outcomes. Support workers were sufficiently trained and had the skills and knowledge to meet people's individual needs.
- People received care in a manner which was in accordance with the principles of the Mental Capacity Act 2005.
- Where required, people were supported with their dietary needs, to maintain good health and access healthcare services where needed.
- The service continued to provide people with a caring service. Support workers had developed good relationships with people, treating them with kindness and compassion. They protected people's privacy and dignity and promoted their independence.
- People's care records were accurate and reflected the care and support provided.
- The service listened to people's experiences, concerns and complaints and acted where needed.
- The service was well run with effective systems to assess and monitor the service to continually improve.

Rating at last inspection: At our last inspection of 16 and 17 June 2016, which was published 12 August 2016, the service was rated good.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up we may inspect sooner.

See more information in Detailed Findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service 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.

South East Supported Living and Domiciliary

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

The service is a domiciliary care agency. People receive a personal care service within their own home and it the personal care that is regulated by CQC. Not everyone using South East Supported Living and Domiciliary 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. At the time of the inspection there were 11 people who used the service that received personal care.

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 visit because we needed to make sure someone would be available at the office to meet with us. Inspection site visit activity started on 5 March 2019 and ended on 13 March 2019 when we gave feedback. We visited the office location on 5 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Following which, and with their agreement, we contacted people who used the service, their relatives and staff for

feedback.

What we did:

Before the inspection we reviewed the information, we held about the service and the provider. The registered manager completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the office visit we spoke with the registered manager, a team manager, a business support person, a support worker and two relatives. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 6 and 7 March 2019, we spoke with two people who used the service and two support workers. We also reviewed electronic feedback from two community professionals.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff who supported them. One person said, "Been with Leading Lives a long time and am perfectly happy with the help I get; totally feel safe and comfortable with my carers."
- Support workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities including how to report concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be well managed. Support workers were aware of people's individual needs and how to meet them.
- People's care records included risk assessments which identified how the risks in their care and support were minimised. Risk assessments were reviewed at frequent intervals and if a person's identified needs changed.

Staffing and recruitment

- There were sufficient numbers of support workers to meet the needs of people. Records seen showed that there had been no recent visits that had been over 15 minutes late or been missed.
- People who used the service and relatives told us that the support workers were usually punctual in their arrival and stayed the allocated time. One person said about their support workers, "They do very well, turn up when they should, on time, not had a late or missed visit and get a rota in place beforehand so I know who to expect."
- The management team continued to maintain robust recruitment procedures to check prospective support workers were suitable to work in the service and were of good character.

Using medicines safely; preventing and controlling infection

- No one at the time of the inspection was being supported by the service with their medicines.
- Systems were in place to regularly review the level of support people needed with their medicines to keep them safe.
- Support workers told us they had received the provider's medicines training and had their competency to undertake this task assessed. Records seen confirmed this.
- There were systems in place to reduce the risks of cross contamination including providing support workers with personal protection equipment, such as disposable gloves and aprons, and staff training. One person commented, "They always come prepared with their disposable gloves and aprons."

Learning lessons when things go wrong

- Accidents and incidents had been reported appropriately with action taken to make improvements.
- The registered manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks. These were also monitored by the provider.

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

Good: 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 care needs continued to be assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation.
- People's physical, mental and social needs were reflected in their care records and were regularly reviewed and updated in line with their wishes. This enabled support workers to get to know people and understand how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People said the support workers were skilled and competent to provide them with the care they needed. One person told us, "My carers are well trained, professional and know what they are doing." Another person's relative commented, "The carers are fantastic; excellent awareness of seizures protocol. They are not lacking in training and knowledge."
- Support workers and the office based staff were positive about the provider's training. They confirmed that the training was relevant to their roles and enabled them to deliver a quality service to people. They described being supported through regular team meetings and supervisions. One member of staff stated, "I feel encouraged and fully supported by my colleagues and the management team to do my job to the best of my ability."
- Support workers were provided with opportunities to gain further qualifications and develop in their role. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care.

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

- Where people required support with their dietary needs, this was provided effectively. People and relatives told us that the support workers encouraged people to drink to reduce the risks of dehydration and left people with a drink before they left. One person said, "My carers always make sure I have a drink and a snack for later before they go."
- The support people required with preparing meals and eating was clearly set out in their care records. This included information about reducing the risk of people becoming dehydrated or malnourished.

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

- People said, if required, support workers helped them to arrange and attend their health care appointments. The care records showed the level of support given and included any advice given that the

support workers were to follow.

- Records demonstrated that where support workers had concerns about people's wellbeing, they had acted quickly. This included calling the office, health professionals or advising people's relatives that the input of health professionals may be required.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

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 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 their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- People told us that the support workers asked for their consent and gave them choices. One person said, "They check with me what I want them to do, how best to help me. How I want things done?" Another person said, "If I don't want to do something I shan't do it. I have never been forced to do something against my will; nothing like that goes on with my carers."
- Support workers were aware of their responsibilities in supporting people in the least restrictive way possible.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

Office location and access

- The service's office was located in a business park, which had a visitor's car park and was suitable for the running of the service.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us the support workers were kind and caring. One person said, "My carers are wonderful, very attentive and thoughtful; do anything for you." Another person said, "My support workers are always respectful, polite and courteous towards me."
- The service promoted meaningful relationships between people and the staff. They ensured that people received support from a consistent staff group who knew them well.

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

- People and their representatives where appropriate were involved in the planning of their care.
- People's views were reflected and where able, people signed their care plans. One person said, "I remember talking with the manager about what I wanted and agreeing what was needed, it is all in my folder."
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

Respecting and promoting people's privacy, dignity and independence.

- People told us their right to privacy and confidentiality was respected. One person's relative shared with us that the support workers were, "Very kind and caring and very conscious in preserving [person's] dignity at all times."
- Information in people's care records guided support workers to ensure people's privacy, dignity and independence was maintained.
- Support workers received training in dignity and respect. They understood why it was important to treat people with respect. All the staff spoken with talked about people in a respectful and compassionate manner.
- Support workers encouraged people to be as independent as possible. Care records made clear the tasks within daily routines that people could do themselves and where they needed assistance. This reduced the risk of people being over supported and losing their independence.
- Copies of people's care records were kept in their homes and a secure copy held in the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support provided to people was individual and met their specific needs and preferences.
- People's care plans were personalised and contained information about their life history, preferences, likes and dislikes. These were in the process of being further expanded upon to enhance the level of detail to assist support workers to better understand people and meet their needs.
- Discussions with the support workers and management team demonstrated they knew people well on a personal level. This was confirmed by speaking with people.
- People and relatives told us they were consulted and listened to regarding their preferences for the care provided.
- Staff told us that they were informed when people's needs changed. Care plans and records were updated with this information.
- Staff regularly discussed and reviewed the support provided to people. A staff member said this was to, "Make sure you're giving the right care and support to meet people's needs."

Improving care quality in response to complaints or concerns

- People and relatives told us they had not felt the need to formally complain about the service as any issues raised had been swiftly addressed. One person said, "I don't need to call the office that often but when I do the phone is answered quickly and who ever answers is polite and deals with my query. I have no complaints at all"
- Staff also told us they felt able to raise any complaints or concerns.
- The service had received several written compliments about the support provided. Where concerns and complaints had been received we saw the registered manager had undertaken a detailed and thorough investigation of the issues.

End of life care and support

- There was no one receiving end of life care when we visited the service.
- People's care records were being developed to show that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review.
- The registered manager advised us they were planning further training and support to staff on advance care planning (ACP). ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives we spoke with were happy with the quality of care provided. One person said, "I really think that the staff genuinely all care and do whatever they can to look after you. People matter. I think it is well run. I have no concerns. I would recommend the service."

One relative told us, "I rely on them to help me to support my [family member] we have built an excellent relationship. I don't have any issues."

- There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.

- The registered manager was proactive and acted when errors or improvements were identified and learnt from these events. One person told us, "I adore my carers, am more than satisfied with the service I get. The office staff have always been helpful and on hand to deal with any issues when I have contacted them. I have no problems."

- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager acknowledged that since our last inspection there had been several personnel changes which had impacted the service, an organisational restructure and several support workers leaving but the staffing situation had settled through active recruitment. Records seen showed people received a continuity of care.

- The staff we spoke with told us there was an improved, positive management structure in place that was open and transparent. The registered manager, supported by the team manager were held in high regard and a visible presence in the service. One support worker said, "The communication is getting better. The managers are available to support you and will get back to you. It is better organised."

- A programme of audits to assess the quality of the service and identify issues was carried out by the registered manager. These included regular management reports which covered areas such as staff training, supervisions, care plan reviews, incidents, complaints, and overall amount of care hours. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.

- Where required the registered manager listened to other professionals and took advice on board.

- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and their relatives where appropriate to identify how they wanted their care delivered.
- Staff told us they felt supported in their role and able to bring any issues to the attention of the management team and were confident they would be appropriately dealt with.
- Staff described feeling valued and listened to by the management team and that this contributed to good morale and team working. A support worker commented, "The management do a good job. [Team manager] is a good first point of contact. Her and [registered manager] make the service run smoother and help you out where needed. They respect the staff. [Registered manager] is a positive, calming influence and listens to what we have to say."
- The management team involved staff in decisions about the service. They did this through meetings and ongoing discussions.

Continuous learning and improving care

- There was a commitment to learning and development. The registered manager told us that when people using the service had specific needs, training was sourced before they provided care to ensure that support workers had the knowledge of how to provide care and support.
- The registered manager understood the importance of keeping up to date with changes in the care industry.

Working in partnership with others

- The registered manager had built positive relationships with health and social care professionals. Records and conversations with people demonstrated the registered manager had taken on board advice from external organisations and put this into practice.