

Legacy Supported Living Limited

Legacy Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Legacy Supported Living is a domiciliary care and supported living service. The domiciliary care service provides care and support to people living in their own homes. The supported living service comprised of 3 properties, 2 houses which provided communal facilities, including a lounge, kitchen and bathroom, each person having their own bedroom; and a 2 bedroom flat which was a single dwelling. The houses and flat had a dedicated bedroom for staff to sleep on site as part of the 24 hour care support.

Not everyone who used the service received 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 inspection 2 people were receiving support with personal care.

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

Right Support:

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. People were involved and supported when safeguarding concerns were raised.

Staff supported people to achieve their goals to maintain and achieve greater independence and spoke passionately about the support they provided. Staff had a good understanding of people's needs and how to respond and support people to maximise their wellbeing when they became anxious or distressed.

Right Care:

People received support so they could manage their medicines safely. People were involved in the development and review of their support plans. People's support plans were personalised and provided information as to how they wanted staff to support them. People and relatives were positive about the support and care provided and the impact positive staff had on their wellbeing.

Right Culture:

The registered manager and staff had a clear vision as to the service they wished to provide. Systems and processes were in place to assess the quality of the service being provided, which included a range of audits. People's views and those of others involved in their care were sought about the quality of the service and analysed. The registered manager had developed action plans to bring about improvement based on the outcome of audits and people's views.

People were supported to be involved in staff recruitment, which included being part of the interview panel for prospective staff. Staff spoke positively of the support they received from the registered manager, which included regular meetings and supervision. Communication systems amongst all staff were effective to promote good quality care and support.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

At our last inspection we recommended that the registered manager referred to guidance to support with the assessment and recording of staff's competence in medicine management. At this inspection we found the provider had acted on our recommendation and improvements had been made. Staff's competency in medicine management had been assessed and included a written record.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Legacy 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

The inspection was carried out by 1 inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service provides care and support to people living within 3 'supported living' settings, 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 72 hours' 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 7 March 2023 and ended on 13 March 2023. We visited the location's office on 8

March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 1 relative about their experience of the care provided. We spoke with the registered manager, a senior support worker and a support worker.

We reviewed a range of records. This included 1 person's care and medication records. We looked at 2 staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including quality monitoring, minutes of staff meetings and staff training.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the registered manager consulted guidance on assessment for staff who administer medicines. The provider had made improvements.

- Systems were in place to support people with their medicines. Staff who administered medicine undertook medicines training and their competency was regularly assessed.
- People were supported and encouraged to manage some or all aspects of their medicine where they had chosen to do, which included the ordering and collection of prescriptions, and the taking their medicine.
- People's records provided information about the medicine they had been prescribed and what the medicine was for. There was clear guidance as to the use of medicine to be given as and when required. For example, to manage pain.

Assessing risk, safety monitoring and management

- The scope of risk assessments had improved and people's safety was promoted. This included the assessment of potential risks linked to people's homes. This included safety checks on key equipment and fire safety, and were audited as part of the provider's quality monitoring processes.
- People's choice and independence was promoted through positive risk taking. This meant potential risks were assessed, and measures put into place to reduce risk. This approach proactively encouraged and supported people's engagement in activities of importance and interest to them, and to encourage the achieving of personal goals. A person told us, "I review my support plans every year and am encouraged to make choices."
- Staff supported people when they became anxious or distressed by following the person's support plan. Support plans included information of known triggers for increasing anxiety and how to reduce these, which included a consistent approach by staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- People were supported to make daily decisions and choices about their care. People had confirmed and signed an agreement consenting to their care and support from Legacy Supported Living.
- People's capacity was assessed consistent with the MCA. People's records included information as to their capacity to make an informed decision about individual aspects of their care and support.

Staffing and recruitment

- Staff were recruited safely. The registered manager had made improvements to the recruitment process to ensure it was more robust. This included improvements to ensure application forms and gaps in people's education and employment were explored and documented.
- People formed part of the interview panel for prospective employees, supported by the registered manager and support workers. A person told us they asked candidates questions about how they would support them to take part in the activities they enjoyed.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- People were provided with information in easy read format when they started using the service, which included an explanation of safeguarding.
- A person told us they understood about safeguarding, and when asked who they would contact other than staff employed by Legacy Support Limited, they told us they would speak with staff from a day care service they attended. The person told us of a safeguarding concern they had raised and the support they had received from the registered manager.
- The registered manager had received positive feedback from the local safeguarding team which recognised how a person had been extremely well supported throughout a safeguarding investigation, ensuring their outcomes were listened to and acted upon.
- Systems and processes were in place to support people with money management, and to evidence people's money was being managed safely. Information, including receipts, were submitted to people's financial appointees.

Preventing and controlling infection

- Infection prevention and control measures promoted people's safety. Staff had received training in infection prevention measures and staff used personal protective equipment (PPE) where required to do so, for example providing people's personal care.
- People's needs around prevention and controlling including household management were considered as part of their assessment. Where support was required, people's care records detailed the support the person required and the role of staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed and were used to review people's support plans with their involvement.
- The registered manager's analysis of incidents found periods of anxiety and distress of a person had reduced. This showed the consistent approach of staff in following the support plan had made a positive

impact on the person's day to day life.

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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

- Improvements had been made to systems and processes to monitor the quality of the service provided by widening the scope of records audited. Audits now included staff recruitment records, along with health and safety documents relating to people's living environment and the reviewing of policies and procedures.
- The outcome of audits, including those linked to people's care records were discussed at staff meetings. This ensured any improvements identified by the registered manager were shared and implemented.
- Staff spoke positively of the support they received from the registered manager, which included supervisions and appraisals. A staff member when asked about the impact of supervisions said, "They Help me to know my strengths and weaknesses, whether I'm on track. An opportunity to discuss how I dealt with a situation, and reflect upon my practice going forward."
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars organised by the local authority, and were a member of the skills for care registered managers forum and kept up to date through reading journal articles.

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

- The registered manager, who was also the provider, was committed to providing a responsive, personalised service for people. People's support plans were discussed with them, which they had signed. Information including support plans and key information about safeguarding and raising concerns were provided in a format to suit people's needs where required, such as easy read. This supported the inclusivity and empowerment of people.
- A relative spoke positively about the service their family member received. They said, "Staff care about [family member] and they're happy with staff and have positive relationships with them and are not upset. [Family member] is much more settled, this is because staff have the ability to meet there needs, doing what [family member] wants, when they want."
- The registered manager provided ongoing support for staff, which included formal supervision and appraisal. Staff received day to day support and guidance linked to people's care and support to enable staff to provide good quality care.

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be

open and honest, issue an apology and take any necessary action.

- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- Systems and processes were in place to seek and receive feedback about the service. A person told us how staff always asked them about their care and what they wanted to do, and spoke of the importance of positive supportive relationships. They said, "Staff look after me, helping me with personal care and meals, going out and about, shopping, banking and doing my laundry. Staff work with me 24 hours a day, we are all treated equal."
- People's views, and that of relatives, health and social care professionals and staff were sought via questionnaires. The results of these were analysed and individual comments were addressed. For example, a person had requested additional support for some evenings of the week, which the registered manager had actioned.

Working in partnership with others

- The registered manager and staff worked with health care professionals and other agencies to support people.
- A relative told us how staff liaised with them to achieve the best for their family member.