

Luton Borough Council

Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 23 March 2016. Between this date and 15 April 2016, we spoke with five members of staff and the relatives of two people by telephone.

The service provides care and support to people with physical disabilities, learning disabilities and/or autistic spectrum conditions who live in 'supported living' schemes. At the time of the inspection, 33 people were being supported within eight schemes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff received regular supervision and they had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this had been managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People's health and wellbeing was promoted, and they were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service and their relatives. They acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. People and staff we spoke with described the service as 'good'.

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.

There were systems in place to safeguard people from the risk of harm.

The provider had a robust recruitment procedure in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring towards them.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring and inclusive culture within the service.

People who used the service, their relatives and staff had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive continuous improvements.

Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 March 2016. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the registered manager and looked at care records for nine people who used the service. We looked at five staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

We spoke with 10 people who used the service when we visited some of them at two day centres and one of the houses where they lived. This was because we wanted to speak to as many people as possible. The expert by experience used pictorial symbols and Makaton to communicate with people who were unable to communicate verbally. Between the date of the office visit and 15 April 2016, we spoke with five members of staff and the relatives of two people by telephone.

Is the service safe?

Our findings

People told us that they were safe, including a person who pointed to the symbols to show us that they were "happy and safe". Another person said, "I am happy and safe in my home." A third person said, "I like it where I live. I am safe and happy." Another person told us that they were safe because staff were kind. Additionally, all four people we spoke with at their home said that they were safe.

We saw that the provider had processes in place to safeguard people including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Training records showed that staff had been trained on how to safeguard people and those we spoke with confirmed that they had been given information on how to report concerns they might have about people's safety. A member of staff said, "I do believe that service users are safe. All staff are professional and we talk about care issues as a team." Another member of staff said, "Service users are safe. They are comfortable with me and my colleagues." A third member of staff said that they would discuss concerns about people's safety with the team leader or at team meetings. They added, "If I'm not happy with how the issue is managed, I will report it to the manager and make sure that something is done about it for the benefit of the people we support."

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed and there were personalised risk assessments in place for each person. Some of the risks identified included those associated with deterioration in people's physical health, falling, a person's inability to meet their own personal care and nutritional needs, medicines, and financial management. We noted that the risk management plans included detailed information on how staff could support people in a way that minimised the risks. For example, we saw that there was a detailed procedure on how support a person if they had an epileptic seizure. This included guidance on the use of assistive technology to monitor the person's seizure activity while they were in bed. We saw that people's risk assessments had been reviewed and updated regularly or when their needs had changed. A member of staff said, "We have a duty of care to manage risk when this is necessary. However, we have to balance risk management with people's choices to take risks."

We saw that records were kept of incidents and accidents. These had been reviewed in order to identify ways of reducing the likelihood of them happening again. Additionally, all the equipment, including hoists and wheelchairs were regularly inspected to ensure that they remained safe for use by people.

Staff records we looked at showed that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The duty rotas showed that sufficient numbers of staff were always planned to support people safely. One person told us that they were supported by regular staff, adding, "Not a lot of strangers come here." Staff

told us that they normally had sufficient numbers to support people safely, but at times, staff sickness meant that they needed additional staff. A member of staff told us that most of the staff were willing to work at short notice to cover for sickness if the provider agreed to pay overtime rates. The manager told us that they had an ongoing recruitment plan to ensure that they covered any vacancies as they occurred and they had casual staff who covered for leave. They also said that although staff were allocated to a specific house, they were able to work in other houses if additional support was required.

Some people were being supported to take their medicines and we saw that this had been managed safely by trained staff. People we spoke with had no concerns with how their medicines were being given to them. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. This showed that people were being given their medicines as prescribed by their GPs.

Is the service effective?

Our findings

People told us that staff supported them well and in a way that met their individual needs. One person told us, "Yes, I am well looked after." Another person said, "Staff support me well."

The provider had a regular training programme for all staff in a range of subjects relevant to their roles. We saw that staff had completed various training including first aid, food hygiene, safeguarding, medicines management, and epilepsy awareness. Staff said that the training had been effective in helping them to develop the skills and knowledge necessary for them to support people appropriately. A member of staff said, "Training is good, but it has really changed in the last few years. We do yearly refresher training, but this is much shorter than before." However, they said that the training was sufficient for them to learn skills they could use when supporting people. Another member of staff said, "We get training, sometimes yearly or every two years. We are booked for refresher training when it is due." A third member of staff told us that they found the 'Team Teach' training they had done recently very useful in their work in supporting people who showed behaviours that may challenge others. We saw that some members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ).

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. This was provided by the senior support workers for each house where people lived. We noted that some staff called them 'team leaders'. The senior support workers' supervision was provided by the manager. A member of staff said, "I had supervision yesterday and I discussed with my team leader that we will check if I need to do any training soon." Another member of staff said, "My senior is a very wonderful lady, very supportive and approachable. I get enough supervision and this is booked as soon as possible if it was missed because of leave. Anything raised during supervisions is always dealt with." A third member of staff told us that they could always speak with senior staff outside of planned supervision meetings. They added, "The team leaders are very supportive. They will support you if you have any concerns about your work."

Where possible, some people had signed forms to show that they consented to their care and support, including being supported with their medicines. Also, they had given consent for other health or social care professionals to have access to their care records. Some of the people's complex needs meant that they did not have capacity to make decisions about some aspects of their care and we saw that relevant mental capacity assessments had been completed. For example where required, assessments had been carried out to check if people had mental capacity to manage their money, understand their tenancy agreements, and consent to their care and support. Also, the provider had a 'decision making form', which was a record of instances when decisions were made by others on behalf of people. An example of this was when a person's relative had made a dental appointment for them. These processes ensured that any decisions made to provide support were in the person's best interest and in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

The provider had also taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. For example, we saw that one person had a Court of Protection authorisation for them to be supported by the service. We also saw that the manager had contacted the relevant local authorities to check the progress of some the referrals they had made. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, authorisations in supported living services, extra care services and shared lives placements can only be made through the Court of Protection.

People told us that they always had enough to eat and they enjoyed their food. One person said, "I get nice dinners and a choice of food. I help to prepare dinner and clean the kitchen." Another person said, "I do my own food shopping." A third person told us, "I get lovely dinners." A fourth person said that they had been supported to do food shopping that day and that they always helped to prepare the food. Staff we spoke with told us that people ate really good food and they always encouraged them to make healthy food choices. None of them were concerned that people might not be eating enough to maintain their health and wellbeing. A member of staff said, "Most of our service users are able to make food choices and we support them to make sure they have enough and eat well." Another member of staff said, "Service users eat enough, good quality food. They always look forward to going shopping and they enjoy their food."

People had been supported to access other health and social care services, such as GPs, dentists, chiropodists, and opticians. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met to maintain their wellbeing. Staff also supported people to attend their health appointments. Where required, some people received mental health support from community learning disabilities teams, made up of psychiatrists and learning disabilities nurses. Some people also had support from specialist teams to manage complex conditions like epilepsy.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person said, "Staff are very nice." Another person said, "The staff are lovely." A third person told us, "I like it here, I have a nice room and everyone is lovely."

When we visited one of the houses people lived in, we observed that staff communicated with people in a positive and respectful manner. It was evident from how staff spoke with people that they knew them really well. People told us that their views were listened to and they were able to make choices about how they lived their lives. One person said, "I chose the paint for my bedroom and we have a rota for cleaning duties." They further told us that they were happy that their family visited them regularly. A member of staff said, "We always ask service users to make choices, for example, what kind of activities they want to do." Another member of staff said, "We work well with service users and their families, and we also involve them in decision making." A third member of staff told us that they went over and beyond service requirements to ensure that people had a good experience of care. They added, "I enjoy my work so much because I like looking after people. I feel quite fulfilled and I am always thinking of what more we could do for service users."

People told us that staff supported them to be as independent as possible. They also said that staff treated them with respect and dignity. One person told us, "Staff respect me and support me well." A member of staff said, "We have a very caring staff team. I treat people the way I would like to be treated, with respect. We work well as a team and respect each other." Another member of staff said, "We have a good team and we get on really well with service users too. Our aim is to support service users to be as independent as possible and we work with them to achieve this." Staff also understood how to maintain confidentiality. They told us that they would not discuss about people's care outside of work or with agencies that were not directly involved in their care.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. When they started using the service, everyone had been given a 'service user guide' which included information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. People could also have the support of an independent advocate if they needed additional support and we saw that a referral had been sent for one person because staff felt that they would benefit from the support.

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at showed that people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices had been taken into account. People told us that they received individual care and that staff made the necessary changes when their needs changed. One person said, "I am happy with how staff support me." Another person said, "I am very happy." A relative of one person told us, "The tremendous care and support staff give is admirable." They further told us that staff arranged everything for their relative without them needing to be always involved and they were happy about this. A member of staff said, "We try to be individual in how we support service users." Another member of staff said, "We support people with different needs and we are able to meet their individual needs. Everything is straightforward and we know what to do if service users' needs change."

Staff supported people to live active lives, and to pursue their hobbies and interests. Most people attended day centres during weekdays and staff told us about two people who had voluntary work. People we spoke with told us about what they enjoyed doing in their spare time. One person said, "I go out on my own to Milton Keynes." Another person told us, "I like going out shopping." A third person told us that they enjoyed going to the day centre and shopping. A relative of one person told us, "[Relative] does a lot more now than he has ever done. He goes out a lot and has a good social life." Some of the people who used the service had 'personal assistants' who supported them to pursue their social interests. The manager told us that the 'personal assistants' were managed by the local 'Disability Resource Centre' and the service's role was to support people to choose their own assistants.

The provider had a complaints procedure in place so that people knew how to raise any complaints they might have about the service. Everyone we spoke with said that they had not complained because they were happy with how their support was being provided. One person said, "I would tell staff or my brothers if I wasn't happy, but it's nice here and I have no worries." Another person said, "I would talk to staff if I was upset and they would help me." We noted that there had been no recorded complaints in the 12 months prior to the inspection. However, the provider had kept a record of comments and low level concerns. Seven issues had been recorded since September 2015 and these included concerns about a person smoking in their bedroom, and the dishwasher not working. We saw that appropriate action had been taken to resolve these issues.

Is the service well-led?

Our findings

The service had a registered manager who was supported by five senior support workers. Staff we spoke told us that the service was well managed, and they were complimentary about the support they received from the registered manager and the senior support workers. A member of staff said, "The support from the manager and team leaders has been really good. It is a great service." People we spoke with were happy with how their support was being provided and they described the service as 'good'. One person said, "I think it is well managed and everyone is really lovely. I like it where I live and I am happy." A member of staff said, "The service is good, but there is always room for improvements. We keep trying more and more to make sure our service users are happy. We try our best and we will continue to do so."

Staff told us that they had been encouraged to contribute to the development of the service. They held regular team meetings where a variety of relevant issues were discussed. We did not see the minutes of these meetings as they were kept in each house, but staff we spoke with told us that they had the meetings every four to six weeks. A member of staff said, "I feel I can speak up about any improvements that could be made. I am encouraged to do that and my views are valued." We saw that the manager also held meetings with the senior support workers every first Wednesday of the month. The minutes of the meeting held on 2 March 2016 showed that issues discussed included training, recruitment update, casual staff, and supervision.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they could continually improve the service. Where possible, 'residents' meetings' were held in houses where people were able to take part. The house we visited was one those where meetings were held and this was confirmed by one of the people we spoke with. They said, "We have residents' meetings here." The provider also sent annual surveys and we saw the results of the questionnaires completed by people and their relatives in 2015. The questionnaire given to people was in 'an easy read' format and it included questions about their home environment, health, staff that supported them, their life, and whether they were able to 'speak up' through complaints and advocacy. The action plan from the surveys showed that most people and their relatives were happy with the quality of the service, but they wanted to know how to complain. The manager had sent copies of the complaints procedure to people's relatives and an 'easy read' version had been given to people who used the service.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and the senior support workers completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. The manager visited each house regularly and to carry out quarterly quality audits. During these visits, they also took the opportunity to speak with staff and people who used the service. The manager told us that they worked closely with the four housing providers to ensure that any repairs were done in a timely manner.