

Leading Lives Limited

North Supported Housing and Domiciliary

Inspection report

John Turner House
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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: North Supported Housing and Domiciliary provides support to people with a learning disability in their own homes. At the time of our visit the service providing support to 30 people.

What life is like for people using this service:

- People receiving support from North Supported Housing and Domiciliary have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring towards them and knew them as individuals.
- People were supported to remain engaged in accessing meaningful activity of their choosing.
- People were provided with support to maintain good nutrition and eat a balanced diet.
- Whilst no one was at the end of their life, the service had sought people's preferences at the end of their life where this was appropriate.
- The service worked well with other organisations to ensure people had joined up care. External healthcare professionals made positive comments about the service provided to people.
- People were supported to make and attend appointments with external healthcare professionals.
- People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.
- There was a robust quality assurance system in place capable of identifying areas for improvement. An ongoing improvement plan was in place.

See more information in Detailed Findings below.

Rating at last inspection: Good. (Published 10 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service continued to demonstrate the characteristics of a good service.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated 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.

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.

North Supported Housing 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:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with a learning disability.

The service had two managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: We gave the service 48 hours' notice of the inspection to ensure someone would be available at the office.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service, two relatives and two healthcare professionals to ask about their experience of the care provided.

We spoke with the two registered managers and two support workers. We looked at four records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

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 on 10 November 2016, this key question was rated 'Good.' At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff were aware of the service's policies and procedures in relation to safeguarding and had received training in this area. The registered manager was aware of their responsibilities in regard to safeguarding and had made referrals where appropriate. People told us they felt safe, one said, "Yes, yes, I am safe, [staff] come on time. One is here most of the time."

Assessing risk, safety monitoring and management

- ☐ The service continued to assess risks to people and put in place measures to reduce these risks. Staff were aware of the risks to people and the measures in place to reduce them.
- ☐ The service was aware of 'positive risk' and how they could support people to reduce risks while taking part in activities they enjoyed such as swimming or visiting the community.
- ☐ Care planning clearly documented how people should be assisted to move safely and how the risk of falls could be minimised without compromising people's independence.

Staffing and recruitment

- ☐ There were enough staff to meet people's needs. People told us staff always came and that if they were running late they would let them know.
- ☐ Staff told us they were given adequate time to get between people's homes so they could arrive at the agreed time. The registered managers had measures in place to assess people's dependency and the amount of staff time they required.
- ☐ The service practiced safe recruitment procedures.

Using medicines safely

- ☐ The service continued to support people to manage and take their medicines safely where this was required. Staff received training in administering medicines and their competency was assessed at regular unannounced spot checks.
- ☐ At the end of each month the medicine administration records (MARs) were returned to the office. These were reviewed by the registered managers and we saw that issues in recording, such as gaps, were identified and actions were taken.

Preventing and controlling infection

- ☐ The service assessed the risk of the spread of infection and clear measures were in place to reduce this risk.

- Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. The service checked whether staff were wearing appropriate PPE at regular unannounced spot checks.

Learning lessons when things go wrong

- The management team were committed to developing and learning from events. A relative of one person had made several complaints. The service investigated these fully and accepted where there were improvements that could be made. Actions had been taken to bring about these improvements which were evident at this inspection visit.
- Accidents were appropriately recorded. These were monitored closely for trends and thorough investigations were carried out with actions put into place to reduce the risk of these reoccurring.

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

At our last inspection on 10 November 2016, this key question was rated, 'Good.' At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question. 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.

- ☐ The service continued to carry out comprehensive assessments of people's needs before the service started supporting them. These assessments were robust and contained specific information about people's routines.
- ☐ People's care records continued to reflect best practice guidance.

Staff support: induction, training, skills and experience

- ☐ The service continued to provide staff with suitable training for the role. This included training in people's specific needs such as epilepsy or the administration of seizure medicines.
- ☐ The service continued to carry out unannounced spot checks to assess the skills of staff and to ensure that training had been effective.
- ☐ Staff told us they felt supported by the registered managers and had regular one to one sessions with them. Staff told us they were supported to gain further qualifications and develop in their role.

Eating, drinking and a balanced diet

- ☐ The support people required with preparing meals and eating was clearly set out in their care records. This included information about any specific routines they had around eating as well as detailed information about the foods they liked and disliked.
- ☐ People told us staff helped them with their meals. One said, "I do a lot of the cooking myself but [the staff] get it out of the oven because that's really hot."
- ☐ The service encouraged people to eat healthily but respected people's choices. One person told us how they had recently lost two and a half stone. One of the registered managers told us about how they had supported the person to attend weight loss meetings and draw up meal plans to help them reach their goal. The person was proud of their weight loss and told us it meant they no longer needed mobility aids to move around.

Supporting people to live healthier lives, access healthcare services and support

- ☐ The service supported people to access support from external health professionals such as GP's,

dieticians and chiropodists. The support people required with making and attending appointments was set out in their care plans. Records were kept of the contact people had with other health professionals.

- There were hospital passports in place for people which set out their needs, how they communicated and their specific routines to ensure consistency if they were admitted to hospital.

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 Mental Capacity Act (MCA).
- People's capacity to make specific decisions had been assessed. This included their capacity to consent to photography, care planning and receiving support from the service. Care planning was focused around supporting people in the least restrictive way possible.
- The manager understood their responsibilities and had made applications to the Court of Protection where people could be potentially deprived of their liberty to ensure their safety. Where these had been authorised any specific conditions or guidance had been made clear in care records.

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.

At our last inspection on 10 November 2016, this key question was rated 'Good.' At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question. 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

- ☐ All the people we spoke with told us that staff were kind and caring towards them. One said, "Staff are very nice to me. If I need a cuddle they will give me one."
- ☐ Healthcare professionals told us people were treated with kindness. One said, "Each worker brings something different to [person's] day, [person] came from a background of neglect and now feels cared for. I have met most of the workers who make up [person's] weeks rota and they are lovely with them, they advocate for them to ensure ideas that they would like to explore are prioritised."
- ☐ It was clear from discussions with staff and the registered managers that they knew people well. They told us about how people liked to be supported, their interests, their goals and achievements.
- ☐ The registered managers promoted the forming of meaningful relationships between people and staff. People were matched with staff in line with their preferences or who had similar interests.

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

- ☐ People and their representatives were involved in the planning of their care. People's views were reflected and where possible, people signed their care plans. There were easy read pictorial copies of people's care plans so they could better understand what was written about them.
- ☐ We showed one person their care record and asked if they were aware of it. They said, "I did see this." People's care records were contained within folders relating to their preferences which made it easier for people to identify theirs. For example, one person's records were in a folder decorated with unicorns.
- ☐ 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.

- ☐ Care records were detailed and contained information about people's life histories. This included information about their childhood, families, schools they had attended, events important to them and past achievements.
- ☐ Staff supported people to be as independent as possible. Care records were clear about the parts of people's daily routines they could carry out independently. This reduced the risk of people being over supported.
- ☐ We observed that staff, including the registered managers, treated people with dignity and respect. Staff

we spoke with were clear about their responsibilities in ensuring people's right to privacy. Care records set out how people should be supported with having private time.

Is the service responsive?

Our findings

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

At our last inspection on 10 November 2016, this key question was rated, 'Good.' At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question. 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

- People's care plans were exceptionally personalised, with detailed step by step information about their daily routines. This included the order in which tasks should be carried out in line with people's preferences. This is important in reducing the risk of distress for some people with a learning disability.
- Discussions with staff demonstrated they knew people well and knew of their specific needs. This included supporting them with behaviours people may find challenging. A healthcare professional said, "[Person's relative] speaks highly of the staff and feels that they have really got to know their relatives needs in the short time they have been working with them."
- The support people required with accessing meaningful activity was set out in their care records. This included information about what activities they carried out on what days and information about what activities they liked to engage in when at home.
- There was clear information for staff on reducing the risks to people when carrying out activities they liked. For example, one person's favourite activity was horse-riding and there was information for staff on reducing the risks associated with this activity.
- The service ensured that people were allocated enough staff time to remain engaged, stimulated and to carry out activities they enjoyed.

End of life care and support

- Whilst no one using the service was coming to the end of their life, the service had discussions with people about their preferences where this was possible. Any information provided by relatives was included in people's care records.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure in place and this was provided to people in an easy read pictorial format to help them understand how they could complain.
- We reviewed the records of three complaints that had been made. We saw that the service had responded appropriately to a complaint one person made, ensuring that the response to their complaint was provided in a way they could understand. The two other complaints we reviewed were investigated and responded to appropriately.
- Where the investigation of complaints indicated areas for improvement, we saw that these were added to an ongoing improvement plan.

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 on 10 November 2016, this key question was rated, 'Good.' At this inspection, we found the service continued to demonstrate a rating of 'Good' in this key question. 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; and how the provider understands and acts on duty of candour responsibility

- ☐ There were two registered managers working at the service. Both managers took responsibility for overseeing the service provided to people.
- ☐ The staff we spoke with were positive about working for the service and made positive comments about the management. People told us they could talk to the managers about their concerns. One said, "I can go to [registered manager] about whatever I want to say."
- ☐ People told us they knew the registered managers well. One said, "Very well I know them. We have [a] good friendship. I come and see them often."
- ☐ A healthcare professional said, "We have regular meetings to discuss people, [the management team] work openly and are flexible to think about new ideas."

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

- ☐ The registered managers understood their legal requirements. They were open to criticism, identified areas for improvement and took on board guidance from other professionals.
- ☐ 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

- ☐ The service regularly gave people opportunities to feedback their views. A survey of people's views had recently been carried out. A letter had been sent to people and their relatives about the results and the actions they would be taking based on what people said. This included implementing more regular care reviews and resending people copies of the complaints procedure.

Continuous learning and improving care

- ☐ The registered managers and provider had a robust quality assurance system in place. A representative of the provider organisation carried out regular audits of the service aligned to the Commission's key lines of

enquiry. We saw that areas for improvement identified in these were added to an ongoing improvement plan.

- The registered managers carried out a range of monthly audits, such as audits of medicines records, care planning, staff training and recruitment. They also carried out regular unannounced spot checks when staff were supporting people. During these they asked people for feedback on the service, checked staff competency and records kept in the person's home.
- In addition to the other audits, registered managers of other services owned by the provider carried out 'peer audits'. This was when registered managers of other services carried out a thorough audit of the service to identify any areas for improvement. This also meant registered managers could share feedback and best practice across services.
- The registered managers continued to identify areas for improvement through their quality assurance system and added these to a continuous improvement plan. Areas for improvement recently identified and added to this plan included updating policies, sourcing resilience training for staff, implementing further contingency plans and developing the career pathway. Minutes of meetings with staff demonstrated areas for improvement were discussed.
- The registered managers had recently taken part in management development days. One registered manager explained that the services owned by the provider are still developing. They said one purpose of this day was to look at the paperwork used in each service to consolidate this into a consistent format incorporating the ideas of all the managers. This ensured that best practice was shared across the provider's organisation.

Working in partnership with others

- The registered managers had built positive relationships with other health professionals. Two healthcare professionals gave us positive feedback about the management. One said, "I find Leading Lives management level staff to be really knowledgeable about the clients they work with, they communicate really well with me and the families that I work with."