Wakefield MDC

Supported Living Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the Supported living Service on 12 & 13 October 2016. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

The last full inspection took place on 13 September 2013, when we found the service was meeting the regulations we looked at.

Supported Living Service is a domiciliary care agency which provides care services to people in their own homes. They are currently providing a domiciliary care service to 32 people in their own homes. At the time of our visit 17 people were receiving a personal care service. It is the 'personal care' element of the service we regulate. The agency can provide a service to adults, older people, people living with dementia, people with physical disabilities, learning disabilities or autistic spectrum disorder, sensory impairment and people living with mental health issues.

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.

We found that people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. The skills mix of staff was good, however the provider had not recruited any new staff for two years. There were 12 vacancies for care workers across the scheme. Existing staff and pool staff were covering the vacant posts because of their dedication to people who used the service. If at any time they decided to just work their contracted hours the service would become potentially unsafe.

Staff had opportunities for on-going development and the registered manager ensured they received supervision, annual appraisals and training relevant to their role. However, the provider had not responded to the registered managers request to update everyone's first aid training.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received relevant training.

People told us staff were kind, helpful, compassionate, caring and understood people's needs. The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Care plans were in place and available in people's own homes for staff to follow. These clearly detailed what care and support people needed from staff and what they could do independently.

Medicines management systems were in place to ensure people received their medicines at the right times. When necessary staff offered appropriate support to make sure people's healthcare and dietary needs were met.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

People using the service, relatives and staff we spoke with were very positive about the registered manager and told us they would recommend the service.

A range of audits and checks were undertaken by the registered manager and assistant managers to help ensure the service worked to a consistently high standard.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider had not recruited to care worker vacancies and was reliant on existing staff and pool workers working additional hours. Without the good will and dedication of staff the service would be unsafe.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks.

Staff made sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported people to maintain good health and offered appropriate support with meals.

Is the service caring?

Good

The service was caring.

People were supported by regular care workers. This consistency enabled care workers to develop meaningful relationships with the people they supported.

People told us staff were kind, caring compassionate and helpful.

Is the service responsive?

Good

The service was caring.

Care plans were in place, which detailed the care and support people required.

People were aware of the complaints procedure and said they would be able to raise any issues with one of the management team.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager provided good leadership and direction, however, the provider had not responded in filling staff vacancies or ensuring all staff had up to date first aid training.

The registered manager and assistant managers undertook a range of audits to ensure standards were maintained.

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.

The inspection visit to the provider's office was made on 13 October 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one adult social care inspector.

At the time of inspection the service was providing personal care and support to 17 people.

During the visit to the provider's office we looked at the care records of people who used the service, one staff recruitment file, training records and other records relating to the day to day running of the service.

During the visit to the office we spoke with three assistant managers. When we finished at the office we visited two houses and met four people who used the service and three support workers. We also spoke with five relatives and two social workers on 12 October 2016.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held.

The registered manager told us although there were 12 vacancies for care workers, no recruitment had taken place in two years. They told us they had raised the issue about staffing at their monthly supervision sessions and at management meetings, but the provider had not advertised any of the vacant posts.

We asked the registered manager how they were ensuring staffing levels in the houses were being maintained. They told us existing staff were working additional hours and 'pool' staff were being used to cover.

One care worker told us, "When you get the phone call saying, 'I don't suppose you can work…' I don't feel like I can say no because I would be letting people using the service and my colleagues down. But I really don't want to work a lot of extra shifts." Another care worker told us, "I have been working 40-50 hours per week, but I'm getting tired. When people phone up and say can you help us out, I don't really want to but feel obliged." One of the assistant managers told us, "I feel tired about getting the vacancies covered, how much can you ask staff to give. We don't use agency staff and if we can't cover the shift one of the assistant managers covers."

The four assistant managers all had their own team of staff. We saw one team had 68.5 hours to cover every week in order to maintain safe staffing levels for the people they supported. We also saw another care worker who worked 30 hours per week, in the same team was due to go on maternity leave in December 2016. The provider had not taken any action to provide temporary cover for this planned absence.

It was clear from speaking with staff they were dedicated to providing quality care and support to people who used the service. Their awareness of people's needs and the detrimental effect having unfamiliar staff had upon them was placing them in the position of taking on more work than they might wish.

We concluded without the dedication and good will of the staff team continually picking up extra shifts, people who used the service would be left at risk. This was because they needed to be cared for by staff who understood them and who had the relevant training to meet their specific needs.

We looked at the training records and saw first aid was on the mandatory training list. However, when we looked at the training matrix we saw 11 care workers first aid certificates had expired in August/September 2016. We asked the registered manager about this who told us they had requested this training, however they had not been allocated places for all of the staff who required an update. Five of these staff could be on their own supporting people who used the service and two of them supported people who were at risk of choking. The registered manager told us they would make immediate arrangements for these staff to

complete the computerised course on first aid as an interim precaution to help ensure people they supported would be safe should first aid be necessary.
This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe using the service and that their care and support workers were kind and respectful. A relative told us, "I have no worries, I know [Name] is in safe hands." Another relative said, "[Name] is definitely kept safe." A third relative said, "I can sit at home and know [Name] is safe." When we went to visit one house, one of the people who used the service opened the door and was reminded by staff to check our identity badge.

We had received no notifications about any safeguarding incidents over the last three years. The safeguarding team at Wakefield Council confirmed there had been no safeguarding issues about the service.

We spoke to staff about their understanding of safeguarding and they demonstrated they were aware of their responsibilities and the procedures which were in place. Staff received training in safeguarding and supervisions on the subject to check their understanding. This demonstrated the registered manager had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

We saw detailed environmental risk assessments in relation to people's homes were in place to ensure the safety of the individual 's living there and staff.

Detailed and person centred risk assessments were in place which assessed risks for each person and provided staff with clear information on how to safely support them. Risk assessments demonstrated the service got the balance right between controlling risks and supporting people to take positive risks to maintain their independence. For example, one person could bathe independently but needed staff to sit outside of their bathroom to listen in case they had a seizure and required immediate assistance.

We saw people's care plans contained information about the level of support they required to manage their finances. For example, one person was supported to go into town every week to get their weekly allowance. We saw money kept for safekeeping was documented on a financial transaction sheet and when any items were purchased, receipts were attached and money spent deducted from the balance. Care workers confirmed the balance of money held was checked at every shift handover by staff and monthly by the assistant manager. This meant safeguards had been put in place to prevent any potential financial abuse.

The registered manager explained when the office was closed the management team take it in turns to be 'on call.' The member of staff 'on call' has emergency planning information for example, if there was a fire or flood at one of the properties they had all of the necessary contact numbers.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. Staff we spoke with confirmed they had received training in administering medicines and an observation of their practice had taken place to check they were competent.

The relatives we spoke with told us, any medicines which had been prescribed were given by staff. One person told us, "They make sure [Name] gets their medication."

Care plans contained information about the medicines people had been prescribed. We looked at three Medication Administration Records (MAR) and found they were all complete and accurate. We concluded people were getting their medicines at the right times as prescribed.

Good

Is the service effective?

Our findings

Relatives told us staff were well trained and had the right skills and knowledge to provide effective care and support. They also told us care was delivered by a familiar and stable staff team. One person told us, "They [staff] are well trained, they understand [Name] and [Name] understands them." Another person said, "Yes, they have enough training." A third person told us, "Staff are well trained and they know what they are doing." A fourth person commented, "The training is on-going . They always seem to be on training courses and doing things."

Staff we spoke with told us some training was 'face to face' and some was computer based. We saw the registered manager kept a 'safe to practice' training matrix which they used to make sure staff training was kept up to date. One member of staff told us, "[Name of registered manager] tells us if we need to update any training."

The registered manager explained all of the staff had completed the Care Certificate, even if they had already achieved a qualification in care. This had been done so staff were aware of the content of this course, which any new care workers would be expected to undertake. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provider safe and compassionate care. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

We saw from the training matrix staff completed a range of mandatory training which included health and safety, moving and handling, fire safety, and positive approaches to challenging behaviour. In addition to this staff also completed any specific training needed to support individual people who used the service. For example, epilepsy and Midazolam and Down's syndrome and dementia. This ensured staff had the right training and skills to support the people in their care. We noted from the training matrix some staff did not have up to date first aid training, although this had been requested by the registered manager.

Care workers received ten supervision sessions every year plus an annual appraisal with a six monthly review. This gave staff the opportunity to discuss their personal and professional development Staff we spoke with confirmed they received supervision and told us they felt supported in their role.

We saw as part of their mandatory training, care workers received training in relation to The Mental Capacity Act 2005.

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.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

We saw people's care plans contained detailed information about shopping, preparing meals/snacks and drinks, and eating and drinking. For example, we saw in one person's care plan we saw they were able to go shopping with staff support and could choose the food they liked. They were also able to help prepare snacks and cold food but need assistance with the preparation of hot meals and drinks. The care plan also stated they liked baking with staff support. We visited this person at their home and saw them being involved in the preparation of the tea time meal. We also saw picures of the cakes they had helped to raise for a coffee morning fundraiser.

One person we spoke with told us their relative needed assistance from staff at mealtimes. Their care plan detailed where they liked to sit, the specialist cutlery to be used and why a soft diet was required. It also informed staff the person could use their spoon if staff put the food on it and could drink unaided.

When we visited one of the houses care workers told us both of the people who lived there liked spicy foods and their preferences were incorporated into the menu. When we visited it was spicy sausage casserole for tea. We saw there were two cold drinks in beakers on the kitchen worktop. Staff explained one of the people living there drank very little when they were out during the day but drank a lot when they returned home. The two different coloured beakers contained two different flavoured drinks, this meant the person could go and help themselves whenever they wished.

We spoke with one of the assistant managers about how they supported another person with their nutritional needs. They told us two years ago staff had noticed the person was having difficulty in swallowing and advice had been sought from the speech and language therapy team. In addition to this , as the person had a visual impairment staff made sure their adapted cutlery was left 'at quarter past' on the plate so the person could easily locate it and hot drinks were served on the left and cold on the right. We concluded people's nutritional needs were being met and people received the support they needed with their meals and drinks.

Relatives we spoke with told us staff supported people to healthcare appointments. From talking with staff and looking at records we found people were being supported to see a range of healthcare professionals including, GP's, consultants, psychiatrists, psychologists, community nurses, opticians and dentists. One assistant manager told us staff were very vigilant about people's healthcare needs and gave us this example. One person had been to the GP on a number of occasions, but no particular problem had been identified. Staff persisted and a problem with a particular hormone level in their blood had been identified. Once medication had been prescribed and administered and the persons well-being improved. We concluded people's healthcare needs were being identified and met.

Good

Is the service caring?

Our findings

We spoke with two people who used the service who told us they liked the staff and found them helpful and caring. One relative said, "[Name] loves the staff and when they come home will ask, am I going back now." Another relative told us, "There are lots of long standing staff who know and care about [name]." A third relative commented, "Staff are exceptionally kind, helpful caring and compassionate." A fourth relative told us, "[Name] has regular carers who are excellent, it's [the service] out of this world and I couldn't fault it if I tried." One social worker we spoke with told us, "The staff know service users well and understand their needs. [name] gets good care and support and staff understand the non-verbal clues."

We looked at four care plans and all of them contained some information about the person's life and their personal preferences. Staff we spoke with had an in depth knowledge about the people they cared for and the contents of their care plans. One relative told us, "They [staff] understand [Names] foibles, for example when they want a drink or want to go out in the car." Care workers we spoke with talked passionately about people in their care and how rewarding they found their roles. One care worker told us, "It's not like having to come to work."

We asked the assistant managers how they made sure care workers respected people's privacy and dignity. They explained they did this as a matter of course when they visited the houses and when they worked along side staff on a shift. We visited two of the houses and saw the care workers were very respectful of people and discreetly dealt with personal care and support. People looked well dressed and well cared for and were included in discussions. We saw people were comfortable and relaxed in the company of staff. Both houses we visited felt very homely and reflected people's own tastes and preferences.

We saw in people's care plans there was clear information for staff about what people could do for themselves. One person who used the service told us their mobility had deteriorated and staff had helped them to get a walking aid which was keeping them mobile.

We saw the following compliment from another service provider who had hosted a party, "I witnessed what I can only describe as exceptional care and support from a team of people supporting residents with a leaning disability. The staff were engaged with the service users throughout the evening and interacted very positively. Unfortunately one person had a seizure during the party and both teams worked very well together to ensure all were cared for and that they got the support they needed."

We saw care files and associated records were stored securely at the office base and systems were in place to dispose of confidential information. This meant people's personal information was held safely.

Good

Is the service responsive?

Our findings

The registered manager told us there was a vacancy for a tenant at one of the houses. They explained a 'Tenant Wanted' form was sent to the social work teams so they could make the necessary referral if someone was interested in moving into the Supported Living Service. Once a referral was received an assessment would take place to make sure the service could meet the persons needs and that they were compatible with the other people living at the Arrangements would then be made for the person to visit the house for meals and overnight stays in the house so they could decide if they wanted to accept the place.

We looked at four care files and found detailed care plans in each one which set out clearly what support care workers needed to provide. Care workers confirmed care plans were available in each people's homes for them to refer to. We saw care plans were in place when we visited the two houses. Daily records were also maintained which detailed exactly what care and support had been delivered.

Care plans were routinely updated if people's needs changed .The registered manager told us annual reviews were organised by Social Workers and not all of these were up to date.

Relatives told us care workers also supported people to pursue activities in the community and wider afield. One relative told us, "[Name] has a better social life with them than they would do with us." Another relative said, "[Name] has been on a five day holiday to Skegness." A third relative told us. "Staff supported [Name] to go to London to the theatre and I went as well which was really nice."

Each person's care plan had a 'What do you like to do' section for leisure pursuits and activities. We saw one person's plan clearly reflected the interests their relative told us they enjoyed. We saw people were attending day centres, a friendship club and hydrotherapy sessions . Leisure activities included cinemas, cafes, shopping trips, theatres, swimming and disco's. This showed us people were being supported to to participate in the community and to pursue activities they enjoyed.

People's care plans included a section about any specialist technology being used by them. For example, one person had a special monitor in their bedroom so staff were quickly alerted if they had a seizure. Another person had a specialist bed in place because of a particular healthcare need. This showed us appropriate equipment was being used to meet people's specific needs.

Relatives we spoke with told us if they had any concerns they would feel able to raise these with one of the assistant managers or the registered manager and were confident any issues would be resolved.

The service had a complaints procedure and the registered manager told us no complaints had been received. They added if a complaint was received it would be logged together with the action taken and the outcome.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place and they completed a detailed 'Provider Information Return' telling us about their service and the improvements they wanted to make in the next 12 months. We saw the registered manager kept a file in which they recorded evidence to show how they were progressing with those improvements. The registered manager was supported by seven assistant managers.

We asked relatives and staff about the leadership of the service. The five relatives we spoke with told us the service was well-managed and they would recommend it to anyone looking for supported living.

All of the staff we spoke with told us the registered manager was approachable and had an open door policy. One of the assistant managers said, "[Name] is approachable, genuine and honest. They are a good boss who doesn't get praised enough. The service users always come first . There are a lot of strengths in the management team and people have their own areas of expertise for example, dementia, challenging behaviour, epilepsy and drama therapy." Another care worker told us, "[Name] is very, very, good, if there is anything you need to know or you are unsure of you can ask and if they don't know they will find out. People using the service, absolutely come first." A third care worker said, "[Name] is brilliant, they listen and understand. They can be firm when they need to be but is approachable. I would recommend the service."

We found there was an open and honest culture in the service and the registered manager was constantly looking for ways to improve the service.

The registered manager had systems in place to audit care plans, daily records, medicine administration records (if medicines were being given), finances, staff training, supervisions and appraisals. This meant checks were being made to ensure documentation was being completed appropriately and staff support systems were being kept up to date.

The registered manager explained they had a system in place to analyse any accident and incident reports to see if there were any common themes or trends. If they felt action was needed they would discuss this with the relevant assistant manager so they could implement any change in the care plan or risk assessment.

During the inspection we discovered part of the service was being managed from an un-registered location. This is being dealt with outside of the inspection process with the provider.

We found the registered manager had identified staff needed to be recruited to the vacant posts within the service, however, the provider had not made arrangements for this to happen. The registered manager had also requested first aid training updates for staff, but the provider had not booked them on the relevant training. We concluded the provider was not supporting the registered manager to run a safe service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not available. Regulation 18 (1) (2) (a).