

The Camden Society

Oxford Supported Living Scheme

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Oxford Supported Living Scheme provides personal care and support for individuals with learning and physical disabilities living in their own homes. At the time of our inspection there were 25 people receiving support from the service.

People's experience of using this service:

People were encouraged and supported to take positive risks so the restrictions on their lives were reduced to a minimum.

People and their relatives told us staff were kind, compassionate and respectful towards them. The management team and staff had developed strong relationships with people and their family members. Staff were described as 'going that one step further' to improve the quality of people's lives.

We received extremely positive feedback on how staff went over and beyond what they were expected to in order to provide a truly person-centred service. The provider found innovative ways to protect people who received care in their homes from the risk of social isolation. The service aimed to enrich people's lives by supporting people to connect with others, the community, and engage them in activities away from their homes. The outcomes for people using the service reflected the principles and values of Registering the Right Support

People consistently told us how they received care from staff who knew their needs well, at times when they expected them and this helped to make them feel safe.

People were supported to have maximum choice and control of their lives. They were provided with care in the least restrictive way possible, and the policies and systems in the service supported this practice.

People were able to live in their own accommodation and maintain personal or family relationships.

Staff were highly skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes.

The service was well-led. There was a visible and effective leadership team who were open and transparent. This resulted in an effectively organised, supportive and well managed service. The service had a strong sense of social responsibility and played an active role in the community.

The registered manager demonstrated how their robust quality assurance systems had sustained continual development and improvement at the service. Since the last inspection, they had made many positive changes and were driven to provide an outstanding service.

Rating at last inspection: Good. The last report was published on 24 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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

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?

Outstanding ☆

The service was exceptionally 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.

Oxford Supported Living Scheme

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:

The inspection team consisted of one 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.

Service and service type:

This service provides care and support to people living in six 'supported living' settings so that they can live as independently as possible. People care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service a 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

What we did:

Before inspection: We used information the provider sent us in the Provider Information Return. (PIR) This is

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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During inspection: We visited the office location on 7 March 2019 to see the registered manager and staff. We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and staff files. We spoke with the registered manager, a location manager and two people during our visit. We contacted eight people by phone to obtain their view on the quality of service provided to them.

After inspection: We spoke with two members of staff and two relatives of people using the service. We obtained feedback from three healthcare professionals on quality of the service provided to people by Oxford Supported Living Scheme. We received information from the registered manager on the assistive technology used in the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse. All staff had received training in safeguarding adults. The registered manager had a good knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified.
- People consistently told us they felt safe. One person said, "I feel safe, I have [staff] with me". One person's relative told us, "He does not go out on his own. He is always accompanied by staff - he is safe".
- People told us they received their care on time and no calls were missed. They also told us staff stayed for the allocated time.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and plans were in place to guide staff as to how to support people safely. Staff were aware of people's risks and could tell us how they supported people in line with their assessed needs. These included risks associated with epilepsy, use of wheelchair, behaviours that may challenge others, self-medication and communication.
- Accidents and incidents were recorded, with analysis completed by the registered manager. This ensured that any trends were identified. Corrective action was taken to prevent accidents and incidents from happening where possible.
- Staff were encouraged to raise any concerns about people's safety. Staff developed highly positive, trusting relationships with people that helped them to anticipate and respond to risks and improve safety.
- Contingency plans were in place to manage situations such as staff absence or unpredictable weather. There was a 24-hour phone line to offer advice and guidance in an emergency.

Staffing and recruitment

- Recruitment practices continued to be safe. Relevant checks had been completed before staff worked with people in their homes.
- There were sufficient numbers of staff to meet people's needs, which enabled them to support people individually with their interests and social needs. One person told us, "The carers come here and are punctual so that they can take me out to a place at the right time".

Using medicines safely

- Medicines were managed safely by suitably trained and competent staff.
- Medicines were administered safely. We noted there were no unaccounted for gaps in people's medicine administration records.
- Staff supported people to ensure medication was taken at the right times and via the correct route.

Preventing and controlling infection

- Staff had received training in preventing and controlling the spread of infection and had access to relevant guidance and information.
- Staff used personal protective equipment (PPE) where required.

Learning lessons when things go wrong

- The registered manager undertook a root cause analysis of any near miss, incident or accident to identify any patterns or trends so lessons could be learnt when things went wrong.
- Staff told us they were encouraged to discuss any concerns and were supported to do so by the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked extremely closely with other health and social care professionals to complete thorough pre-assessments; this helped to ensure they were able to provide the right support and improve the quality of people's lives.
- The care service was registered prior to the publication of Registering the Right Support. The service reflects values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to assessing, planning and delivering care and treatment.
- Staff told us they received training and regular updates on changes to guidance or the law. This ensured they were providing best practice and effective care and support to people.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were well trained and knowledgeable about people's needs. One person told us, "They know what they are doing". One person's relative said, "They are really well trained".
- Staff were knowledgeable about how to support people effectively and spoke highly of the training they received. A member of staff told us, "There is always on-going training and if there are any updates, they always inform you".
- New staff completed a comprehensive induction programme. The training consisted of face-to-face training, shadowing staff delivering care, e-learning training and competency checks, before directly working with people.
- Staff received regular monthly supervision with their line manager or the registered manager. Staff were appreciative of these sessions and said they were "useful and helpful". Staff told us and records showed supervision supported staff in the continuing development of their skills, competence and knowledge.

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

- People were encouraged and supported to participate in the choice and preparation of their meals as much as possible.
- Staff were trained in food health and hygiene and promoted a balanced diet and encouraged people to drink fluids.

Staff working with other agencies to provide consistent, effective, timely care

- There was significant evidence to demonstrate that links with health and social care services were excellent, especially where people had complex or continuing health needs.
- Support plans were developed in conjunction with a host of other professionals such as occupational therapists, physiotherapists, a foot health practitioner and GPs. This meant people continued to receive seamless care as they went about their daily lives.

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

- People continued to receive prompt and consistent support with their healthcare needs and were referred to appropriate healthcare professionals as required.
- We received feedback from a healthcare professional about the commitment of the service to communicate with health services and act on risks and concerns about a person's health. Action taken by the service was effective and resulted in improvement of the person's overall health and well-being. The healthcare professional told us, "The manager was always very responsive and keen to address the issues raised by family members, even if difficult conversations needed to be had".

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance

- Staff had the appropriate knowledge to apply the principles of the MCA and were aware of its implications.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "I make decisions myself and staff are supporting me".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people. One person told us, "The carers are my friends". Another person said, "The staff are very supportive".
- Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs.
- Staff received training regarding equality, diversity and human rights. Spot checks and supervisions for staff and the quality assurance processes ensure this has been implemented.

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

- People and those close to them were actively involved in people's care. Staff worked in partnership with people and empowered them to have a voice and share their views.
- People were involved in regular reviews of their needs to ensure the support and care they received was meeting their preferences and decisions. One person told us, "Yes, I feel involved. I am always planning my care and my holiday". People's representatives and relatives were also involved as appropriate in line with information sharing and consent arrangements.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A member of staff told us, "We always knock on the door before entering their bedrooms, use their preferred names and respect their privacy".
- Staff supported people to be as independent as they could be for themselves. A member of staff told us, "We encourage people to do as much as they are possible to do for themselves. Even simple things like paying for an item, making a cup of tea or coffee".
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service went the extra mile in using assistive technology to meet people's needs and improve the quality of their lives. For example, to promote one person's positive risk taking the service used an IT application. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether and support a person's well-being. In case of an emergency the application would send an SOS text message including the location of the person, information about the emergency and other relevant medical data. This would activate the care network in the area of the emergency, notify emergency services and provide a guide for CPR procedures. The application also provided information about the nearest location of a defibrillator and guidelines on how to respond to various injuries. This allowed the person to travel safely and independently to meet their family using public transport and enabled them to maintain their family relationships.
- The service went the extra mile in organising support for people before they commenced their care with the service. We saw evidence of the service organising specialist training to meet one person's needs but also liaising with a housing association and a court to prevent possible exploitation of the person. As a result, the self-esteem of the person increased and the person visited the supported living setting and interacted with other people using the service.
- The service was outstanding in addressing people's needs in relation to protected equality characteristics. At the time of our inspection the service was supporting people to express their sexuality. We saw that the registered manager and the location manager organised training that was tailored to meet the needs of people providing them with specific information in relation to their preferences and encouraging people to talk about their feelings offering them support. One person who was previously at risk of self-harming due to their feelings praised the service and their approach. This person told us, "I like my independence. I can be [the person I want to be] more easily".
- We received consistent feedback from people's relatives who stated that staff provided person-centred care that went "over and above" their duty to meet people's needs. One person's relative told us, "I would recommend them to anyone. They are wonderful, when I went to hospital I had concerns about how he would live there but he settled straight away. I can go and visit him anytime I like".
- The service explored people's history and their hobbies. Social activities were given a priority, there was an ethos of providing a stimulating and fun environment for people, as well as opportunities to engage in the community and follow personal interests. For example, one person told us, "I like politics and I was involved in a campaign". We saw evidence that the person was supported to be involved in a political campaign in their community.
- People's communication needs were identified, including those relating to protected equality characteristics such as dementia or sensory loss. Staff identified, flagged, recorded, shared and met the

information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is the law for adult social care services to comply with AIS.

Improving care quality in response to complaints or concerns

- Everyone we spoke to was aware of how to raise concerns. People and their relatives were aware of the complaints procedure, however, they said they had no reason to complain. Staff were aware of their responsibilities in responding to, and reporting any concerns raised.
- Records showed complaints had been taken seriously and responded to with the outcome of appropriate action. There were three complaints recorded since our last inspection.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection. The service would work with other health professionals if needed to ensure people had pain free and dignified death.
- We saw evidence that the service provided bereavement and emotional support to a person who had lost a close relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- Staff consistently told us of the positive management structure in place that was "open and transparent". A member of staff told us, "The manager is very approachable. If I had a different opinion about care plans or the way we support people, she would listen to me".
- The service provider planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated.
- The registered manager and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- The registered manager worked openly and exceptionally transparently. They understood their duties in line with 'Duty of Candour.' This Regulation aims to ensure that all providers act honestly and openly in their daily practice. It was evident that the registered manager took this very seriously and ensured they fulfilled this duty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Staff felt encouraged and supported to gain further qualifications and to bring any matters to the attention of the registered manager.
- There was a clear management structure in place and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The management team completed audits and checks on a regular basis and acted to improve the service.
- The registered manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- The registered manager continued to have an open door policy and people were encouraged to visit the office and express their opinions either in person or on the telephone. Other ways of gaining feedback from people and relatives were by surveys and reviews.
- Staff were encouraged to voice their opinions using staff surveys and an 'open door' management approach. Staff were able to come to the office unannounced and the registered manager ensured they were available to listen to any concerns of staff and to provide solutions to address these.

- Staff felt very supported by the management team and enjoyed working as part of a dedicated team.

Working in partnership with others

- The registered manager worked well with external health and social care professionals to ensure people received a seamless service.
- Staff worked with a number of external parties, including local health and social professionals.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.