

Better Lives Supported Living Ltd

Better Lives Supported Living LTD

Inspection report

4 Smallhythe Close
Bearsted
Maidstone
ME15 8JJ

Tel: 07931345958

Date of inspection visit:
12 April 2022
19 April 2022

Date of publication:
17 May 2022

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Better Lives Supported Living provides personal care for up to two people aged between 18 and 65 years, who have a learning disability and autism in their supported living accommodation. At the time of our inspection, two people were using the service.

Everyone who used the service at the time of our inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service applied the principles and values of 'Right support, right care, right culture' and other best practice guidance. People told us that they were very happy with the care they received from Better Lives Supported Living.

Right Support - The model of care and setting maximises people's choice, control and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Right Care - Care is person-centred and promotes people's dignity, privacy and human rights. People's support plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed support plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices. People and their relatives said all staff were caring, respectful, and treated them with dignity.

Right culture - Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a positive leadership in the home. The service provision was well led by a management team who led by example and had embedded an open and honest culture.

People were supported by staff that had been recruited safely and had checks undertaken to ensure they were suitable for their role.

Medicines were managed safely and people received them as prescribed.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them.

People received the support they needed to stay healthy and to access healthcare services. People were supported to eat and drink enough to meet their needs.

There were enough staff to keep people safe. The manager had appropriate arrangements in place to ensure there were always enough staff on shift.

Each person had an up to date, person centred care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff received regular training and supervision to help them meet people's needs effectively.

Staff showed they were caring, and they treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice.

The manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the home made to ensure people experienced good quality safe care and support.

People and staff were encouraged to provide feedback about how the home could be improved. This was used to make changes and improvements that people wanted.

The manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

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

Rating at last inspection

This service was registered with us on 08 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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.

Better Lives Supported Living LTD

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the manager was undergoing registration with the Commission.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 April 2022 and ended on 21 April 2022. We visited the location's office on 12 April 2022.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service and received feedbacks. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the team leader, support workers and the provider who was also the manager.

We reviewed a range of records. This included the two people's care records, risk assessments and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the service. One person said, "Yes, I feel safe here." Another said, "I do like it here. This is my home."
- Healthcare professionals told us they had no concerns about the service and believed people were safe. One healthcare professional wrote, 'The provider provides safe care at all times.' Another wrote, 'This is a small service with two clients. I have no concerns regarding the safety of 'my' client.'
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "Safeguarding is about duty of care to keep people safe from abuse and harm. I understand the safeguarding reporting protocol. I will inform my line manager or externally if nothing is done."
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "Whistleblowing is if you see something bad or untoward practice, to report it to my line manager or I can go external."

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out for activities, nutrition and hydration, health and mobility.
- A healthcare professional said, "Risk assessments are completed and written up in the person's care plan. The service is open and transparent and will ask for additional training or for support in areas which are not their expertise."
- People were supported to increase their independence, whilst maintaining their safety and respecting their choices. The provider encouraged positive risk taking to achieve this. The manager had a positive outlook in terms of taking risks. For example, one person told us how they promoted their independence in attending a work placement.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place, as well and staff were aware of what to do in the event of an emergency.

Using medicines safely

- Suitably trained staff followed the arrangements in place to ensure people received their prescribed

medicines. Staff competency was checked to make sure they continued to practice safe medicines administration.

- Medicines were stored and were handled safely.
- We checked the medicines administration record (MAR) charts and the medicines for people. We found that the MAR charts included a photo and information about any allergies to ensure safe administration. MAR charts were complete and accurate.
- PRN medicines (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care. This was based on stopping over medication of people with a learning disability, autism or both (STOMP). STOMP is about helping people to stay well and have a good quality of life.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. People living in the service were involved in recruitment.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- References had been received by the provider for all new employees.
- There were sufficient number of staff to support people. Staff rotas showed the manager took account of the level of care and support people required each day, in their homes and when going out.
- We observed staff had time to spend individually with people and knew everyone very well. People appeared comfortable with staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A healthcare professional wrote, 'The provider has adhered to governmental guidelines. As far as I can tell, they continue to insist on lateral flow testing prior to visiting the home according to government guidelines.'
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager had a folder for recording any accidents and incidents.
- The manager told us that any incidents, accidents and near misses would be documented and monitored to ensure they learn lessons from it.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 provider carried out an initial holistic assessment with people before they moved into the service. Healthcare professionals such as psychologists, psychiatrist, and mental health nurses were involved in the assessments.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the manager had all the information they needed. Records also confirmed that people, relatives and healthcare professionals were involved in regular review of their support.
- The service provision had been requested by, or has been agreed with, local commissioning partnerships before it commenced.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role. We observed staff working in a positive way with people.
- The staff training records showed that all staff had attended trainings considered mandatory by the provider. We saw training certificates in staff files which confirmed this. The staff confirmed that the trainings were useful.
- Newly recruited staff received an induction and shadowed experienced staff before working independently.
- Staff had regular one to one supervision meetings. All staff employed were not due to have an annual appraisal, although appropriate systems were in place.

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

- People were supported to have enough to eat and drink and were given choices.
- People were fully involved in decisions about the menu. A pictorial menu was in place so that people knew what meals to they could make.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in the preparation of meals. One person said, "I decide what I want to eat. I do not have to follow the menu."

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

- A healthcare professional wrote, 'During a review of 'my' client's support needs held in September 2021, it was clear they had been supported to register with the local GP, and liaise with the community team'
- People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. The manager worked with other professional services that might be able to support them with meeting people's health needs. This included the local GP and demonstrated the provider promoted people's health and well-being.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, setting up appointment charts, which enabled people's involvement in their health needs.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent and ability to make specific decisions had been assessed and recorded in their care plans.
- Where people lacked capacity in certain decision such as healthcare, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. No one in the home had been deprived of their liberty.
- Staff had received training in MCA and DoLS and understood their responsibilities under the act.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The manager and staff respected people's decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People commented, "I like the staff (Named staff on shift)" and "All staff here are good and caring."
- A healthcare professional wrote, 'The staff are friendly, caring and supportive I would be happy for a relative of mine to be cared for by Better Lives Supported Living Ltd.'
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background, preferences and equality and diversity needs, and communication needs. Staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.

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

- People and their relatives told us they were involved in reviewing their care. One relative said, "We feel very involved with the service and are always informed of any appointments and are always given copies of any medical appointment letters and appointment outcomes for (their loved one). We are very grateful for this. We always hear about all the lovely things they do each day when they telephone us on a regular basis. We have been involved in their care review."
- We observed that people were supported to express their views throughout our inspection.
- People's care files provided evidence of their participation in care planning and gave staff guidance.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. The manager told us that they promoted people's independence in all they did. One person who was initially withdrawn, now attends the local music workshop once a week. Staff had enabled the person to develop their social skills.
- A healthcare professional wrote, 'I support a person with ASD (Autism spectrum disorder) and anxiety who moved to this home last year. They have blossomed since being cared for in this environment, is more confident and we have seen a real difference in their self-esteem and ability to make choices for themselves.'
- We observed staff worked with people to develop their daily living skills by supporting them to prepare their own meals.

- Staff understood the importance of respecting people's individual rights and choices. A member of staff said, "I do ask [people] what they would like such as a bath or shower. If they do not want to, I try and ask the same question in a different way to encourage them, which had helped."
- People's right to privacy and to be treated with dignity was respected.
- Support staff were aware that they were working in the tenants home and are respectful of the tenants' rights, choices and control over their home. Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices.
- Staff respected confidentiality. When talking about people, they made sure no one could overhear the conversations. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans in place, which reflected their current needs. People were regularly involved in writing and reviewing their care plans. People had regular reviews with the healthcare professional and funding authority.
- A healthcare professional wrote, 'They provide superb person-centred support. They have supported with the transition into supported living ensuring the clients' emotional needs are supported during conflicting time for the client.' They told us that staff supported people by promoting their independence by teaching them new skills.
- Care plans covered all aspects of people's daily living, care and support needs. Care plans were personalised, and each person's individual needs were identified, together with the level of staff support that was required to assist them.
- Detailed daily records were kept by staff. Records included personal care given, well-being and how people chose to spend their time .
- A healthcare professional wrote, 'My impressions of the service provided are nothing but positive and could not have found a better provision for 'my' client due to the complex history. I have been delighted at how they have thrived with empathetic support. The provider has also introduced fun and interest into our client's life.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans had been developed into easy read or pictorial formats, so people could understand and relate with them.
- Plans of things people were doing were written in pictorial form and in a user friendly way. This meant that information was provided to people in a way that complied with the Accessible Information Standard.
- Photographs of staff on duty were on the wall in the kitchen as requested by people living in the home. This enabled people to be aware of staff who would be supporting them daily.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff continued to encourage them to pursue their interests and participate in things that were important to them, such as going out to the park. One person attended a gardening workshop session

once a week, which was part of their short-term goal. They said, "I do go to the cinema. I go out to spadework (Garden centre) on Wednesday. I do cooking lessons there and I look forward to it weekly." The provider told us that this person attended the garden centre twice weekly in fact.

- People went out to a variety of different places such as the local parks. One person said, "I love the Zoo and I do go there." Another said, "I do go to Leeds Castle too to feed the ducks, which I like to do."

Improving care quality in response to complaints or concerns

- A healthcare professional said, "I have no concerns about the service provided."
- A relative said, "We have absolutely no concerns and we know who to contact if we had any problems."
- One person said, "If I am not happy, I will talk to staff. I also know the boss; I can talk to her."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside such as the social services and the local government ombudsman.
- The provider had not received any complaints since they started on 8 February 2021.

End of life care and support

- The provider was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place, which included information on people's end of life preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us that the management team encouraged a culture of openness and transparency.
- There was a positive culture and atmosphere between the manager, staff and people. Both staff and people told us they liked the manager. The manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The manager listens to us workers. They take suggestions on board. They are personal. An example is when I suggested the medication system to use. This was accepted and implemented."
- There was a positive focus on supporting people to communicate and express their views. A member of staff said, "We see improvement in people daily which is good."
- People, relatives and healthcare professionals were involved in people's care and regular reviews. A member of staff said, "The families are here regularly and very much involved." A relative said, "Our [loved one] is involved in everything that happens in their home. The staff encourage their involvement all the time even though I am sure it takes much longer."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence providing better lives for people. Staff confirmed this to us.
- The manager understood their responsibility to report when things go wrong or incidents, the manager was very clear about these. A healthcare professional wrote, 'The provider is open and transparent.'
- The responsibility to uphold the duty of candour was understood by the manager.

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

- Healthcare professionals wrote, 'The manager is a first class manager.' Another said, 'As far as I can tell the support provided is well managed and I am beyond pleased/satisfied with the positive changes I have seen in 'my' client since they moved into the home.'
- A relative said, "The home is exceptionally well managed and seems to run like clockwork."
- There were a clear management structure. Staff took on different responsibilities. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- There were effective systems in place to monitor the quality of the care and support provided.

- The manager completed regular audits on all areas of service provision. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the manager. Audits completed included, staff recruitment files, medicine and care plans.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that the manager understood this.
- The registered manager resigned in November 2021 and the provider had submitted their application as a registered manager to the commission. The application was going through the process of registering with the commission when we inspected. They told us they had submitted their DBS check to the commission as required.

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

- People told us they were involved in the day to day running of their lives. We observed people discussing with the staff on shift about their plans for the week, time they would like to go out and return.
- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "The manager has been very approachable, and she will address issues if required."
- Communication within the home were facilitated through staff meetings. Areas of discussions were medication, documentation and people's privacy. Feedback from the meetings was used to improve the service provision.
- The provider had systems in place to receive feedback about the service provided including surveys. These had been sent to relatives, healthcare professionals and staff. The provider planned to send out to people who used the service later in the year as part of their annual survey. Feedback received showed that healthcare professionals and relatives were satisfied with the service provided. For example, a healthcare professional commented, 'Very satisfied. My experience has been very good with the care and support provided.' A relative commented, 'We have been more than satisfied with the support provided. Our [loved one] has become far more independent and always pleased and excited to go back after home visit.'

Continuous learning and improving care

- A healthcare professional said, "Staff here are kind, thoughtful and open to learning."
- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers and working with healthcare professionals. The manager was a member of the Dignity in Care network and follow all their best practice and guidance. The manager was also a member of Skills for Care and receive regular practice updates on how to be good and outstanding in care.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the GP, care managers, community nurses and mental health nurses to ensure people received joined up care.