

# Supported Living UK Limited

# Murrills House

## Inspection report

48 East Street  
Porchester  
Fareham  
Hampshire  
PO16 9XS

Tel: 02392324539  
Website: [www.supported-living.com](http://www.supported-living.com)

Date of inspection visit:  
26 July 2018

Date of publication:  
11 September 2018

## 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

The inspection took place on 26 July 2018. We gave 48 hours' notice of our intention to visit Murrills House to make sure people we needed to speak to were available.

Murrills House provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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. Support is provided to people who are living with a learning disability and may have other physical and mental health needs. At the time of our inspection there were three people receiving personal care and support.

The service has been developed and designed in line with the 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.

A company called Mylife had bought Supported Living UK in December 2017, however there were no changes to the provider's registration with the Care Quality Commission because the company was still the same.

A registered manager was not in place at the time of our inspection. The provider had employed a manager who was in the process of applying to the Care Quality Commission to become the registered manager. 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.

For the purpose of this report, we will refer to the person who had applied to the CQC to become the registered manager as the manager.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People and staff told us they received a safe service. All staff had undertaken training in safeguarding adults, they displayed good knowledge on how to report any concerns and could describe what action they would take to protect people from harm.

There were enough skilled staff to meet people's needs and staff focused on providing people with person-centered support that was provided in a caring and professional manner.

Risks associated with people's care were well known by staff, clearly documented in people's care plans and

well managed.

Medicines were managed safely and were administered by trained staff.

The manager and staff understood their responsibilities to comply with the requirements of the Mental Capacity Act (MCA) 2005. People were encouraged to make choices about their day to day care and plans for the future.

People received care and support that was delivered in a way that met their needs and preferences. Staff treated people with dignity and respect and people were supported to be as independent as possible.

People were aware of how to raise a complaint and we saw that complaints had been investigated and resolved.

Staff felt supported by the management team. There were systems in place that monitored the quality and the safety of the service provided. Records were thorough, comprehensive and regularly reviewed.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Murrills House

## 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection site visit took place on 26 July 2018 and was announced.

We gave the agency 2 days' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office to see the manager and office staff; and to review care records and policies and procedures. One inspector carried out the inspection.

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

We spoke with two people who used the service; the manager, the district manager and two members of staff. We also received a questionnaire back from another member of staff.

We reviewed information about people's care and how the service was managed. These included, two care plans and associated records. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, training records, policies, procedures, meeting minutes and three staff records.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from Murrills House. Staff also told us that people received a safe service. One staff member said "Yes, we make sure people are safe".

Staff safeguarded people from avoidable harm and abuse. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and could describe signs and symptoms that indicated a person may be at risk. Additionally, staff were familiar with the term "whistleblowing" and said they felt confident to raise any concerns about poor care. One member of staff told us, "I could tell the manager, police or CQC if someone was being abused". At the time of inspection there were no ongoing safeguarding investigations.

Detailed risk assessments had been completed for people. Assessments contained guidance to mitigate the risks identified, to keep people and staff safe. For example, where a person had a particular health condition, a risk assessment was in place which detailed how to safely manage the risk.

Risks to people's wellbeing were monitored and reviewed to help keep people safe. Staff understood the risks present for each person in their care and they could tell us about the action they would take to reduce the possibility of harm. For example, one member of staff told us about a person with a particular health condition and went on to describe what measures they took to prevent the person from coming to harm when they experienced an episode relating to the condition.

Some people displayed behaviour that challenged. Information was available which assisted staff to recognise signs which highlighted when a person may be becoming agitated, what to do to support a person during this time and how to assist them afterwards. Information in care plans and risk assessments was comprehensive and staff gave clear examples of how they used successful techniques to safely manage this.

There were systems in place to record incidents and accidents. Care workers described how they would report any incidents to the staff on call. The provider investigated accidents and incidents and sought the advice of external healthcare professionals if appropriate. Any learning or necessary changes from accidents or incidents were communicated to the staff team.

The management of medicines was safe. Medicines were stored in a locked facility in people's houses. Medicines were ordered, administered and disposed of safely. Documentation regarding the ordering, storing and administering of medications was all completed satisfactorily and regular medication audits were undertaken to identify and act upon any anomalies. Staff supported people to take as much responsibility for their medicines as possible, this included collecting and disposing of medicines from the pharmacy.

The provider had robust recruitment procedures in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and

receiving references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

The provider employed enough staff to keep people safe. People were supported by a stable staff team and staff told us they had enough time to support people safely.

Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control. Staff had access to cleaning products and personal protective equipment. There were clear arrangements for keeping people's houses clean and tidy with people living there having responsibility to maintain their own homes with the support of staff.

## Is the service effective?

### Our findings

People received care and support from staff who knew them well and who had the training and skills to meet their needs. Staff spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities.

Staff had the knowledge and skills required to undertake their role and regularly refreshed this through completion of training courses. Training records demonstrated that staff were up to date with the mandatory training and had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in autism and epilepsy awareness. Staff told us they had enough training and were also, "Excited to be getting more face to face training".

New staff were provided with a comprehensive induction programme and were enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. New employees also shadowed an experienced colleague for two to three shifts to develop their skills and confidence when working on their own.

Staff told us they received regular supervisions. Supervision records were in place and confirmed what staff told us. This was a formal process which provided opportunities to check performance and ensure staff were being appropriately supported. The district manager told us they had now brought in annual appraisals and these were due to begin.

The Mental Capacity Act (2005) 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.

All staff had a good understanding of how to apply the principles of the Mental Capacity Act (MCA) and they told us they gained consent from people. Records demonstrated that people were supported to make their own decisions. For example, on one person's care plan it stated, 'I don't like making decisions so break down the choices into bite sized chunks, staff to give (Name) time to think'. People were encouraged to choose how they spent their day and records showed that people took part in a variety of activities.

People were supported to maintain a balanced, healthy diet. For example, on one person's care plan it stated, 'Staff are to encourage (Name) to make a menu for the week and buy more healthy food than sugary food'. One person told us, 'The staff help me with shopping and help me choose healthy food'. People's nutritional needs and preferences were clearly recorded in their care plans.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of



other health care professionals such as a nurse specialist in epilepsy, dentist and optician.

Technology was used to manage one person's health condition in the form of an app on a tablet. A member of staff told us this was useful in the management of the persons condition and helped to inform the service and external health professionals about the frequency, length and recovery time for each health episode.

## Is the service caring?

### Our findings

People were cared for by kind and caring staff who knew them well. One person told us, "The staff are caring".

One to one support was provided to people and as a result staff knew them very well and had developed positive relationships. We observed caring and respectful interactions from staff.

People using the service were able to make daily decisions about their own support needs and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, "I can do pretty much what I like." We observed staff to be caring in their approach to those who used the service. Staff demonstrated a good knowledge and understanding of those who they supported.

Staff respected people's privacy and dignity and gave good examples of how they did this. Staff were seen to knock on bedroom doors and waited for an answer before they entered. One person told us, "Staff always ring the bell before they come in". Care records confirmed who people wanted information shared with and all information about people was stored confidentially with only those that needed to know having access to these records.

Promoting people's independence was an integral part of the service. People were supported appropriately to set goals and achieve them. One person's goal was to "have their own place". Staff were aware of this and were working with them to maximise the possibility. It was clear that staff wanted to help people achieve their best level of independence possible. One member of staff told us, "We push everyone forward, we want them to do their best" and another said, "I give a lot of encouragement and praise, it's great when someone has achieved something". Care plans included information about how people's independence could be promoted and we saw that people had achieved some of their goals.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the complaints procedure was in an easy read format and advocates had been arranged for people to help them understand information

There was a confidentiality policy in place for staff to follow. People's personal information was stored

securely and computers were password protected.

People were supported to maintain family contacts. Information was recorded in people's care plans which detailed the support people needed with family visits and maintaining relationships and people were able to choose who they saw and how often.

## Is the service responsive?

### Our findings

People received a personalised service that met their needs. Staff had a good knowledge of people's needs and the support given to them was tailored around this.

An assessment of people's needs was carried out prior to them using the service to ensure their needs could be met. Support plans were developed from these and were person centred. They included detailed information required for staff to provide care and support according to people's needs and preferences. For example; they contained information relating to people's emotional wellbeing, their specific health needs, their interests and hobbies and what support they required.

People were involved in the development and review of their support plans. A senior member of staff told us they spent time with people when developing and reviewing care plans to ensure the views of the person were incorporated. One person confirmed this and told us "I have seen my care plan and we talked about it". Staff were monitoring people's health and well-being and this was recorded on the daily logs. If any changes were noted the appropriate support was swiftly sought for them.

Staff were knowledgeable about people's needs. They were able to tell us what support people required from staff and the reasons why. A staff member told us "The care plans have a lot of information in such as their likes and dislikes. We also get to know people's personalities and what works for them".

People had responsibility for their household chores. These and other tasks helped their life skills for example, purchasing food items, laundry and keeping the house clean and tidy. Systems were in place to encourage people to develop their life skills and provide support to enable and develop independence.

People were supported and encouraged to engage in meaningful activities. The activities were arranged around individual preferences. For example; attending a day centre, going out for meals, playing pool and going to the gym. Some people were involved in a dating and friendship project covering Hampshire and had enjoyed attending events organised by them and meeting new people. Staff sought opportunities for people to access activities.

The service had a complaints policy in place. This was also available in an easy read format to ensure that people using the service could raise their concerns or make a formal complaint if required. There was a complaints file and we saw that two complaints had been raised. These were investigated and resolved for people appropriately.

The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

## Is the service well-led?

### Our findings

Staff were positive and complementary about the changes that the new company had brought in. A staff member told us, "The care plans are better; the guidelines are better and I like the fact they are really pushing everyone forward". Another member of staff told us, "There have been some changes, I think they're for the better, they're more hot on things now". When we spoke with the district manager they told us about some of the changes that had been implemented. They were also keen to drive improvement and to include people and staff in the development of the service. For example, there were plans to include people in the recruitment of staff and to introduce more values based support plans. Another focus was to develop the staff team and celebrate good practice.

Staff told us they were well supported by their line managers. They described their line managers as "Professional", "Supportive" and "Approachable". Staff also said it was a good company to work for and they were pleased to be learning more. An on-call system meant that senior staff were available at any time if concerns arose.

Staff expressed commitment to the people who used the service. They used comments such as "The best thing about working here is that I get to spend time with people" and "It makes me happy when I get to make a difference to people's lives". Staff were also complimentary of each other. One staff member told us, "Even though I don't see the team much, they're nice and supportive".

The service had a set of values that was promoted across the service. One member of staff told us "They are good values and I think they are starting to trickle down now".

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. An action plan was developed from this and actions were taken if areas for improvement were identified. The district manager or operations manager verified the outcomes from the audits, this ensured service delivery was consistent across the organisation and extra support could be given if necessary.

Incidents, accidents and near misses were investigated, monitored and analysed to ensure people's ongoing wellbeing. Learning from these was implemented to improve the service. Staff were informed of this during staff meetings.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings. Meetings were held for people and staff to attend. These hadn't been held on a regular basis but the district manager told us they planned to have them each month. During meetings people and staff were updated with developments within the service and this also provided an opportunity for people to address any areas of concern they may have had.

The provider worked with other agencies. This included the local authority who funded people's care.

Representatives from the funding authorities were kept up to date with people's care and support needs and where there were any changes in their health.

Records were up to date, accurate and stored securely. We found notifications were submitted to the Care Quality Commission as required by law and the previous CQC rating was prominently displayed in the office and the providers website.