

Making Space

Halton Supported Living Service

Inspection report

The Old Police Station
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Runcorn
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WA7 1DF

Tel: 01928574635

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Halton Supported Living Service provides 'supported living' services across Halton to people in their own homes. At the time of inspection, the service was providing support to 13 people, ten people required help and support with personal care. People getting support from the service had various health needs, mental health conditions, learning disabilities and/or physical disabilities.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible by offering personalised care and support so that people could have new experiences and develop skills. Improvements were being made so that people remained connected with their wider community.

People felt safe with the support from staff and told us or showed us in their individual ways that they were happy with their care. We saw this reflected in the way staff supported people's unique ways of communicating. The service embraced and promoted people's equality and diversity.

People were supported by staff who had been safely recruited and were well-supported with training and supervision by senior staff.

Medicines were managed appropriately, people received their medicines as prescribed.

There were systems in place to protect people from abuse.

There were enough staff to meet people's needs and staff support was flexible about individuals' wishes and individual routines. Staff told us that they were well supported and told us everyone worked well together to provide a good service for people. However, we were made aware of some difficulties relating to transfer of staff from another provider and their terms and conditions of employment resulting in strike action. This had an impact on the people using the service with regards to staffing levels at night. We found this was managed well by other staff on different terms and conditions who made sure that people received appropriate levels of support to keep them safe.

People were supported to be active in ways that were meaningful to them, as well as encouraged to try new things, such as bicycle riding for wheelchair users. People, relatives and staff were actively involved in the service and new ways to include them were being developed.

Rating at the last inspection:

This was the first inspection of the service since registration.

Why we inspected:

This was a planned inspection.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

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

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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

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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.

Halton Supported Living Service

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 was carried out by one inspector.

Service and service type:

This service provides care and support to thirteen people living in 'supported living' settings, so that they can live as independently as possible. Ten people needed personal care support which is the regulated activity looked at during this inspection. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service currently had a manager registered with CQC. A registered manager 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:

The inspection took place on 18 March 2019 and 21 May 2019. We gave the provider two days' notice of the inspection. This was so they could check with people if they were happy for us to visit them in their own homes.

What we did:

Before the inspection we checked the information that we held about the service. This included statutory

notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We made three attempts to obtain feedback from the Local Authority, however at the time of writing this report we had not been contacted.

During the inspection

We visited and spoke with two people living in their own home. We looked at two people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information. We observed care people received throughout the visit, as well as interactions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a relative of one person.

We spoke with four members of staff. These included support workers, senior staff and the manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- We spoke with relatives who told us that they felt confident their relatives were safe.
- The provider had policies and procedures to safeguard people and provided regular training for staff so that they understood their responsibility to safeguard people they supported.

Assessing risk, safety monitoring and management

- We found that risks associated with daily living and health had been assessed and were monitored.
- There were appropriate risk assessments in place to ensure the safety of staff working in people's homes.

Staffing and recruitment

- Staff recruitment was thorough and recruitment processes including checks to ensure people were suitable to work with vulnerable people.
- The level of individuals support needs was assessed and continually monitored.

Using medicines safely

- Staff received training so that they could administer medicines safely.
- Medicines were stored securely, guidance was in place for staff for when to administer PRN (as required) medicines.
- Medication administration records (MARs) were appropriately completed by trained staff and routine audits/checks were carried out to ensure safe medication administration practices were supported.

Preventing and controlling infection

- Staff were supplied with personal protective equipment (PPE) such as gloves and aprons.
- Where appropriate staff supported people in keeping their homes clean and tidy.

Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents and incidents that occurred whilst providing care and support.
- Action was taken to minimise the risk of repeat occurrences and measures were put in place to keep people safe.

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

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

- People's needs were assessed and continually monitored by staff.
- A relative told us that they at times had concerns that their loved one did not always access the activities she enjoyed. The manager was aware of the concern and was working with staff to improve community access and social activities.

Staff support: induction, training, skills and experience

- Staff told us that they were well supported and trained. Staff told us that they would not be asked to do anything outside of their knowledge without receiving training.
- Staff who did not have the relevant qualifications were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.
- All new staff received a thorough two-week induction; they were offered 'shadowing' opportunities and completed a range of classroom based and on-line training.

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

- Staff knew people's likes and dislikes in relation to food and drink.
- We observed staff interactions whilst supporting people eating and drinking and it was obvious they knew people well and encouraged them.
- People were appropriately assessed in relation to their nutrition and hydration support needs and appropriate professional advice was sought as required.
- Records were well maintained relating to people's diet and fluid intake

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw care records which indicated that referrals were made with other professionals for example occupational health, doctors, speech and language therapists and neurologist.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This process applies to people deprived of their liberty in

care homes and hospitals.

Where people living in their own homes are deprived of their liberty or are under constant supervision due to their assessed needs. The Local Authority has the responsibility to apply to the Court of Protection to ensure people's rights are safeguarded.

- The service had requested that the local authority apply to the Court of Protection for authorisations, as some people's liberties had been restricted in their best interest. These had not been actioned in terms of making applications to the Court of Protection. We therefore asked the service to keep evidence of when they had followed up on the application progress with the local authority.
- Staff were adequately able to discuss with us how they supported people in making decisions. Care records identified how individuals communicated their choices.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- For people who did not have any family or friends to represent them, contact details of a local advocacy service were available. Advocacy services support people to make decisions about different areas of care and support they may need. We saw records to show that advocates were involved with three people supported by the service.
- We saw that when people found it difficult to express themselves verbally work had been completed to record mannerisms and facial expressions that would inform staff about the person's preferences and decisions.
- We saw staff engaging with the people they supported and involving them with activities and how they wanted their care to be done. We heard staff talking with the people they supported to ensure their comfort when being hoisted and moved around.
- We observed staff engaging with the people they support, we saw that conversations were respectful and certain topics of conversation gave obvious joy to the person they were speaking with, for example "mum's coming today". We saw the person's face light up.
- One person was playing a game with a staff member and we saw that they enjoyed teasing the staff, which showed that the relationships were positive.

Respecting and promoting people's privacy, dignity and independence

- We observed care and support was delivered in private and/or the most discreet way possible.
- People's confidential information was protected in line with General Data Protection Regulations (GDPR).
- People were supported to maintain and develop relationships.

Is the service responsive?

Our findings

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

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

- People had relevant care plans in place; these had been created with the input from people receiving support and (if appropriate) their relatives.
- People's needs were appropriately assessed and planned for. This included any protected characteristics such as age, gender, disability and religious support needs.
- Staff provided personalised care that was responsive to people's needs. People were supported by a regular staff team who knew them well.
- One person's relative told us that they felt that their relative did not get enough opportunities for activities outside of their home depending on which staff were supporting their relative. They told us that they had raised this with the manager.

Improving care quality in response to complaints or concerns

- Relatives told us that they knew how and to whom they should complain.
- We inspected the complaints log and saw that complaints had been investigated and responded to in line with company policy.

End of life care and support

Nobody was receiving this level of support at this inspection. We spoke with the manager who told us that should anybody become terminally ill they would be supported to stay at home if that was appropriate.

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

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

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

- People were involved in decisions that needed to be made in relation to their care; staff were familiar with people's preferences and how they wished for their care to be delivered.
- The registered manager told us they were committed to providing person-centred, high quality care. We were told that the manager of the service works alongside staff to ensure quality care and monitor staff performance and competency.
- We received positive feedback from a relative about the provision of care that was being delivered.

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

- Manager and staff were clear about their roles, however there were ongoing issues around contract details following a merge with another company. The manager was working with staff to ensure that sufficient staff were on duty due to strike action and that those using the service were supported and their safety not compromised.

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

- People's equality characteristics were assessed, respected and supported from the outset.
- The registered manager involved people, the public and staff in the quality and safety of care being provided.
- Meetings were regularly scheduled; people receiving support and relatives had the opportunity to share their thoughts and views about the quality and safety of the care people received.

Continuous learning and improving care

- The registered manager maintained a good level of oversight in relation to all accidents, incidents and events that occurred.
- Review systems were in place to monitor trends, identify risk and ensure people's safety was not compromised.
- All internal action plans we checked which contained specified deadline dates had all been completed.
- Areas of improvement that had been identified by the Local Authority monitoring team had been addressed.
- The registered manager was responsive to the feedback we delivered during the inspection; and engaged

fully with the inspection process.

Working in partnership with others

- The registered manager worked closely with other healthcare professionals, ensuring that people's overall health and well-being was effectively managed.
- We were told by the manager that positive working relationships have been developed between the Local Authority and Commissioners.