

# Cambridgeshire County Council

# Huntingdon Supported Living Scheme

## Inspection report

6 St Lukes Close  
Huntingdon  
Cambridgeshire  
PE29 1JT

Tel: 01480456941

Date of inspection visit:  
20 January 2020  
29 January 2020

Date of publication:  
28 February 2020

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Huntingdon Supported Living Scheme is a supported living service providing personal care to 12 adults with physical and learning disabilities and autism.

Not everyone who used the service 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Staff were flexible and responsive to people's individual needs and preferences. Often finding effective, creative, and innovative ways to help people live a full a life as possible. Staff enabled people to exercise their choices, ambitions, their human rights and to follow their interests both within the service and the wider community. Engagement in activities and support networks outside of the service was an important part of people's lives. People had busy social lives and took part in a wide range of pastimes and voluntary work. Staff were willing to try anything to help people live rewarding lives and develop the life skills they needed and wanted to become as independent as possible.

The registered manager and their staff team linked up, communicated and worked with other organisations and health professionals to ensure people's well-being. This included working with different services to enable people to go on holiday and still receive health care or when moving between different care services.

Staff at the service were not risk adverse, when supporting a person's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Where people had been assessed as lacking mental capacity legal restrictions had been applied for, agreed and put in place as guidance for staff.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff followed systems in place to monitor and manage people's risks and keep people safe from poor care

and avoidable harm. Staff were trained in infection control and helped people keep the service clean. Staff were working with external health professionals and current guidance to try to reduce the number of medicines people were on. People were supported safely with their medicines. Competency checks reviewed staff's ability to manage this support task safely.

Checks were completed on potential new staff to help make sure they were suitable to work with the people they supported. Staff received an induction, mandatory training, competency checks and supervisions to develop their skills and knowledge. Staff were supported to give people a high-quality service. Checks were made to monitor the quality of care being given including provider visits to the service. Any actions required were either completed or on-going.

Staff treated the people they supported kindly. People had positive opinions of the staff who cared for them. Staff promoted and maintained people's privacy and dignity when supporting them.

Staff supported people to follow a balanced diet and people, where possible were involved in making decisions about their care. People's preferences on how staff delivered their care was recorded in care records. People had plans in place for the end of their life and these were understood by the staff team.

Complaints were investigated and resolved where practicable. People knew how to raise any concerns. The registered manager gave people, their relatives and staff, opportunities to give their view of the service and from this feedback action was taken to make any improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 29 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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?

Outstanding ☆

The service was exceptionally 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.

# Huntingdon 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. 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

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, 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.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 January 2020 and ended on 29 January 2020. We visited the office location on 20 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the operations manager, registered manager, employment skills worker, a senior support worker, and a support worker.

We reviewed a range of records. This included one person's care records and a variety of records relating to the management of the service.

After the inspection

After the inspection on 29 January 2020 we received feedback from two professionals who worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "It's really nice to live in there. I feel very safe."
- Staff were clear about how to recognise abuse and their duty to report concerns about poor care and harm.

Assessing risk, safety monitoring and management

- Staff had a good understanding of people's risk assessments and used this to support them safely. This included fire safety. A staff member said, "The fire drill is tested every week, but we do an evacuation every three months and people also evacuate. We have been trained in fire safety."
- The registered manager was an accredited positive behaviour therapy trainer in SCIP (Social Communication Intervention Project). The aim was to train staff not to use physical restraint or 'breakaway' techniques. Instead staff would support a person to not become so distressed they ran the risk of harming themselves or others, thus having a more positive impact on a person's well-being.

Staffing and recruitment

- Recruitment checks were carried out on potential new staff to try to make sure they were suitable to work with people. People using the service were encouraged to take part in new staff interviews, so they also had their say.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required.
- The registered manager told us they worked the occasional shift to monitor the service provided and to support staff.

Using medicines safely

- Staff supported people with their medicines safely. A person told us, "I have some medicines supported by staff. How it works is staff give me my medicines in the morning and the evening. They fill in the chart...I'm happy with how I'm supported with my medicines it normally works out well."
- An external professional said, "The managers are keen to follow all procedures/policies for medication change to minimise any medication errors."

Preventing and controlling infection

- Staff knew how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as disposable gloves and aprons, to help prevent the spread of infection.

### Learning lessons when things go wrong

- The operations manager and registered manager gave us examples of learning. They had identified an increased risk of medicines errors when there had been a changeover in packaging. A proactive decision was then made to add in an additional staff check when administering people's medicines to try to counter act this before it happened. Actions taken included an additional staff member witnessing the administration to help reduce the risk of error.
- The provider sent around their services anonymised case studies as learning to share with staff and discuss. This helped embed knowledge for learning from an incident or near miss.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's holistic needs and care and support needs were assessed prior to them using the service. This helped to ensure their care and support was right for them. The registered manager showed us they received information to help them keep up to date with changes in legislation and good practice.
- To promote people's well-being and in line with current best practice guidance staff were working with external health professionals to try and reduce the number of medicines people were on. This was so that people were not over medicated. The positive impact for people was that they were a lot more engaged and were enjoying life to the full. For example, one person became much more engaged with staff and was working alongside them to develop their life skills within the service. The registered manager told us, "We are working with the psychiatrist significantly... we are trying to look at reducing anti-psychotic medication. Medication reductions for people so far have been very positive."
- Staff confirmed to us that legislation and best practice guidance was shared with them and helped support their lead and care worker roles within the service. This included safeguarding and the human rights act, particularly the right for a person expressing this wish, to have a sexual relationship. One staff member told us, "We have to read about any legislation changes and sign that we have read and understood it."

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

- The staff team built excellent links with other services and health professionals which had an extremely positive outcome for people using the service. For example, to help support a person to go on holiday, which they had not done for a long time, an arrangement was made with a health service in a different part of the country. This meant the person was registered as a temporary patient at a GP's in a holiday location, so they could continue to receive support with their daily health needs.
- Staff supported people to attend health appointments where needed. A person told us, "Doctors [appointments]? I can sometimes make my own appointments and sometimes staff have to do this for me if I am unwell. I attend the dentist at the hospital."
- Staff worked hard to support people to move from their previous home or other care services. This was to make sure their care service was right for potential new people and that moving in would promote their happiness and well-being. Prior to people receiving the service, staff encouraged the person to visit and meet the staff and other people living at the service until they felt comfortable. One person who required a lot of support in the run up to moving in, met with staff and people regularly. When they decided they wanted to move in, they were empowered to make choices and start to lead a much more independent life.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their mental capacity assessed to see if they were able to understand and make day to day decisions and retain information given. Where people did not have capacity, applications had been made to the Court of Protection. We saw there were 'supportive decision making and best interest decision records' in place for people. This meant that staff would know how to support people with specific decisions.
- People's care and support plans looked at people's health and support needs. However, they also looked at how people could manage risks safely. This included a person who, in their best interest, carried an electronic tracker and staff checked in on them at agreed times when out and about by themselves in the community. This meant that this person could continue to live the life they wanted to live by spending lots of time outdoors. Staff had also built up a relationship with the local community town rangers to support this person. This demonstrated to us that the service was not risk adverse, when supporting a person's rights.
- Staff had all received training in MCA and DoLS and understood how it applied to their work. A staff member said, "Always assume capacity until otherwise proven so. [People] here can express their wants and needs." This demonstrated that staff understood the importance of ensuring people were given choice.

Staff support: induction, training, skills and experience

- External professionals were complimentary about the service and training available. An external professional told us, "I have also recently been providing epilepsy training to the staff team. They are aware of the need to keep up to date with the training and again are always welcoming and appear to value the support we can offer." A staff member confirmed to us, "The training is second to none, if you see something that relates to your job we are encouraged to take it. We are well supported here."
- Staff had induction training when new to the service and had to shadow a more experienced staff member until they were competent and confident to work alone. Staff confirmed they were then supported with mandatory training, competency checks and supervisions. This included oral health training from a dental nurse.
- The registered manager explained the creative ways they tried to deliver training to staff. They said, "[We] have used games and interactive games to help embed knowledge... [this included] shared lunch staff meetings and away days."

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

- Staff supported people to eat and drink healthily. Staff tried to guide people to choose healthier options to promote their well-being.
- Staff supported people to plan meals for the week ahead together as a group. One person was seen with

support from staff preparing their choice of meal for the evening. Another person said proudly, "I cook on a [named day] for the others. I cook fish or a pie. I like cooking."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The majority of people were happy with the service. A person said, "I am happy here, I get on with everyone. All staff are quite nice," and another person told us they were, "happy" living at the service. The registered manager noted one person whose demeanour showed they were unhappy with something and set up a meeting with them to try to resolve this.
- Staff supported people's human rights to a family life. This included supporting a person to visit and maintain contact with their family who lived a long way away. Staff knew and understood how important this was for people.

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

- Staff supported people who were able, to express their views and make decisions about their care and daily routines. A person told us, "Sometimes I read it [care and support record]. Staff go through it with me."
- Records showed that people received additional help with making important decisions about their care and support from their relatives and advocates where appropriate. An advocate is an independent person who can support people with their decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly. They made sure conversations to be held in private were; to promote and make sure people's dignity was respected.
- Staff encouraged people to be independent and live as full a life as possible. This included staff teaching people how to be independent with daily living skills such shopping and as preparing food to be cooked for meals.
- Staff ensured people's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- A person wished to have a support in an [area] of their life. A staff member designed a pictorial puzzle to support the person to understand the practicalities which this would have on the person and others. With additional support from an external health professional staff had worked together to educate the person and support them in this area of their life. Staff had a clear understanding that this was the person's right.
- People at the service had very individual care and support needs and wishes. People's future goals were clearly documented, and plans were in place to work towards these goals. The staff team embraced individuals' differences and promoted people to live life to the full. An external professional said, "[The service] have in my view been very proactive in their approach and involve the [named external service] when they feel necessary. I have recently been working with a [named person] and have collaborated with a staff member in meeting the service user and agreeing a positive way forward. I was made to feel welcome and my input valued."

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

- Staff enabled people to exercise their choices, maintain their interests or develop new interests both within the service and the wider community. People had busy social lives and took part in a wide range of interests, pastimes and voluntary work.
- Staff were willing to try anything to help people live rewarding lives and develop the life skills they needed and wanted. For people expressing a wish to find paid work, the management team had gone the extra mile to try to make this happen. External work coaches were used to help people find work and this had inspired people to not give up. We saw a person return to the service having visited potential new employers. They had job application forms to complete with help from staff. They were full of enthusiasm about the prospect this new opportunity and the financial independence and self-worth this would give them. The person's face lit up as they excitedly told us, "Staff are encouraging me to get a job... I am very happy living here and feel that it will help me to become more independent."
- People's self-esteem was promoted day to day. On one occasion staff had enabled people to take part in a musical video to sing a well-known song. The result was an up-beat, laughter filled video of people celebrating and this had made the people who took part in the video extremely proud. The video also demonstrated and promoted people's different communication skills using Makaton in several places. Makaton is a language programme that uses symbols and signs to communicate.
- Some people at the service experienced distressed behaviour due to an increase in their anxiety. There was a pet living at one of the houses which people helped care for and looked after. Using their providers

assistive technology department, the management team had also purchased some 'robotic cats' for people to interact with. The success of these cats in reducing people's incidents of anxiety and distressed behaviour were such that local tv news stations had interviewed people from the service. People were then able to tell the TV interviewer how being able to stroke and cuddle these cats had given them real comfort and how this had helped their well-being. The operations manager said, "It is a very quick solution, but it has a real impact for people."

- People were supported to not feel isolated and develop and learn new life skills. A person said excitedly about a bicycle workshop they attended, "It is like painting, you start from nothing by stripping the bike down and then you build it up like new. I have enjoyed learning the technical side such as tyre pressures etcetera. I think I am going to be on the radio soon to talk about bikes and what it means to me. I'm excited by this." This helped people to feel valued, have a sense of self-worth and be part of and contribute to the community.

#### 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.

- Different communication tools were used to give people information in a way they could understand. Information including people's end of life wishes were in an easy read format to help aid people's understanding of information that they needed to know.

#### Improving care quality in response to complaints or concerns

- Within people's care plans there was a form that people could use, with help from staff to raise any concerns they may have. A person told us, "I would feel comfortable [to make a complaint] although uncomfortable that I had to make a complaint if I had to do it. Yes, I have raised a complaint a long time ago but not recently. I'm happy with how things are going."
- People, their relatives and representative's ideas, suggestions, comments and concerns were listened to and acted upon. Formal complaints were investigated by an operations manager within the providers organisation who was not responsible for the service, to ensure impartiality.
- Informal complaints received were investigated by the registered manager and actions were taken where possible because of learning from these. This included staff sending out pre-paid envelopes to people's relatives and representatives when requesting a form be completed and returned.

#### End of life care and support

- We were told that no one using the service currently was on end of life care. Where people, their relatives and representatives were happy to discuss end of life wishes, these, including cultural wishes were documented as guidance for staff to follow. Staff recorded this information in an easy read format to aid with people's understanding.
- Staff said that in the event of a person approaching the end of their life, they would work with external health professionals' guidance and advice.
- Staff would work to ensure the person's religious beliefs and preferences would be met. A staff member told us, "We have supported a person who was end of life. We worked with HALO (hospital ambulance liaison officers), Macmillan nurses and district nurses who gave us advice... We also supported the person, staff and the family." This staff support would offer emotional and practical assistance where needed enabling the person to have the most comfortable, dignified, and pain-free a death as possible.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The operations manager, registered manager and staff team made sure the service provided to people was person-centred, empowering and inclusive to enable people to live meaningful lives.
- Staff provided positive feedback about the registered manager. They described them as supportive and approachable. A staff member said, "There is no job in the world that would support me how I have been supported [here]."
- People, their relatives and staff were asked to feedback on the service. However, we noted that these results had not been collated in a timely manner. The registered manager told us they would make this improvement.

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

- The operations manager and the registered manager were open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements.
- As part of the on-going monitoring of the quality of care provided audits were carried out. Organisational oversight was in place as the providers operational lead visited the service to carry out reviews. Any improvements identified during these was either completed or on-going.
- Records showed that legally required notifications were being submitted to the CQC as required, and when things went wrong.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager carried out audits, which meant they identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others

- The registered manager and staff at the service worked with other agencies to make sure the people they supported had the guidance and support they required.
- The provider had worked with the police to make the day centre, which was run by the provider, a 'third

party hate crime reporting centre' for anyone who wanted to report a hate crime.

- An external health professional told us, "I have found the service responsive and well-led. The [staff] engage and give appropriate feedback during the assessments. They follow up the plans as suggested. They regularly keep me updated regarding the progress of patients and any concerns. They have arranged multi-disciplinary team meetings when requested for the best outcome [for people]."