

Leading Lives Limited

South Suffolk Supported Living and Domiciliary

Inspection report

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Ratings

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

Summary of findings

Overall summary

South Suffolk Support Living and Domiciliary 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. South Suffolk Support Living and Domiciliary also provides personal care to people living in their own houses and flats.

At the time of this announced inspection of 31 January 2018 there were 11 people who used the service. Seven people were living in 'supported living' settings and four people received domiciliary care in their own homes. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered managers and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out their experience of the service. This service was registered with CQC on 15 December 2016.

Two registered managers were in post. 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.

People and their relatives were complimentary about the service provided and the approach of the support workers. They told us that they were kind, compassionate and respectful towards them. They described how they received safe and effective care by support workers they trusted, who understood their needs and encouraged them to be as independent as possible.

The leadership team were a visible presence which meant that support workers were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

People were safe and support workers knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. People's care needs were assessed, planned for and delivered to achieve positive outcomes. These were regularly reviewed and reflected individual needs and preferences.

Recruitment checks were carried out with sufficient numbers of support workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

Where people required assistance with their medications, safe systems were followed. Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Where support workers had identified concerns in people's wellbeing there were systems in place to contact

health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

People, and or, their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs.

Support workers listened to people and acted on what they said. They understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the MCA were followed which included steps that the provider should take to comply with legal requirements.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on.

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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of support workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Support workers received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good ●

The service was effective.

The service worked with other professionals to provide people with a consistent service.

Support workers received supervision and training to support them to perform their role.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People told us they were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

Support workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The management team were approachable and had a visible presence in the service.

Support workers were encouraged to professionally develop by the management team and understood their roles and responsibilities.

People, relatives and employees were encouraged to contribute to decisions to improve and develop the service.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies

South Suffolk Supported Living and Domiciliary

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and carried out by one inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered managers and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Inspection site visit activity started on 31 January 2018 and ended on 6 February 2018. The inspector visited the office location on 31 January 2018 to see the registered managers and support workers, and to review care records and policies and procedures. The inspector visited seven people and two relatives in their own homes on 31 January 2018, to find out their experience of using the service. Telephone interviews by the inspector were carried out 1 February 2018 to 6 February 2018.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

As part of this inspection we reviewed the responses from questionnaires sent out by CQC to people who

used the service, staff, family and relatives.

We spoke with the two registered managers, two team managers and five support workers. With their permission we met with seven people and two relatives in their own homes on 31 January 2018. We carried out telephone interviews with three relatives. In addition we received comments about the service provided from three community professionals.

We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service and in the company of their support workers. One person said, "Safe and happy with my support workers. I have no problems. I like them all. They look after me well." Another person smiled, nodded their head and gave us a thumbs up sign when asked if they felt safe with the support workers. A third person described how the service had provided them with an identification card they could use in the local community which made them feel secure. They said, "I have a 'stay safe' card I carry with me. Any problems I can show my card in a shop and it has [contact telephone] numbers to call. I feel safe having the card." They added, "I also feel safe as they [support workers] check to make sure before I go out I don't take too much money out; just enough for what I need. I worry if I have too much or not enough." A relative told us the support workers, "Do all they can to keep [person] safe from harm."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Support workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Support workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions such as epilepsy, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Support workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of support workers to meet the needs of people. People and the relatives we spoke told us that the support workers visited within the timescales agreed at the start of the care package and at ongoing reviews. This was confirmed in the eight responses received from people who used the service in the CQC questionnaire. 100% said their support workers were punctual, stayed for the agreed length of time and they felt safe with them.

Conversations with people and records seen showed that there had been no instances of visits being missed and that they were usually provided with regular support workers which ensured continuity of care. One person said, "I feel safe and happy with all my support workers. I know who is coming. I look at [pointed to a weekly picture board on display in their home] it has a photo of who is coming to help me." Another person commented, "I know when they [support workers] are coming and if it changes someone from the office rings to tell us." A relative told us, "They very rarely use agency but even then it is the same ones. The support workers also work at the hub (office location and day centre facility) where [person] goes so

everyone knows [person's] needs."

Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service. Retention of staff was good and supported continuity of care. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. One person said, "I would forget to take my tablets [if support worker didn't remind me]. They help me to take my tablets so I don't get sick." Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide support workers on when to offer these.

Support workers were provided with medicines training and the management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for staff where required.

There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment, such as disposable gloves and aprons. Support workers confirmed that these were available to them in the office and they could collect them when needed.

From the eight responses received from people who used the service in the CQC questionnaire, 100% said their support workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons.) This was also confirmed by the people and relatives we met and spoke with. Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects.

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from a healthcare professional confirmed that appropriate referrals were made by the service and guidance was acted on.

From the eight responses received from people who had used the service in the CQC questionnaires, 88% of people said their support workers had the skills and knowledge to provide them with the care and support they needed. This was also confirmed by the people and relatives we met and spoke with as part of this inspection. One person commented, "They (support workers) know what they are doing. I don't have to tell them. They are good at supporting me." Another person said, "My support workers are good, well trained. I like them and am safe with them." A relative shared with us, "I think all of the support workers are marvellous. Very competent, well trained and caring."

Support workers told us they were provided with the training that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated regularly. In addition training was provided in intimate personal care, epilepsy, positive behaviour support and communication. One support worker said, "Really thorough training. Covers everything you need to do your job well." Another support worker told us, "The training is really good and gave me the skills I needed but also the confidence. We have lots of training and refresher courses." One of the registered managers explained how they were planning further training workshops to support their staff with enhance care planning and outcomes/impact-focussed care documentation.

Support workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. One of the registered managers explained how support workers were encouraged with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications.

Support workers confirmed that they were encouraged to professionally develop through ongoing learning and training opportunities and were provided with one to one supervision meetings. One support worker described their positive experience saying, "I have regular supervision with my team leader. We talk about how I'm getting on, any problems, what training or support I need. I can talk to them about anything. I feel very supported. We have competency checks so you know how you are doing." Records showed that in these meetings, support workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided support workers with the guidance that they needed to meet people's needs effectively and to identify any further training.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [support workers] help me to do my shopping and cook my own meals." Where staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, staff recorded this in people's care records to guide staff in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses, physiotherapists and occupational therapists. There were also letters and information on people's files from other professionals and hospital visits people had attended. One person described how the service had supported them to attend healthcare appointments, "They [support workers] will take me to see the doctor if I am not well and to hospital [appointments]." A relative told us the support workers were, "On the ball with all the health appointments [person] needs. Good communication, everything is written down and we get a phone call if there are any changes."

Care records reflected where support workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

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. We checked if the service was working within the MCA principles.

People told us they were asked for their consent before support workers delivered care to them, for example, with personal care or assisting them with their medicines. We observed this practice during the home visits, for example, when a choice had to be made the support workers and management listened and acted on people's decisions. One person said about the support workers, "They are brilliant they always ask me and check what I need." Another person described how the support workers were, "Friendly and ask me what I need. Don't do anything I don't want." A relative told us that, "[Person's] care is always done with the utmost respect and dignity. Each time they come the carers ask [person] and me what needs doing. Even though it is the same things most days and they follow the usual routine they always check with us first, never presume."

Support workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that support workers had received this training. Guidance on best interest decisions in line with the MCA was available in the office. People had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. Another example of how consent was actively sought was in the arrangements made by one of the registered manager's for us to visit people in their own homes. To support people in making an informed choice whether they would like to speak with us and share their experience of using the service, the registered manager requested a photograph of the inspector when we gave them notice of the inspection. This was used in information that was accessible to people, in conversations to explain who we were, our role and to provide a visual connection so that people would know who would be visiting them in their own homes and to give their permission.

Is the service caring?

Our findings

People had developed positive and caring relationships with the support workers who cared for them. This was reflected in the complimentary feedback we received. People told us that their support workers treated them with respect and kindness. One person said, "They (support workers) are lovely, help me with everything I need." Another person said, "My support workers make me laugh and smile all the time. We have a giggle. I like them, they are nice to me." A third person commented, "My support workers look after me how I want. They keep me safe and help me to be healthy."

Feedback from relatives about the approach of the support workers was equally favourable. One relative commented, "The support workers are brilliant, know [person] inside and out. They understand [person's] different moods and behaviours. They are not fazed by anything, very calm and reassuring especially in a crisis. They are truly caring and treat [person] with dignity and respect."

Support workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone, from the service including the management and staff based in the office, spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the day of our inspection and through interactions seen between people and the support workers during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to support workers on people's choices regarding how their care was delivered. People shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People told us that the support provided helped them to be as independent as possible. One person described their experience, "They [support workers] help me do to do things for myself. They help me cook, look smart and keep things clean and tidy in my home." Another person said, "They help me to [manage] my money, cook nice meals, take my medicines, get out and about and stay well." A relative commented about the support provided, "I was doing everything for [person] which I see now was not the best thing for either of us.....it was starting to affect my health. With their help [support workers and team leader] I have been able to step back and through their endless patience and encouragement seen [person] gain some of their independence and confidence back. Their support has made such a difference."

People fed back that the support workers treated them with dignity and respect. One person said, "I choose when I get up, go to bed, what to wear, what to do. I choose. That is important to me. This is my home. They [support workers] listen to me and respect my choices." Another person told us, "They [support workers] are nice, kind and respectful to me."

People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover their modesty when supporting people with personal care to

help maintain their dignity. One relative said, "The support workers are very professional and discreet. They put [person] at ease making sure they are not disturbed, [person] has plenty of privacy and time alone to have their [personal care]."

Is the service responsive?

Our findings

People told us they were satisfied with the care provided which was responsive to their needs. One person said, "I am looked after very well. I am helped to do things that I can't do on my own. They [support workers] take their time with me and don't rush me." Another person commented, "I need some help with my [medicines] but can do most things myself. Sometimes [when I am not well the support workers] do more for me."

People's care records were comprehensive, regularly reviewed and accurately reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity.

The care plans included people's daily routines providing support workers with the information they needed to meet individual needs in line with their wishes. For example, how they wanted to be supported with personal care and to do daily living tasks. The care plans took into account pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs. A relative commented, "I could never give [person] the variety and choice that they currently have. They have a busier social life than me and enjoy life to the full. But if they choose quiet time that is fine too. Support workers are intuitive and understand [person's] needs and know how to support them, how to try new things but still be safe."

Where people needed support with behaviours that may be challenging to others, their care records guided support workers in triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for support workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People told us that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed towards their ongoing care arrangements with help from their support worker, "We looked at my file (care records) checked everything was okay. I signed my name as everything was okay; no changes."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan reviews, "I have been included from the very start and attended several meetings. I have a good relationship with the management team and support workers. I am kept updated, know what's going on. There is good communication, never a problem to ring up and speak to someone if I want to know what is going on which reassures me." Another relative commented, "I have been very impressed with the service and the professionalism I have encountered. The management and support workers are passionate and very dedicated in what they do. I get regular updates of what is going on with [person] and not just when there is a problem."

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. One of the registered managers advised us they were developing people's documentation in line with best practice around advance care planning. Advance care planning' (ACP) is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

There had been numerous compliments received about the service within the last 12 months. Themes included 'caring, compassionate and attentive' support workers and 'effective communication from the office'. In addition, several relatives had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times'. For example, when the service was providing support to people following changes to their health and well-being and in meeting people's complex needs.

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. This information was in accessible format. One person said, "I've got no issues when something is wrong I talk to [named support workers and a team leader] and they sort it out." Another person told us how they had not been happy with a support worker and had spoken to a team leader who had dealt with the matter to their satisfaction they said, "[Team leader] said it is your home and if you don't want [support worker] to come that's fine. We can send someone else and they did." A relative told us, "I am usually fine with everything that's in place. If there is a problem then I call the office. The staff are always friendly and kind, nothing too much trouble, always someone you can talk to which gives me peace of mind."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a support worker or adjusting visit times. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

Is the service well-led?

Our findings

Feedback from people, relatives, support workers and professional stakeholders was positive about the leadership arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The two registered managers were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

The registered managers had established an open and inclusive culture. Morale was good; the management team and support workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Support workers said they felt the service was well-led and that the registered managers were accessible and listened to them. One support worker said, "They [registered managers] are always around if you need them. Get back to you straight away. Very approachable, respectful and hands on. Know the service inside and out. Make time for you. I would absolutely recommend working here; very supportive environment, great place to work." Another support worker said, "All the management are very supportive."

People and relatives told us the management team were available and approachable. One person said, "If it's important. I speak to [name of team leader and a registered manager] and it gets fixed. Most of the time I speak to [names of support workers] and they help me." One relative said, "I ring the office if I need to escalate anything. They [management team] are very good at responding and dealing with any concerns I have. I feel very comfortable raising things with them. I would definitely recommend the service and have."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people shared their views about the service, anonymously if they chose to. We looked at responses from people about their experience using the service and these were complimentary. Feedback showed that people felt valued, involved in the planning of their care, they were supported to make choices and to be independent and knew who to contact if they had concerns.

Support workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A team leader shared with us, "We have regular meetings to share best practice and keep up to date. We discuss what is working well and what needs changing." The minutes of these meetings showed that suggestions from support workers, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas.

The management of the service worked hard to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included health and safety checks and competency assessments on support workers. Regular reviews of care were undertaken. These included feedback from the person who used the service, where appropriate their family members, health and social care professionals if needed and the support workers involved. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

A good working relationship with the service and CQC had been established. Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service.

Robust quality assurance systems were in place to identify and address shortfalls and to ensure the service continued to improve. One of the registered managers' showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing recruitment, staff development and enhancing people's documentation to ensure consistency and to fully embed a person centred approach in line with the provider's vision and values.