

Creative Support Limited

# Birmingham Supported Living & Community Based Services

## 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

About the service: Birmingham Supported Living & Community Based Services provides personal care and support to people living in their own homes. At the time of inspection 11 people were receiving support with personal care eight of whom were living in supported living houses. Support co-ordinators managed the everyday running of the supported living houses and the registered manager had oversight of the service.

People's experience of using this service:

People we spoke with told us they liked the staff and that they felt comfortable in their home. This was supported in observations during the inspection.

Systems were in place to monitor the quality and safety of the service. Any issues identified were addressed to ensure quality of care was maintained.

People's needs and risks were properly assessed with sufficient guidance for staff to follow in the provision of safe and appropriate support. Staff had person centred information on people's preferences and choices with regards to their support. The support provided was personalised to them and their individual requirements.

Independence was supported and people were able to voice their opinions with various communication strategies. Consent to care and treatment was sought in line with the principles of the Mental Capacity Act 2005.

Medicines were managed safely and staff completed training and had regular spot checks regarding this. We saw that lessons had been learnt following checks made and this had improved practice.

Support plans documented people's nutritional needs and these were known and met by staff. People told us they always received their choice of food and enjoyed the meals prepared for them.

Staff were recruited safely and received regular training, received supervisions, attended staff meetings and had regular practice checks.

The registered manager and staff worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded and followed by staff.

People's privacy, dignity and independence was promoted. Positive relationships had developed between people receiving support and care staff.

The registered provider had a complaints policy in place. Information about the complaints process was provided to people. Safeguarding and whistleblowing procedures were in place.

More information is in the full report

Rating at last inspection: The previous inspection was carried out 04 August 2016. At the last inspection the service was good. At this inspection, the service was rated good again.

Why we inspected: This was a planned comprehensive inspection as part of CQC's inspection schedule.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?**

The service remains safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remains effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remains caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remains well-led

Details are in our Well-Led findings below.

**Good** ●

# Birmingham Supported Living & Community Based Services

## **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: This inspection was carried out by one adult social care inspector.

Service and service type: Birmingham Supported Living & Community Based Services provides personal care and support to people living in their own homes.

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 site visit because it is small and we needed to be sure that they would be in.

We visited the office location on 27 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people using the service to ask about their experience of the care provided. We spoke with care staff, the registered manager, the providers service director for the West Midlands and we also observed three people and staff within one supported living house.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, the provider sent us requested documents including policies and training information.

# 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

- People told us they felt safe because they received safe care and could talk to staff if they needed to.
- We saw that safeguarding referrals had been appropriately made by the registered manager and the provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training that was regularly updated.

Assessing risk, safety monitoring and management

- There was appropriate risk assessment in place for risks that may arise whilst supporting a person. There were detailed and offered guidance for staff on how to keep people as safe as possible while protecting their freedom.
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people. Examples included triggers for challenging behaviour, signs of anxiety or upset and other potential risk factors and suggested strategies.
- Equipment and utilities of the houses that people lived in were checked regularly to ensure they remained safe for use.

Staffing and recruitment

- We looked at four staff recruitment records and all were in order with all relevant checks completed.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.
- Staff who were administering medication had completed training and had their competence assessed regularly to ensure they were safe to manage people's medicines.
- Medicines were stored safely in people's homes and people told us they got their medicines when they needed them.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and Personal Protective Equipment (PPE) was freely available.

#### Learning lessons when things go wrong

- There was a process in place to track and analyse incidents and accidents and the registered manager was able to pick out any patterns or trends for further analysis.
- The registered manager and service director were able to show how lessons had been learnt through identified practice issues and how improvements had been made.

# 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.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed and people told us that people had consented to their plan of care.
- We saw documented evidence of court of protection documents. Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (they 'lack mental capacity').
- The registered manager was able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions.
- The service was aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support.

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

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed support plans were developed from initial assessments that included input from other health and social care professionals as required.

Staff support: induction, training, skills and experience

- Staff completed regular online and face to face training in areas relevant to their roles, to ensure they could support people effectively. Staff were required to attend what the provider considered mandatory training including moving and safe handling people, epilepsy, food hygiene, medication and first aid.
- Staff were also required to attend additional training specific to their roles such as awareness of mental

health, autism and learning disability.

- New staff had completed a comprehensive induction which met the governments recommended induction standards. Staff competence was assessed during the induction process. Evidence of induction was forwarded following the inspection site visit as it had not been readily available. This was discussed with the registered manager who assured us that this would be rectified.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- People were protected from risks associated with poor nutrition.
- People were able to choose their food and menus were devised according to what people wanted to eat.

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

- Care records showed that staff communicated with other health care professionals when needed including GP's, opticians and dentists.
- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.

# 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

- People's equality and diversity needs were assessed from the outset and measures were put in place to effectively provide the support that was required. We saw how LGBTQ rights were respected and how the support received from the service enabled the person to live their life as they wished. This acceptance and support of the persons wishes contributed to the confidence to be able to attend events such as 'PRIDE', leading to other successful events such as holidays.
- People's religious and cultural needs were recorded in their care plans and staff ensured that the required level of support was provided.
- People we spoke with told us they felt they were well looked after. One person told us "Yes they look after me" and another person said "Yes, they listen to me." Another person was able to tell us about their keyworker who supported them specifically.
- Staff were familiar with people's support needs; staff were given the opportunity to familiarise themselves with the people's support needs and to develop positive relationships.

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

- People were involved in the decisions that needed to be made about their care and were encouraged to share their feedback about the quality and safety of care they received.
- Care plans documented what was working, what was not working and we saw input from the person receiving the care, their family and staff.
- Care files documented the preferred communication of a person, for example specific hand gestures.
- There were regular meetings held with people receiving a service. There was guidance for staff to use appropriate language or closed questions to ensure the person had every opportunity to have input into the meetings. This meant that people were supported and encouraged to have input into their own care.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- People were supported to remain as independent as possible. People maintained a good quality of life and were encouraged to make decisions about the care they required. Examples included how one person will do specific daily living tasks.
- Support files showed how people were encouraged to achieve economic wellbeing. An example of this was encouragement to use a budget planner to achieve independence.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs. Support plans were detailed regarding the support people required and had been reviewed regularly.
- People received support from regular members of staff. Staff were familiar with the needs of the people they supported; staff provided care and support that was tailored around people's preferences and wishes.
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.
- The provider had a programme in place where people using the service were supported to access work experience through the providers own programme. We saw that 10 people were currently being successfully supported.
- We saw how people's positive contributions were recognised for instance how one person participates in church and choir.
- Staff identified and the support files documented people's preferences, interests and needs. Examples included how one person had a talent for art and craft, another person preferred to dress and how another person had rituals and routines that were important to them and how they needed space to complete them.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection people required any specific support in this area of care. We saw how complaints procedures, service user guides and other information was available in different formats such as 'easy read' and 'pictorial form'.
- We saw an action plan to support improving a person's independence, for example teaching about the green cross code and to get it in picture form to ensure understanding.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for receiving and responding to complaints about the service. This was available in different formats for ease of understanding.
- People told us they felt confident raising their concerns if they ever needed to. There were no concerns raised during the inspection.
- Complaints were responded to and managed in line with the complaints policy.
- The registered manager and service director told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- At the time of the inspection nobody using the service was receiving end of life care.
- The registered manager confirmed that they would be sourcing 'end of life' care training to equip staff with

the necessary skills and qualities they would need.

- Our conversations with the registered manager evidenced that people's wishes would be supported and their care package would be reviewed if there needs ever changed.

# 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; continuous learning and improving care

- The registered manager and the provider had comprehensive audits and checks in place. We saw that the managers of the supported living houses carried out their own check including health and safety and medication. However, we identified that some checks had not been fully completed regarding some documents by the support co-ordinators, this was immediately brought to the registered managers and service directors attention who assured us that this would be rectified.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard. Records showed staff had regular team meetings and supervisions.
- The spot checks by the registered manager and quality processes developed by the provider followed the key lines of enquiry used by CQC on the service. This identified lessons needing to be learnt for example, medication issues.
- The registered manager and provider had ensured people's views and opinions of the service and the support they received was sought and obtained. Systems were in place to gather feedback regarding the service. These included regular reviews to gather views from people receiving support.

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

- People's support records were clear and person centred. The support provided was personalised and well-managed.
- The registered manager was aware of their regulatory responsibilities and the importance of notifying CQC of serious events and incidents.
- The provider had up to date policies in place for staff guidance.

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

- Staff received training in equality and diversity to ensure that they understood how to support people's needs.
- The service manager had developed a programme called 'SURE' (Service User Representatives for Excellence) that successfully gave people who receive support from the provider the opportunity to have a say in the way support is offered.
- Staff and the people who used the service were engaged with regularly by way of meetings. Feedback was also gathered through the use of quality questionnaires.

#### Working in partnership with others

- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.