

Independence Matters C.I.C.

Kings Lynn Supported Living

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

This inspection took place on 12 June 2017. Kings Lynn Supported Living supports people who have a learning disability or mental health needs with personal care in their own home. Support is provided through domiciliary care home visits and also through the provision of supported living services. At the time of the inspection visit the service was providing support to 11 people.

There was a registered manager in place. 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 relatives told us they were happy with the service provided by Kings Lynn Supported Living. Staff were described as kind, caring and committed. Observations of interactions between staff and people who used the service demonstrated people were happy and content.

During this inspection people said they felt safe and that staff treated them well. Safeguarding adults' procedures were in place and staff understood how to protect people from the risks associated with abuse. Risks associated with peoples support were identified, assessed and recorded. Suitable recruitment procedures were in place. Staff told us they were unable to commence work without appropriate checks taking place. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

At the supported living services we visited we observed staff responded in a timely manner and people did not have to wait to have their needs met. We observed staff demonstrating patience with people and taking time to sit with them to offer companionship and comfort. People were given time to carry out tasks as a means to promote independence and were not rushed.

Staffing arrangements were personalised to fit around the needs of the people who used the service. People told us support from staff was flexible and varied to meet their needs. This enabled people to have active lives in their community. We saw evidence of people being supported to take part in voluntary work and activities of their choosing.

Detailed person centred care plans were in place for people. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. Consent was gained wherever appropriate.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. We saw evidence good health was promoted throughout the service. Documentation regarding health needs of each person was detailed and concise. We saw evidence that the service worked with health professionals to ensure people's dietary needs were addressed and managed in

a safe way.

We saw evidence staff had been provided with relevant training to enable them to carry out their role. Staff told us they received supervisions and appraisals as a means for self-development. Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

People were happy with the service provided and had no complaints. They told us they were confident any concerns raised would be dealt with efficiently and appropriately by management. We saw systems were in place for dealing with complaints.

The service had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided. Systems were in place to monitor and manage risk. Risks were reviewed on a monthly basis and a record was kept to show reviews had taken place. Staff were positive about the way the service was managed. They told us the service was well-led and there was good communication.

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.

People told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures in place to ensure staff employed were of a suitable character.

Good practice guidelines were considered and implemented to ensure safe management of medicines.

The registered manager ensured there were appropriate numbers of suitably trained staff on duty to meet the needs of people who used the service

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

People received appropriate support with diet and nutrition when required.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

People and relatives were positive about the caring nature of staff. Staff treated people with patience, warmth and compassion.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Is the service responsive?

The service was responsive.

Records showed people were involved in making decisions about what was important to them.

People's care needs were kept under review and staff responded appropriately when people's needs changed. People were happy with the service provided and had no complaints. Processes were in place should complaints be raised.

Good ●

Is the service well-led?

The service was well-led.

The registered manager was visible, people using the service and staff felt that they were approachable.

There was a friendly, open and positive culture which encouraged good communication. Staff morale was high, and team work was strong.

The service had quality assurance systems in place which were used to improve the service.

Good ●

Kings Lynn Supported Living

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 visit took place on 12 June 2017 and was announced. We gave the registered manager 48 hours' notice of this inspection so that we could be sure that managers and staff would be at the services office when we visited. The inspection was carried out by an adult social care inspector. Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the registered manager relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We contacted the local authority and we received no information of concern.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection plan. We visited two supported living homes where support was provided by Kings Lynn Supported living. We did this because we wanted to ensure people were supported in a safe environment which was responsive to their needs.

We spoke with five people to obtain their views on what it was like to be supported by Kings Lynn Supported Living. When people had limited verbal communication because of their disability we observed interactions between staff and people to understand the experiences of people who used the service. We spoke with three relatives and a social worker to see if they were satisfied with the care provided in the days after our inspection visit.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five members of staff. This included the registered manager, a team manager and three staff who were responsible for providing care and support. To gather information, we looked at a variety of records. This included care plan files relating to three people who used the service and recruitment records belonging to three staff members. We viewed other documentation which was relevant to the management of the service including training records, medicines administration records, meetings from management meetings and senior manager's audits.

Is the service safe?

Our findings

People told us that they felt safe when being supported by the staff. One person told us, "I am safe here." Relatives told us that they had no concerns regarding the safety of their family member and were confident that staff knew how to keep them safe. One relative said, "He is safe, we have no concerns for his safety, staff are very careful."

We looked at the management of safeguarding procedures at the service. Staff told us that they had ready access to the provider's procedures and could tell us where to find them. We saw that essential information that staff may require should they have a safeguarding concern were displayed at the provider's office. There was an appropriate policy and procedure in place, which included the relevant contact details for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly. This helped protect people from the risk of possible harm or abuse.

Staff understood their role in safeguarding people from harm. They were able to describe the different forms of abuse and the systems for reporting any incidents. Staff we spoke with were confident that they could raise any concerns to their line manager or the registered manager, and that these concerns would be taken seriously and responded to immediately. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks detailed in people's support plans. We saw risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Records showed the risk assessments were reviewed and updated at regular intervals, or sooner if changes occurred before this. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with people's home environment. These covered such areas as fire safety, the use of equipment, infection control and kitchen equipment. These were reviewed on an annual basis unless there was a change of circumstance. Where concerns had been identified, we saw that action had been taken by staff to raise these with the landlord of the property on behalf of people living there. This ensured people were safeguarded from any unnecessary hazards.

There were plans in place to respond to any emergencies that might arise and staff understood these. We saw that people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building. People also had a hospital passport, which is a document that contains essential information about a person, should they be admitted to hospital. It provides medical staff attending to them with information about medications, how best to communicate with the person and their preferences for treatment. Staff ensured that this document was up to date and accurately reflected people's needs and wishes.

We saw records kept in relation to any accidents or incidents that had occurred whilst people received support. All accident and incident records were checked and reviewed by the registered manager to make

sure that responses were effective. Any changes to be made to prevent incidents happening again were identified. The registered manager and team manager had made referrals as appropriate to people's GP's and community-based services. For example, One person had in increased amount of falls. The registered manager undertook an analysis of these incidents, and noticed a trend of falls during the morning. They referred their concerns to the person's occupational therapy service, who undertook a reassessment of their needs and made adaptations to the equipment they used. This led to a reduction of the amount of falls they had.

We looked at how the registered manager arranged the deployment of staff. People and their relatives told us there were sufficient staff on duty. Our observations confirmed this. Staff spoken with told us that they were able to meet people's support needs in a timely and unrushed way. We spoke with a social worker for some of the people using the service. They told us that during recent reviews, it was identified that to meet an increase in people's needs; more staff would need to be deployed during night times. They said that this was provided in a timely way.

We looked at the recruitment records of three staff members and spoke with members of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of values based questions at the interview that were designed to assess their knowledge and suitability for the post. There was also a 'meet and greet' section of the interview, where service users met potential staff and could talk about their expectations from staff. We also saw two written references and an enhanced criminal records check had been obtained before staff started work in the home. This meant the provider only employed staff after all the required and essential recruitment checks were completed.

During the inspection, we looked at how information in medication administration records and care notes for people using the service supported the safe handling of their medicines. When we asked people about their medicines, they told us that they received them on time. Relatives we spoke with confirmed this. There was personal identification information on each person's record to help ensure medicines were administered correctly. Records also included details about how people preferred to take their medicines. Where people were prescribed medicines on an 'as and when required' (PRN) basis there was written information available to show staff how and when to give them these medicines consistently and appropriately. Records showed that people were receiving their medicines as prescribed.

Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. Staff authorised to handle and administer people's medicines had received training and had been assessed as competent to undertake medicine-related tasks. Frequent internal audits were in place to enable staff to check records and monitor and account for medicines.

Is the service effective?

Our findings

The people and their relatives we spoke with told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "Staff are good at their jobs, they are really well trained." A relative told us, "The staff have got the skills overall." Another told us, "Yes, staff have got the skills needed, and they are an experienced team which is good."

Staff told us that they felt confident to undertake their role because the training they received was comprehensive and thorough. We looked at how the registered manager trained and supported their staff. We found all staff completed a two-week induction and training period when they started employment. This included an initial orientation induction, training in the organisation's policies and procedures and mandatory training. Staff also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also received a learning agreement, where they committed to undertake the training provided, and a commitment from the provider that they would support staff with their development.

Staff newly recruited were not counted as one of the deployed staff on the rota and shadowed more experienced staff to enable them to learn and develop in their role. All new staff completed a probationary period of six months during which their work performance was reviewed at regular intervals. Staff we spoke with told us that they felt that their initial training when employed was useful to them in completing their role.

There was a programme of on-going training available for all staff, which included, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act (MCA) 2005 and person-centred planning. The provider also arranged for local community professionals to provide specialist training for staff to help them support people with specific health needs, such as diabetes. For existing experienced staff, the provider ran a training programme called, 'Little Things Matter'. This was a back to basics training programme to ensure that staff did not become complacent, and could review their own performance and attitude. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us the training was beneficial to their role.

All staff spoken with told us they were provided with regular supervision and we saw records that confirmed this. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. As part of the supervision process, the management team carried out regular observations of staff providing direct care. The registered manager and team managers also carried out an annual appraisal of each member of staff's work performance. This meant that staff received regular support and feedback to enable them to carry out their roles effectively.

We could see that the provider had a commitment to training and development for their workforce. Staff were able to undertake nationally recognised vocational qualifications in health and social care. The registered manager and team managers were able to complete the management level qualifications in

health and social care. The registered manager told us that they were able to request specialist training, for example in conflict management and supporting people with mental health needs and that this had been provided.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had policies and procedures on the MCA and staff had received appropriate training.

The registered manager and staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. Staff confirmed they asked for people consent before providing care giving them enough time to think about their decision before taking action. We observed staff speaking with people and gaining their consent before providing support or assistance.

We saw that for one person, a best interest's decision had been made before providing them with support to manage a health condition. We saw that the right process had been followed and had involved the appropriate professionals. We received feedback from one person's social worker that this process had a positive effect on their welfare.

We looked at how staff supported people with eating and drinking. We received feedback from some relatives that they felt their family members was not always supported to cook meals from scratch regularly, and that they often used ready meals, which they felt was not the healthiest or cheapest option for them. They went on to say that following feedback to the registered manager, this had improved recently and staff were now supportive and proactive in helping people to shop and cook their own meals. A social worker we spoke with also told us the same, and that following concerns being raised stated, "Things have improved dramatically over the past four months, choice has improved and people are being supported to eat a better diet."

We saw that staff supported individuals to plan their own weekly menu if this was their preference. Some people using the service who lived together preferred to plan, cook eat and shop as a group. Staff supported people to either shop online or visit the supermarket according to their preference. Staff knew about people's dietary needs, and for some people specific guidance from a community professional such as a dietician or speech and language therapist. Where people were at risk of not eating or drinking enough, this was monitored by staff. This information was reviewed by the team manager or registered manager, and actions taken if they became concerned that the person required the input of a community specialist.

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. Records showed people were registered with a GP and received care and support from other professionals, such as a dietician or a diabetes nurse, as

necessary.

Is the service caring?

Our findings

People told us that staff were caring and treated them with respect and kindness. One person said, "Staff are kind hearted, never rude, they don't talk about you, they keep things confidential. If I have any problems, I feel as though I can go to them and talk, they listen and take everything seriously. Staff really respect me." Another person said, I can always talk to staff about my business, they are great, really great."

People told us that they felt confident and secure with staff, because they felt staff knew them well and knew what they wanted or needed. One person said, "I like it here because really nice people help me, I get a cup of tea when I want. Everyone's very helpful, it's quiet, everything's all right here."

Relatives we spoke with felt that the service provided caring support. One relative told us, "He's well looked after, his quality of life is very good. Nothing seems to be too much trouble." Another told us, "[Family member] likes living there, for me, that's the best thing in the world, he is happy."

We observed that staff interacted in a caring and respectful manner with people using the service. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or supporting people with personal care. We observed appropriate humour and warmth from staff towards people using the service. People were comfortable in the company of staff and had developed positive relationships with them. We observed three people to be particularly excited with the return of a care worker they had not seen for a while, who joined them for a cup of tea and a catch-up conversation.

The staff we spoke with understood their role in providing people with compassionate care and support. One member of staff told us, "I like the role of the support worker here, it's a nice place to work." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support.

We were told that staff promoted people's independence being valued and upheld. For example, one person told us, "I get asked for what I want in terms of support, I'm always included in making plans." A relative told us, "The staff do try and promote people's independence." Staff spoken with gave examples of how they promoted people's independence and choices, such as supporting and encouraging people to shop and cook for themselves. People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to

meet people's individual needs. People told us that staff were available to talk to and they felt that staff were interested in their well-being. People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Is the service responsive?

Our findings

People told us they received person-centred support. People confirmed to us that they were able to make choices in their life and that staff gave them choices. Relatives told us the service provided was tailored to people's needs. Feedback included, "Staff work around the people, not the other way round, that's how it should be."

People were encouraged to have active lives and be involved in their own communities. On the day of the inspection, we visited two supported living homes. We observed people returning from daily activities. People told us that they had been attending a local activity service, and had enjoyed this. One person had remained at home, having previously decided they no longer wanted to attend this provision. They had put together a list of activities they wanted to do instead, and had planned this with staff.

We viewed an activities planner on the wall of one homes and noted people's days were filled appropriately. People told us they chose what they wanted to do. We looked at documentation relating to each person. People's interests were clearly detailed with the person's care plan. Care plans were detailed, up to date and addressed a number of areas including communication, health and wellbeing, medicines, nutrition, personal hygiene and safety.

Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professionals and relatives involvement wherever appropriate, within the care plans. Care plans were reviewed and updated. There was a focus on providing person-centred care. People and relatives told us they were regularly consulted with to ensure care was delivered according to need. Care plan reviews were also individualised and took place where people felt comfortable. People who used the service determined who attended the meetings and the focus of the meeting. Care was delivered according to people's needs and preferences.

People confirmed that they took part in, and made decisions relating to their care and support. This included making decisions about how the service was staffed and managed. People were involved in all aspects of the recruitment of staff. They were also able to choose who supported them and helped plan rotas for staff alongside the managers of the service. We spoke to a social worker who told us that the services approach to delivering person-centred care had improved recently. They also told us that people using the service were now going out and accessing their community more. However, some relatives we spoke with told us that there had been a decline in the frequency and variety of outings on offer. They told us that they had raised this as feedback to the manager, and that they were confident this would be reviewed.

We looked at how the service managed complaints and concerns. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint.

We saw that no complaints had been made recently. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal

with any given situation in an appropriate manner. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. This meant people could be confident in raising concerns and having these acknowledged and addressed. The register manager told us that people who use the service have been supported by staff to make complaints or raise concerns about their accommodation to their landlord.

Is the service well-led?

Our findings

Relatives of people who used the service told us they considered the service to be well managed. Feedback included, "The manager does listen and always takes things seriously." They went on to tell us that they felt the service provided by staff was of very high quality, they said, "I receive very good support, but I also see the staff support other people, and that support is also very good, they are really brilliant at supporting people."

A manager who was registered with the Care Quality Commission led the service. The registered manager had responsibility for the day-to-day operation of the service and was visible and frequently visited people at their home. Team managers who took responsibility for the delivery of services to people at a specific property supported them. During our visit, we spoke with the registered manager about the daily operation of the service. They were able to answer all of our questions about the support provided to people showing that they had a good overview of what was happening with people who used the service. During our visit, we spoke to a team manager, who had an in-depth knowledge of people's needs, and how to deploy staff effectively to deliver this.

The staff members spoken with said communication with the registered manager and management team was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "We have good team morale and great team spirit, [registered manager] is supportive, we work closely with all the managers, staff work together and we move forward together." Another staff member told us, "The managers are supportive, open, approachable and very quick to respond. [Registered manager] gives good advice, morale is better now than it has been in years. We have a balanced staff team and this helps for a good atmosphere with people." We found there to be a strong culture of good teamwork, and morale amongst staff was very positive.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. Staff told us team work was good. They described a positive working environment where people were central to everything that took place. Staff spoke highly of their achievements and the achievements made by people who used the service. One staff member said, "I love working here, it's well organised, a lovely atmosphere, and most importantly we get to spend lots of time with our customers." We noted that positive staff performance was recognised and rewarded. Staff who had gone 'over and above their role' to support people had their achievement recognised by the provider's regional director.

Relatives we spoke with told us that the management team was approachable, and that they were comfortable to raise any concerns. However, some relatives felt that improvements could be made to general communication about what was going on within the provider's services. Relatives told us that previously, coffee mornings had been arranged for relatives to meet with the provider, and that their family members were supported to put on social events and invite friends and family to them. This had helped them maintain their relationship with their family members without being overbearing to other people that they may share a property with. The registered manager told us that they were planning to start a 'meet with

the manager' coffee morning in the near future.

Staff said they had regular team meetings to discuss important aspects of care and share ideas. Staff were encouraged to contribute at team meetings and could add agenda items to discuss at the team meetings. This showed us that staff were encouraged to be involved in decision making and an open culture was encouraged. The service had a range of quality assurance systems in place. These included health and safety audits, medication, and staff training and as well as checks on care documentation. Audits were carried out by the management team and were shared with the provider's quality monitoring team. These were collated in a balanced scorecard which is a quality assessment tool that illustrates how a service is performing against set targets.

We spoke with the registered manager about their responsibilities. The registered manager was aware of their legal duties and told us they recognised the importance of keeping their own skills up to date. They told us they regularly updated their knowledge by attending external network meetings and keeping up to date with information and updates from CQC. The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training and customer satisfaction. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.