

Royal Mencap Society

Warwickshire Supported Living

Inspection report

Unit 21, Athena Court
Athena Drive, Tachbrook Park
Leamington Spa
Warwickshire
CV34 6RT

Tel: 07940575308

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29 April 2019

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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:

Warwickshire Supported Living is registered as a domiciliary care service which provides personal care to people in their own homes and supported living accommodation. At the time of our inspection 13 people were being supported with personal care.

People's experience of using this service:

Staff vacancies had recently improved. Although there had been a reliance on agency workers, people now received care from staff that knew them well.

Staff were recruited safely, and processes checked the background of potential new staff.

Staff understood how to keep people safe and how to report any concerns they may have.

Staff knew about the risks associated with people's health and wellbeing and understood how to minimise risks to them.

Accidents and incidents had been recorded and any immediate action had been taken to reduce the risk of the event happening again. Overall analysis to identify patterns and trends were being improved.

Staff supported people to take their medicines in line with their personal preferences. Where medication errors had occurred, medical advice had been sought to ensure people's safety.

Staff understood how to prevent the spread of infection.

People's needs were assessed to ensure they could be met by the service.

Staff received a thorough induction and had access to the training and guidance they needed to complete their role well.

People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.

People were offered choices. For example, in the meals and drinks they were offered.

Staff respected people's rights to privacy and dignity.

People received information about the service in a way that was appropriate to their needs.

Care plans were personalised and contained the information and guidance staff needed to support people to achieve their goals and aspirations.

Systems were in place to manage and respond to any complaints or concerns raised.

The registered manager had systems and processes to monitor quality within the home. Any identified issues were addressed.

The registered manager understood their regulatory responsibilities and shared information with stakeholders. However, there was one occasion had not been done in a timely way.

Lessons had been learned when things went wrong.

Rating at last inspection:

Good. (The last report was published on 11 November 2016).

Why we inspected:

This was a planned inspection to confirm that the service remained good.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Warwickshire Supported Living

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

Warwickshire Supported Living is registered as a domiciliary care service. It provides personal care to people in their own homes and supported living locations. It provides a service to older and younger adults with a learning disability or autistic spectrum disorder.

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 so the registered manager would be available. We also wanted to contact people in their own homes and we needed support from the registered manager to arrange this. The inspection was completed on 29 April 2019.

What we did:

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the

registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry. We used all this information to plan our inspection.

During our inspection visit we spoke with five people and four relatives to ask about the care they received. We spoke with the registered manager (who was also the area operations manager), service manager, assistant service manager and five members of support staff. Following our visit we spoke to one healthcare professional.

We reviewed two people's support plans in full and specific aspects in other people's care records. We looked at two people's medicine records, induction and training records, records of incidents and accidents as well as management quality and assurance checks.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The service continued to have an effective recruitment process to prevent unsuitable staff working with vulnerable adults.
- Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check and satisfactory references.
- The service manager was open about the difficulties they had faced during the past twelve months with staff vacancies and told us there had been a reliance on agency staff.
- Whilst care calls had not been missed, the service manager told us allocated calls had, on occasion, been shorter than planned. Where this had happened, these hours were then delivered on a different day to ensure the impact on people was minimised. The registered manager and staff told us there had been an ongoing recruitment drive to improve staffing levels and the use of agency staff had now substantially reduced and people were now receiving their calls as planned.
- A 24 hour on-call system was in place for staff to seek emergency advice when necessary.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative said, "Staff arranged a lifeline, so I know [person] is safe."
- Staff understood their safeguarding responsibilities and the importance of reporting any concerns that people were at risk of abuse or avoidable harm.
- Staff said they were confident to follow the provider's whistleblowing policy and procedures to report unsafe or poor practice. One staff member said, "No secrets, we have that drummed into us."
- The registered and service manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required. We found one occasion where this had not been done in a timely way. We were assured lessons had been learned and this had not happened again.

Assessing risk, safety monitoring and management

- At our last inspection we found care records relating to risk management were not always clear. At this inspection we found improvements had been made and risks to people's safety and wellbeing were clearly identified and assessed.
- Overall, care records informed staff how to keep people safe and reduce the risk of harm. However, we found one person did not have a care plan to inform staff how to support them to manage their diabetes. The service manager assured us this would be put in place immediately.
- The provider encouraged people to take positive risks whilst doing so safely. One staff member told us, "Never say never. If there was a big risk, there would be a best interest meeting and we would do a full risk

assessment."

- Environmental risks were assessed to keep people and staff safe. Any identified issues were reported and acted upon in a timely way.

Using medicines safely

- Staff had been trained in the safe management of medicines and their competency was assessed regularly.
- Records demonstrated that people received their medications as prescribed. However, records showed there had been a number of missed doses of medication. We discussed this with the service manager who explained this had usually occurred when agency staff had been working. Immediate action had been taken to remove these staff members from medication duties and medical advice had been sought.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and any immediate action had been taken to reduce the risk of the event happening again. For example, increased checks had been implemented as a result of an identified financial discrepancy.
- Accidents and incidents were analysed by the registered manager to identify patterns and trends. However, we found medication errors had not been identified as a recurring incident. We discussed this with the registered manager who explained whilst overall analysis was being done, it had not been done as frequently as planned. We were assured that immediate action would be taken to complete overall analysis more regularly and a more robust system would be implemented to reduce the likeliness of medication errors.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People confirmed staff used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People's needs were assessed before they received support from the service. This meant staff could be sure they could meet people's varying needs.
- Assessments and support plans were reviewed regularly and amended to reflect changes in people's needs. For example, one person's care plan had recently been updated to reflect specialist advice from a dietician.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs. A relative told us, "The carers seem knowledgeable and experienced."
- Records demonstrated a high level of compliance with staff training which kept them up to date with best practice. The service manager explained training was delivered in a number of ways to enhance the learning experience for staff. This included classroom sessions, e learning, observations as well as internal training days to regularly assess staff knowledge.
- Staff received a full induction when they started working at the service which included time working alongside experienced staff to learn about people's needs. A 'knowledge and assessment' day completed this induction to ensure staff had gained appropriate knowledge to fulfil their role.

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

- People told us they had enough to eat and drink. Comments included, "I am never hungry" and "We have plenty to eat and drink."
- People's nutritional needs had been assessed and guidance was provided in care plans about how to encourage people to maintain a healthy diet. For example, one person preferred to graze and eat smaller portions, so meals were served on a side plate to encourage this person to eat.

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

- People told us staff helped them to arrange health appointments when these were needed.
- Staff told us they worked with other healthcare professionals to make sure people understood their healthcare choices.
- Records demonstrated staff sought and acted on advice from community health professionals, such as district nurses, dieticians and GPs. A healthcare professional commented that any changes they had made to a person's medication had always been followed by the staff.

Adapting service, design, decoration to meet people's needs

- Where people were identified as being at risk in their homes, the service manager arranged assessments to ensure people had the necessary equipment to maintain their safety. For example, one person used a walking stick and another had a 24 hour lifeline system.

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of MCA.
- People told us they made daily decisions about their care. Comments included, "I can make my own choices" and "I make decisions."
- At the time of our inspection, every person receiving support had the capacity to make their own decisions about their support needs.
- However, care records did not always show people had given consent to the way in which their care was planned to be delivered. We discussed this with the registered manager who assured us immediate action would be taken to record people's consent in line with the principles of the MCA.
- The registered manager understood their responsibility to comply with the requirements of the Act and told us if they were ever unsure if a person had capacity, a mental capacity assessment would be complete and applications to the Court of Protection would be made as necessary.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff cared for them in a kind and caring way. Comments included, "I am happy, of course I am, I like all of the staff" and "I am 100% happy, I can't think of anything they could do better."
- Relatives provided positive feedback about the caring nature of staff. One relative told us, "The staff seem to want to make the clients lives better and as happy as they can."
- Staff had taken time to get to know people, their backgrounds, interests and personalities and understood what mattered most to people. For example, one member of staff was supporting a person to visit a relative who lived some distance away. This had a beneficial impact on both the person and their relative and had resulted in the person meeting a wider family group for the first time.
- Staff enjoyed working at the service and were motivated by doing a good job. We asked one member of staff what a 'good day' looked like for them. They responded, "Everybody I support being happy and feeling like I have done a good job when I go home."
- The provider recognised the importance of promoting equality and diversity. A policy was in place which highlighted the importance of treating both people and staff equally, regardless of disability, beliefs or backgrounds. People's diverse needs, such as their cultural or religious needs were reflected in their care plan.
- People at the service had been involved with the providers 'Here I am campaign' which aims to reduce disability discrimination among people with a learning disability. The registered manager explained the campaign is about others seeing people with a learning disability for all they are and all they can be.

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

- People were supported to express their views and were involved in making day to day decisions about their care.
- Staff completed a monthly keyworker meeting with people to enable them to express their views regarding important issues such as their rights, choices or safety.
- Staff told us they supported people to make their own decisions by giving them as much information as possible to enable them to make informed choices. One staff member told us, "We try and talk it through and check whether somebody understands".
- Where people needed extra help to make decisions, referrals had been made to advocacy services when people did not have an appropriate person to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We asked one person whether staff respected their privacy. They told us, "Although staff are always there, they are not stuck to me like glue."

- A relative told us, "[Person] is always clean and tidy. They are better dressed than when they were at home."
- Staff promoted people's independence and encouraged people to achieve goals meaningful to them. A 'what matters most' document was used to identify goals that were meaningful to people. This was regularly reviewed within the providers 'steps to success' development plan.
- Two people told us how staff had supported them to go on a holiday of their dreams to celebrate an important occasion in their life. Without the support from staff, this would not have been possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

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

- People received personalised care. Care plans were written from the person's perspective and were focussed on people's assessed needs and preferences to explain to staff what was important to them.
- Some people who were supported by the service could become distressed and required staff to help them to manage their anxieties. Care plans focussed on positive strategies which meant staff could prevent and reduce people's distress quickly. For example, one person found a certain type of music calming.
- People told us staff knew them well. One person told us, "They have been supporting us years and know what we want". This was confirmed by relatives and comments included, "[Person] is living the life they want to live."
- Staff told us they generally provided support to a small group of people who they knew well. One support worker said, "I think it is a good thing because it gives the people we support stability. They love to know who is coming in the next day and they can build a relationship with the staff supporting them."
- The support staff provided made a big difference to people's lives. For example, one person was supported to move to a new house with others. The assistant manager spoke passionately about the positive impact this had on the person's social and emotional well-being.
- The service ensured people had access to information they needed in a way they could understand it to comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, one person benefitted from a 'staff board' so they knew which staff members were supporting them next.

Improving care quality in response to complaints or concerns

- A system was in place to promote, manage and respond to complaints or concerns raised. In the twelve months prior to our inspection there had not been any formal complaints.
- People and relatives knew how to raise complaints and concerns and an easy read document encouraged people to speak up if they were unhappy. One person told us, "If I had a problem, I would talk to my staff and they would help me sort it." A relative told us, "[Service Manager] in particular has been very responsive."

End of life care and support

- The service manager told us when people became very poorly, staff worked with the family and other healthcare professionals to ensure people were kept comfortable and pain free.
- People's end of life wishes and preferences were discussed with people or their relatives where appropriate.
- We discussed end of life care with a relative and they told us, "I am confident that the current situation with end of life care is being managed exceptionally well."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

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

- People and relatives and spoke positively about the service manager and knew how to contact them. Comments included, "I am very grateful to [Service Manager] and the team for all the support, care and love they show [person]" and "I know who the manager is, and she always comes back to me."
- Staff told us the management team were available and responsive to any requests for assistance. One staff member told us, "You phone [Assistant Manager] and she will message you or get back to you." Another said, "My manager is a brilliant manager."
- An area manager from the provider group attended a 'Welcome Day' with all new staff to provide an overview of the providers vision and values. The registered manager explained it was important for staff to meet the senior management team and for them to adopt the same values from the beginning of their employment.
- The registered and service manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

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

- The registered manager demonstrated a good understanding of their regulatory requirements and had provided us with notifications about important events and incidents that occurred at the home.
- The registered manager kept their knowledge of legislation and best practice up to date. This included important issues within the local community as they attended the local provider forums.
- A range of systems were used to continually monitor and evaluate the quality of the service provided. For example, other managers within the provider group completed quality audits at the service. The registered manager explained the benefit of this by saying, "They may see things that I don't." Where issues had been identified, an improvement plan had been put in place. Improvements were being made around how accidents and incidents were being analysed in relation to medication errors.
- The provider was able to monitor the quality of care being delivered via a 'Management Assurance Tool'. The registered manager explained that senior management can clearly see where any gaps are and encourage improvements.
- The registered and service manager sought ways to continuously improve the service and gain feedback about the service which was used to drive improvements. For example, the registered manager told us how they had planned to improve end of life care planning to make this more personalised for people.
- The registered manager explained the provider has a commitment to improving leadership within the organisation as this is key in achieving excellent outcomes for people. Additional management training is

being offered and regular '360 feedback' (requesting feedback from staff) is sought for managers to reflect on their own practices.

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

- The provider had a 'You Rock Award' that recognised high standards of care. One staff member told us they were going to nominate a colleague because of their excellent practice when communicating with people who used the service and the staff team.
- Staff told us they had regular 'Shape Your Future' meetings which they found useful. One staff member told us, "It is positive because you set targets and can discuss how you can better yourself to achieve more."
- The service manager held frequent team meetings to enable staff to reflect on the care being provided to people and to ensure a consistent approach was being provided to people.

Working in partnership with others

- The provider worked in partnership with other agencies. The service manager told us they worked closely with individual health professionals who were involved in people's care. A healthcare professional told us there had been difficulties when agency or unfamiliar staff had been supporting people to healthcare appointments as they did not have knowledge about the person. They stated this is one area they hoped the provider could improve.