Turning Point

# Peterborough Supported Living 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 |

## Overall summary

Peterborough Supported Living Services is registered to provide personal care to people who live at home. The people receiving the care live with a learning disability, physical disability or mental health conditions. At the time of our inspection there were 20 people using the agency.

This comprehensive inspection took place on 28 September 2015 and was announced. Our last inspection took place on 2 April 2014 when we assessed the provider was meeting the requirements of the regulations that we had inspected.

A registered manager was in post at the time of the inspection. They had been registered since 18 November

# Summary of findings

2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, they were supported and looked after in their best interests

People were looked after by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager had submitted DoLS applications to the appropriate authorities for their consideration.

People were treated by kind, respectful and attentive staff. They and their relatives were given opportunities to be involved in the review of people's individual care plans.

Care was provided based on people's individual needs and they and their family members were supported to enable people to remain living at home. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by a regional manager, the provider's quality assurance staff and locally based office staff. Since our last inspection improvements had been made in relation to how people were looked after. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

# Summary of findings

## 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 was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people's needs were met by enough suitable staff.

People were given their medicines as prescribed. There were systems in place to ensure that medicines were stored safely and recorded correctly.

Good

**Is the service effective?**
The service was effective.

People were looked after by staff who were trained and supported to do their job.

Mental capacity assessments were in place to show that people's rights were protected from unlawful decision making processes.

People's health, nutritional and hydration needs were met.

Good

**Is the service caring?**
The service was caring.

People were looked after in a caring way and their rights to independence privacy and dignity were valued.

People were supported to maintain contact with their relatives.

People were involved in making decisions about their care.

Good

**Is the service responsive?**
The service was responsive.

People's individual needs were met.

People took part in a range of social and recreational activities that were important to them.

There was a procedure in place which enabled people to raise their concerns and complaints.

Good

**Is the service well-led?**
The service was well-led.

Procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were provided with opportunities to make suggestions in relation to the management of the agency.

There was a programme for the training and development of staff.

Good

# Peterborough Supported Living Services

**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 carried out on 28 September 2015. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also made contact with local authority contracts monitoring officer.

During the inspection we visited the agency's office and two supported living premises. We spoke with the registered manager, the regional manager, three supported living managers, a team leader and three members of care staff. We spoke with one person, three relatives and we observed people's care to assist us in our understanding of the quality of care people received.

We looked at three people's care records, which included their medicines administration records. We also looked at records in relation to the management of the service and the management of staff.

Good

# Is the service safe?

## Our findings

People we spoke with were unable to verbally tell us their views about how they were kept safe. This was because they had complex communication needs. However, we saw that people were relaxed when they engaged with staff. Relatives said that they felt their family member was kept safe because of how staff looked after them. A relative said, "I always feel [name of family member] is kept safe." Another relative described the staff as being "excellent". The local contracts monitoring officer told us that they had were satisfied with how people were looked after.

Staff were trained and knowledgeable in recognising and reporting any incidents of harm to people. They were able to describe what types of harm people may experience and the action they would take in reporting harmful incidents to the local authority. The registered manager had submitted notifications to us: the information told us that appropriate actions had been taken to protect people from the risk of recurring harm. This included, for example, reviewing the suitability of members of staff in line with the provider's disciplinary procedure.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following people's risk assessments in relation to swimming, moving and handling and risk of choking. A team leader said, "Risk assessments are in place and we make sure staff follow the guidelines and the risk assessments are adhered to. Proper equipment is used when people are hoisted into the swimming pool. It's always done by two members of staff." People were provided with eating and drinking guidelines to minimise their risk of choking and staff demonstrated their awareness of people's individual eating and drinking requirements, which included mashed food and thickened drinks.

A relative told us that there was always enough staff on duty when they visited their family member. Another relative told us that there was always enough staff to escort their family on home visits. Members of staff told us that there was always enough staff on duty and measures were in place to cover unplanned staff absences and staff vacancies. This included the use of bank and agency staff. A supported living manager said, "There is enough staff. We can do overtime and we have bank staff who work here regularly." The registered manager told us that the agency staff were supplied from a care agency; the requests for the same members of agency staff were often met. This enabled people to be looked after by members of staff who they knew and who knew them.

There were enough staff to provide people with individual one-to-one or two-to-one support to keep them safe and to enable them to spend their day in the way that they preferred. A supported living manager said, "Everyone has one-to-one support during the day so that they can do the things they want to do." We saw there were enough staff available to provide people with one-to-one and two-to-one activities, which included foot spas, shopping and being taken out in privately owned transport. The registered manager told us that staffing numbers were calculated based on people's individual needs.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. Members of staff described their experiences of applying for their job, which included attending a face-to-face interview, and the required checks they were subjected to before they were employed to work in the home. A supported living manager said, "I had to have my DBS (Disclosure and Barring Service) check, fill in an application form and I had to have two written references and proof of identification. I had a telephone interview and then a face-to-face interview with the area and regional manager." The registered manager told us that there had been changes initiated in the recruitment process. This included assessing job candidates' attitudes during the face-to-face interview. They said, "It's about their values: the right approach, attitude and their beliefs. They (job candidates) are to want to enable, empower and create opportunities for people."

Accurately completed medicines administration records demonstrated that people were supported to take their medicines as prescribed. A relative said, "[Name of family member] is getting her medicines and is getting them regularly." People's medicines were stored safely.

Members of staff advised us that they had attended training and had been assessed to be competent in the management of medicines. Staff records confirmed that staff, who were responsible for supporting people with their medicines, were trained and competent to do so.

Good

# Is the service effective?

## Our findings

Members of staff said that they had attended training, which included induction and refresher training. A supported living manager said, "My induction training included moving and handling, medicines, safeguarding people, MCA and DoLS and infection control. When I first started I spent a lot of time with [name of representative of the provider]." A member of care staff told us that they had attended refresher training which included health and safety, medicines and moving and handling. Staff training records demonstrated that staff had attended a range of training topics which also included supporting people with autism and people living with epilepsy.

Staff members demonstrated that their learning was embedded into their practise. For instance, people were enabled to make their needs known as staff were aware of and responded to people's complex communication needs. This included the use of touch, interpretation of facial signs and sounds. A relative said, "They do understand [name of person]. They [staff] go by his facial expressions." In addition, members of staff spoke in a way that people could understand what was being said to them.

Staff members told us that they had attended a one-to-one supervision session during which their work performance and training needs were discussed. The supervision sessions also enabled staff members to discuss any work-related concerns they may have had.

Assessments had been carried out, in line with the principles of the MCA and DoLS, and people's care was planned in line with these assessments. Members of staff followed the care plan guidance and had an understanding of this. This included supporting people with their personal care, taking their medicines as prescribed and keeping them safe with the level of supervision that the person needed.

People's individual dietary needs were catered for, which included cultural diets and soft/mashed food. A relative said "[Name of family member] doesn't like pureed food and staff knew about this. So, she has mashed food which she likes and could manage to eat it." Another relative said, "[Name of family member] has [name of cultural diet] and the staff cook this separately and away from other people's foods. [Name of family member] sometimes is given finger food to eat as he can't use cutlery by himself." Relatives told us that their family member always had enough to eat and drink. People's weights were monitored and the records demonstrated that people's weights were stable.

Members of staff followed health care professionals' guidance in how to manage people's health needs. This included managing people's epilepsy and behaviours that challenge. A relative said, "I was confident in how the staff managed [name of family member] seizure. The paramedics were called (by care staff) and they came straight away." Since our last inspection, notifiable incidents of when people had exhibited behaviours that challenged had reduced in numbers. In addition, a psychiatrist's letter showed that one of the people with such behaviours was effectively managed by staff to reduce the times of when they had become unsettled. Other health care guidance for staff to follow included that from GPs, community psychiatric and general nurses, dentists, speech and language therapists and dieticians, psychologists and psychiatrists. Opportunities were made available for people to attend well-women screening services but only if this was in their best interest to do so.

Good

# Is the service caring?

## Our findings

People were not verbally able to tell us how they were being cared for but we saw that they positively engaged with members of staff and members of the management team. We saw that people were settled when staff attended to their needs and were patient when doing so. This included staff waiting for people to respond to questions they had asked. Relatives had positive comments to make about how staff cared for their family members. A relative said, "I can't find fault at all." Another relative said, "You can sense the love staff from the care staff for [name of family member." A team leader told us that they considered the people they looked after were an extension of their own family.

Members of staff told us that the principles that supported how they looked after people were based on people's rights to live a good quality of life. A supported living manager said, "The care we give is for people to live a normal life as possible. To have the choice to have new experiences." A member of care staff told us that the role was to enable, "The fulfilling of people's lives."

A relative told us that staff supported their family member to make choices about the bed linen they would like. A team leader described how people were supported to make choices about how they wanted their bedrooms decorated, with the use of colour charts. A supported living manager said, "People now have more choice and more freedom (to do what they wanted to do)."

We saw that staff supported people in making decisions about who they wanted to come into their home, who they would like to speak with, which television programme they wanted on and what meal they wanted to eat for their lunch. Guidance about people's choices, of when they wanted to get up and go to bed and decisions about their end-of-life care, was recorded for staff to follow. A relative said, "[Name of family member] does get a choice of when she wants to get up and what she wants to do during the day."

We saw that people's rights to privacy were valued. The registered manager asked people for their permission to enter their home before doing so. In addition, we saw a member of staff supporting a person with their continence needs and this was done in private and behind a closed toilet door. Staff also respected people's dignity and spoke to people in a respectful way.

People were enabled to be as independent as possible. This included independence with their personal care, shopping and with eating and drinking. A member of care staff told us that they supported people with the washing and drying of their personal laundry. They said, "We involve people as much as we can with everyday things."

People were enabled to maintain contact with family members. A relative said that the staff were friendly and always welcoming when they visited their family member.

General advocacy and independent mental advocacy services were used to support people in making decisions about their care and where they wanted to live. The registered manager said, "We use [name of general advocacy service] when there are life challenging significant events." They gave an example of when the use of advocacy services had supported people to stay in their own homes. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

# Is the service responsive?

## Our findings

A relative told us that staff knew how to look after their family member. They said, "[Name of family member] is looked after very well and her needs are being met. The staff know her." Another relative told us that staff were able to understand and respond to their family member's complex communication needs. A team leader described the use of objects to support people's communication needs. This included the use of 'objects of reference'. They said, "If they (people) are going swimming, they have their life jacket placed on their laps."

Information was presented in easy-to-read and picture format, which included care plans and information about the provider's complaints procedure. Staff were provided with written guidance in how to meet people's communication needs, which included the use of 'objects of reference' and talking with people in the way that they could understand, such a s use of short sentences and repeating information.

People's care records showed that people's needs were kept under review, which included mobility and continence needs. When people's needs were changed, staff had access to up-to-date care plan guidance, which included the management of people's health conditions.

Staff meetings and people's care programme reviews also provided staff with opportunities for people's needs to be assessed and to review their progress in meeting the planned care. This included, for instance, progress in physical and mental health and achieving their goals and aspirations in relation to social and recreational activities.

People, and their representatives, attended the reviews of their care. A relative said, "We do attend the annual meeting with care staff and get an overview of [family member's] funds, physical illnesses and everything else and it's in detail." Surveys to obtain people's views were in progress and those returned surveys showed that people, where possible, were actively involved in developing and reviewing their programme of planned care.

People's social care needs were provided for as there were opportunities for them to attend a range of social and recreational activities. These included swimming, sailing, cycling, attending day services to practise independent living skills and eating out. A relative said, "[Name of family member] always has a lot going on and is out at least once a day. He has a massage and has been to watch [name of team] football match. He has a very busy schedule." On the day of our visit people were supported to have a foot spa, go swimming, shopping for food and personal items and take a walk.

There was a complaints procedure in place and relatives and members of staff were aware of how to use it. A relative said, "I would speak to [person's key worker's name]." Another relative said, "I haven't needed to make a complaint but I would speak to the person in charge." They told us that they had the agency's office number to use if they wanted to raise a complaint. A supported living manager gave an example of how they had dealt with a complaint: the complainant was satisfied with the remedial actions that were taken in relation to improving a person's lunch time experience. Records of complaints demonstrated that people's concerns were listened to and they were satisfied with the provider's response.

Good

# Is the service well-led?

## Our findings

A registered manager was in post when we visited and they were supported by a regional manager and team of supported living managers, team leaders and care staff. Members of staff had positive comments about the registered manager and described him to be "knowledgeable, helpful and approachable". The local contracts monitoring officer told us that the registered manager had co-operated with the local authority. They also told us that they had found improvements in the overall management of the agency and this had led to improved outcomes for people using the agency.

The registered manager told us that they had attended events where they learnt from other managers and providers to keep up-to-date with current practice. This included management of people with behaviours that challenge in the least restrictive way.

Since the registered manager came into post, there had been changes in the style and leadership of the agency and this had a positive outcome for staff and the way people were looked after. This included the reduced number of incidents that had posed health and safety risks to people. Members of staff also told us that they had experienced an increase in their levels of job satisfaction. They attributed this to the changes of some of the supported living managers and the replacement of staff who were found to be unsuitable to work with people who used the agency. A member of care staff said, "I really enjoy coming into work now." The registered manager said, "The turnover of staff has massively decreased." They also said, "I did a recruitment campaign and recruited a lot more staff. There's more of a 'core' team with regular staff." A supported living manager described the team of staff as, "A great bunch."

People were involved in improving their homes and raising funds to do so. A supported living manager said, "There's been a lot of fund raising for a sensory room and sensory garden. People have been to car boot sales with staff. We had an open day and people were supported to go to different companies (for fundraising)."

People were provided with opportunities to represent other people who used the agency and other services operated by the provider. This included attending the Houses of Parliament and sharing experiences of people they represented with a member of parliament. Furthermore, people were provided with opportunities to take part in the recruitment of job candidates. They were supported to formulate the questions they wanted to ask the interviewee and they were paid for their time.

There was a whistle blowing procedure in place which members of staff were aware of. A member of care staff said, "Whistle blowing is if you are in a situation and you see something and report it to your manager and they have not done anything about it. Then you can go to CQC or social services. It's to keep people safe. I have no reservations whatsoever in doing so (blowing the whistle)." A supported living manager said, "Whistle blowing is when we should be able to report concerns raised and address them through the whistle blowing policy."

Members of staff told us that they had opportunities to make suggestions and comments about maintaining and improving the quality of people's care. Minutes of staff meetings showed that members of staff were reminded to encourage a person to remain independent with their eating and drinking and to support a person with their changed continence needs.

People were provided with opportunities to tell the provider their views about the agency. In response to the less than positive results of the survey carried out in 2014, the registered manager advised us that there had been an increase in staffing numbers. A supported living manager told us that the increase in staffing numbers had enabled people to go out and about more.

Complaints and whistle blowing concerns had been investigated and remedial action was taken when this was needed. This included, for instance, an increase in the numbers of staff to meet people's needs and the recruitment of suitable staff. The regional manager told us that there was a system in place to review the nature of complaints so that remedial action would be taken should emerging trends appear.

The registered manager and representatives of the provider carried out monthly monitoring visits to people's homes to assess how they were being looked after. Reviews of people's care plans were also carried out and actions were made with timescales for completion of these. The registered manager reviewed the actions of the previous

Good

# Is the service well-led?

month when they next carried out their monthly visits. A supported living manager told us that they, too, carried out unannounced 'spot checks' to make sure that people were safe and being looked after.

During the provider's monthly visits, staff supervision and training and development needs were identified and action was taken to remind staff of their roles and responsibilities to keep up-to-date with their training. There was a staff development and training programme in place and this reflected in-date staff training and the need for staff to attend refresher training. In addition, members of staff were supported to develop their career. A supported living manager said, "I am doing my level five (in leadership and management)."

The regional manager told us that there was a process in place to review accidents and incidents. The information was analysed by the provider's quality and risk management teams. The registered manager would be advised of any remedial actions that needed to be taken, if this was needed. The registered and regional managers advised us that there had been no recurring themes for remedial action to be taken. Notifications that the registered manager had submitted confirmed this was the case.