

Guinness Care and Support Limited

Guinness Supported Living Devon

Inspection report

Hillfields House
Matford Court, Sigford Road
Exeter
Devon
EX2 8NL

Tel: 01392668686

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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

Guinness Supported Living Devon is registered to provide personal care for people who live in their own homes in the Exeter, Mid Devon and South Devon areas. At the time of this inspection there were 34 people who used the service. They lived in shared houses and bungalows in supported living settings. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and a separate agreement to receive their care and support from the domiciliary care agency. As the housing and care arrangements are entirely separate, people can choose to change their care provider without losing their home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good because the provider continued to ensure safe procedures were followed.

Since the last inspection the staff had developed their caring skills, especially in supporting people at the end of their lives. Many people had lived together and received support from the provider for many years and were becoming older. Staff had developed their skills in recognising signs of illness associated with old age, and had prepared themselves through careful care planning and training to give people dignified and caring support at the end of their lives. People were involved in decisions about the care and support they received as far as they were able. Staff had good communication skills and a clear understanding of each person's likes, dislikes, and personality. A relative told us "We can't fault this place. The staff are lovely."

Care was taken when recruiting staff to ensure applicants were trustworthy, honest and had the right skills for the job. Staff had a good understanding of safeguarding procedures and knew how to support people to remain safe and free from harm or abuse. An advocate gave special praise to staff in one shared living setting saying "They are honest as the day is long". A relative said "We go away knowing she is well cared-for".

Staff and relatives felt there were sufficient staff employed to meet people's needs. Some relatives said they would like greater clarity about the use of shared care and individual support hours. The registered manager told us they were in the process of improving their information processes to address this.

Staff had a good awareness of potential risks and the measures needed to reduce risks, for example monitoring people's weight, and reducing the risk of choking. Regular audits and checks were carried out to ensure medicines were managed safely. People's finances were well managed.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. Staff received a good induction and ongoing training and were supported to gain relevant qualifications. Staff were well supported, regularly supervised and were positive and happy in their jobs. Staff understood each person's ability to make decisions and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved and supported to plan and

prepare their meals and eat a healthy diet that met their individual needs.

The service remained responsive to people's individual needs. People, their families and where necessary, representatives were involved and consulted about each person's support needs. Care plans reflected people's health and personal care needs, their preferred daily routines, and the people and things that were important to them. Complaints were fully investigated and responded to.

The service continued to be well led. Staff and most relatives spoke very positively about the management of the service. The turnover of staff has been low and there was a happy, stable and positive staff team in place. The provider had good auditing and quality monitoring systems in place to make sure all aspects of the service was running smoothly.

There had been some changes to the management structure. The registered manager was about to leave the service and the provider was in the process of recruiting a new manager. 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.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Guinness Supported Living Devon

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 checked 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 was a comprehensive inspection.

The inspection took place on 17 and 20 March 2017. The provider was given 48 hours' notice because the location provides a supported living service to adults who are often out during the day. We needed to be certain the registered manager would be available at the time of this inspection. We asked the registered manager to seek people's agreement so that we could visit them in their homes to find out about the support they received. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included statutory notifications (information providers are legally required to notify us about) other enquiries from and about the provider, and other key information we held about the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We visited four houses and bungalows where people lived in shared accommodation and met 19 people, six relatives and advocates, two team leaders and eight staff. The registered manager had recently tendered their resignation and was due to leave the service in the near future. We met with the registered manager and a manager who will be providing interim management of the service until a new manager is appointed. Many of the people we met had limited verbal communication skills and therefore we observed their interaction with staff. We also relied on the views and observations of relatives and advocates to help us form our judgements of the service.

We looked at a number of records relating to individual care and the running of the service. These included four care and support plans, four staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. A person who acted as an advocate on behalf of one person gave special praise to staff in a shared living setting saying "They are honest as the day is long". Another relative said "We go away knowing she is well cared-for".

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Checks on each applicant's suitability for the post had been carried out including obtaining sufficient references to determine the applicant's previous employment history and to ensure they are trustworthy and honest. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Recruitment files showed two references from previous employers had usually been obtained plus a character reference.

Staff had a very good understanding of safeguarding and whistle blowing procedures and had access to all the information and support they needed. Staff were confident they would speak out if they had any concerns. The provider had acted promptly when concerns were brought to their attention and worked with the relevant authorities to ensure matters were fully investigated and appropriate actions taken. A member of staff told us they had raised a concern and "Guinness dealt with it very quickly". The risk of financial abuse was minimised because the provider had safe procedures in place to support people with their money. The provider ensured checks and audits were carried out regularly on all financial transactions. Most people's savings and income were managed through the Court of Protection. The provider worked with the Court of Protection deputies to ensure people had access to their money when they needed it.

People were supported by sufficient numbers of staff to meet their needs safely. However, some relatives were uncertain about the allocation of staff to people on an individual or shared basis. The registered manager told us they had realised this needed greater clarity and they were about to introduce new activity planners that will allocate staff to specific tasks. This will ensure people know who will be allocated to support them on a one-to-one basis with activities each week.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Staff had a good understanding of the risks to each person's health and safety and the measures they should take to support people to reduce risks, for example by helping people monitor their weight and supporting them to eat a healthy diet to maintain a safe weight. Staff were aware of those people who were at risk of choking and had sought specialist advice on each person's dietary needs. Care plans contained detailed and easy to read risk assessments setting out clearly the actions staff must take to support people to remain safe.

Medicines were managed safely. Regular audits and checks were carried out. The service had a good relationship with their pharmacy supplier and sought advice and guidance when needed.

Is the service effective?

Our findings

The service continues to provide effective care and support to people. Throughout the inspection we found staff had the skills required to effectively support people. We saw staff were able to communicate with, and understand each person. Staff supported people to be as independent as possible.

Staff received the training they required to keep people safe and to meet people's individual needs. At the start of every new member of staff's employment, they received induction training that ensured they had the basic skills needed to provide effective support for each person. Staff told us they had received a good induction and ongoing training. Some held, or were in the process of completing, relevant qualifications such as diplomas and National Vocational Qualifications (NVQs).

Staff received regular support and supervision to ensure they met people's needs effectively. Staff meetings were held regularly and staff handovers and informal support was provided on a daily basis. Staff were positive and happy in their jobs. A member of staff told us "A lot of support goes on in supervisions."

Staff had received training on the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Care plans contained evidence of mental capacity assessments. Staff understood each person's ability to make decisions and choices and we observed staff giving people choices.

People were supported to attend regular health appointments and check-ups. Staff knew each person well and recognised signs of changes in people's health and sought medical advice and treatment promptly. Care plans and daily notes contained evidence of medical appointments and any advice or changes of treatment provided by health professionals.

People were supported by staff to eat a healthy diet that met their individual needs and preferences. A team leader told us there had been greater emphasis on healthy eating and good home cooking. People were supported to plan their meals, carry out food shopping, and to prepare their meals. Staff had liaised with a local supermarket to develop a pictorial shopping planner to help people draw up a shopping list. People could take their shopping list to the supermarket where specially trained staff could help them find the items on their shopping list and help them through the checkout process.

We also heard how staff had supported people to improve their health through a carefully planned healthy eating programme. For example, one person who had previously suffered illness and weight loss and had been on a very restricted diet had a much improved diet. The range of foods they enjoyed had increased significantly, they had gained weight and their health had improved.

Is the service caring?

Our findings

Guinness Supported Living Devon encouraged and enabled staff to give each person individual care that enriched people's lives. There was a stable and caring staff group, many of whom had worked for the provider for a number of years. Staff had built up close friendships and mutual understanding with each person. During our inspection we saw staff sitting and talking to people, carrying out activities with them. Staff understood how important it was for people to take a pride in their appearance. People were well-dressed, their hair attractively styled, and staff had spent time assisting people with nail care. If people enjoyed wearing jewellery staff were aware of their preferences and supported people to wear jewellery and accessories of their choice. Staff also supported people to personalise their rooms with decorations, furniture and furnishings that reflected their interests and tastes. Most people who used the service had limited verbal communication skills. However, one person smiled and told us "I like it here" and another person gave us a 'thumbs up' sign when we asked if they were happy with the care.

People were supported to develop positive caring relationships with staff, people they shared accommodation with, and with their families and friends. Staff had good communication skills, a clear understanding of each person's likes, dislikes, and personality. We saw staff kneeling down to ensure they had good eye contact with people when speaking with them. We also saw staff sitting with people, chatting with them, and people clearly enjoyed the individual attention. Some people enjoyed hugs and cuddles from staff, others enjoyed personal attention such as manicures and nail care. A relative praised two senior care staff, saying "They are brilliant. They communicate well." They also told us "The staff and the care are lovely". Another relative told us "We can't fault this place. The staff are lovely." All of the staff we spoke with had positive attitudes and clearly enjoyed their jobs. A member of staff told us "It's fun. I enjoy it."

A member of staff explained how they wanted to improve their skills in communicating with people and to have a greater 'connection' and mutual understanding. They had observed other staff had a very close bond with people and were able to support people with personal care tasks with ease, making people happy and relaxed. They explained how they had discussed this in supervision sessions with their line manager and they had set themselves a "60 day challenge" to improve their sign language skills and improve their interaction with people. They described their feeling of achievement when they realised their challenge had been successful. They gave an example of a person who now happily accepted their offer of support with personal care, and with whom they now shared happy times with laughter and smiles.

People received care at the end of their lives that was carefully planned to meet their individual needs and wishes. There has previously been a very low incidence of death and therefore staff had not gained experience in caring for people at the end of their lives. However, in recent years many of the people using the service were becoming older and experienced illnesses associated with old age. During the inspection staff spoke with fondness and affection about people who had died. They recognised people had been living in the same home with the same group of people for many years and they wanted people to die in their own homes if that was their wish.

Staff explained how they had noticed changes and signs when people's health deteriorated. They had

liaised with doctors, palliative care specialists and families over the care each person needed. If people were unable to make important decisions about their care the staff liaised with families and health professionals to agree an end of life plan of care in the person's best interests. When a diagnosis was reached they carried out research to ensure best practice was followed. Staff meetings were held and training and support was put in place to ensure staff knew how to care for people at the end of their lives. The management team recognised that some staff had previously had very little experience of caring for people at the end of their lives. They made sure that staff were well prepared for any possible scenarios, for example if the person was in pain or upset, and they knew what care was needed. Staff were able to talk about any concerns regarding end of life care, ask questions and gain reassurance and support. Staff rotas were organised to ensure there were always sufficient staff to support people at all times before, during and after their death.

Staff took care to ensure people were treated with respect and dignity after death. They described how they made sure people were washed, dressed in their favourite clothes and jewellery, hair attractively styled, and the room laid out as the person had wanted. The room was aired and clean. Medical equipment was removed and the person's favourite music was played. Families were encouraged to visit the person at any time before, during or after the death. Staff also supported families with death and funeral arrangements. Staff were offered counselling and support to help them come to terms with people's deaths. Staff expressed pride in the care people had received and were comforted to know that people had experienced a 'good death', surrounded by people who loved and cared for them. Letters of thanks from grateful relatives showed they had appreciated the care given to people at the end of their lives.

Staff had used their experience of supporting people through death to develop end of life care plans and training packages that could be used by other staff teams in other parts of the organisation in future.

Staff also supported people in a caring and sensitive manner when they experienced bereavement. We heard how staff had supported a person when a close family member had died. A member of staff understood how important the relative was to the person. The member of staff sat down with the person to gently break the news of the relative's death in a sensitive manner, using language the person could understand.

The provider's monthly staff newsletter encouraged and celebrated staff caring skills. For example, the newsletter contained evidence of staff awards for caring, and a 'random act of kindness' week with examples of caring acts by staff. They had held 'Amazing service' workshops to help staff develop their skills and build on their achievements.

Is the service responsive?

Our findings

People continued to receive care that was personalised to meet their individual needs. Each person had a care plan that clearly explained all aspects of their support needs. The plans had been drawn up with each person as far as they were able. They were neat and tidy and staff knew how to find relevant information.

Care plans were developed with people before they moved into the service. The plans were regularly reviewed and kept up-to-date. Each care plan included a summary giving an easy to read overview for any agency staff, or for new staff to help them get to know people quickly and understand their needs. Care plans included photographs and clear instructions for staff on specific tasks to ensure they provided support that met each person's individual needs. For example, one person with a visual impairment had a detailed instruction sheet in place with photographs and text explaining clearly each stage of the person's regular journey, including details of pavement surface types, smells they may expect to encounter, music playing in shop doorways, and shop staff they knew.

Each person participated in a range of activities of their choice. Staff were in the process of developing activity planners for each person using photographs and symbols to help people have greater involvement in their care planning process. For example, some people regularly attended local clubs, discos and day centres. Some people went swimming or horse riding. During our inspection we saw staff sitting and reading with people, listening to music, and playing games. One person enjoyed riding their tricycle around the garden. Some people went shopping and others went out with families and friends.

The provider had a complaints policy in place and most people, staff and relatives we spoke with were confident complaints would be listened to and acted upon promptly. One relative told us they had raised concerns about care provided by staff and said "They took it seriously, acted quickly and the staff have left. The staff now are lovely." However, one relative told us they had been unhappy with the response from the provider into complaints they had made. We asked the registered manager to investigate this matter.

Is the service well-led?

Our findings

The service continued to be well led. Staff and most relatives spoke very positively about the management of the service. The turnover of staff had been low and there was a happy, stable and positive staff team in place. The provider had good auditing and quality monitoring systems in place to make sure all aspects of the service was running smoothly. A member of staff told us "It runs very smoothly. We get a lot of support from (team leader's names)".

There had been some changes to the management structure. The registered manager was about to leave the service and the provider was in the process of recruiting a new manager. A manager already employed by the provider for another registered service was acting as an interim manager for the service until a new registered manager was appointed. 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. Relatives were unaware that the registered manager was leaving or the provider's recruitment plans and interim management arrangements. They told us they would like better information about changes to the service. The acting manager told us they would look at ways of meeting this request.

Before this inspection the provider completed a Provider Information Return (PIR) which gave us good information on all aspects of the service. They told us "We believe everyone should have opportunities to live fulfilled, safe and happy lives". During our inspection we heard from staff and relatives about how this was achieved.

The provider had a range of checks and quality monitoring systems in place to make sure the service ran smoothly. They had a quality assurance team who regularly visited each shared house to carry out checks and audits on the service. Their auditing programme included speaking with people and observing care to ensure staff were providing safe, effective and responsive care. Minutes of recent staff meetings showed staff had considered ways of improving practice.

The provider sent out a monthly newsletter to staff with information about the service including staff awards, celebrations, staff changes, and information about political changes and how this affects the services they provide. The provider involved staff and sought their views in various ways including staff meetings. A member of staff told us "My voice is very clearly heard!" Staff spoke of a happy working atmosphere and good team work. Comments such as "It's Ok here. We are a close knit band." They gave examples of staff support and kindness to each other. Another member of staff told us that staff meetings were an opportunity to "Get our views across".