

Supporting You in London and Thames Valley

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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

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. We gave the provider two days' notice of our inspection. The last CQC inspection was carried out in April 2013. At that time, we found that all regulations we reviewed were met.

The service provides care and support to people living in their own flats or shared accommodation within supported living schemes. An outreach service is also provided to people living in their own homes. It

Summary of findings

specialises in providing care to people who have mental health needs and those with a learning disability. There were 29 people using the service at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However, the registered manager was on long term leave and an interim service manager was in post.

People and their relatives told us they felt safe, and staff supported them to keep safe in their homes and out in the community. Suitable arrangements were in place to ensure people who used the service were safeguarded against the risk of abuse.

Processes were in place to identify any risks to people who used the service and management plans were put in place to keep people safe and free from harm, whilst enabling them to have as much independence as possible.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act (2005) and about issues in relation to people being deprived of their liberty. They were aware how to ensure the rights of people who lacked the mental capacity to make decisions were recognised and respected.

Staffing levels were determined by the individual support that people required. These were reviewed regularly to ensure people had the right support to meet their goals and aspirations. There was a programme of training, supervision and appraisal to support staff to meet people's needs.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work at the service.

People's health and social care needs were assessed to ensure that the service was suitable for them and could meet their needs. They were involved in the assessment process and development of their care plan. These were centred on the individual and provided staff with guidance on how the person wanted to be supported.

People told us they were confident to raise any concerns they had with the staff and managers. Complaints were dealt with in line with the complaints procedure.

People told us the staff treated them with kindness, dignity and respect. Throughout our inspection we saw that staff addressed people with respect and sought their permission before providing any support. People were supported to access activities, education, employment and facilities in the local community, so that they developed their skills and independence.

Staff said they enjoyed their work and had good management support. All the managers we spoke with had a good understanding of the needs of people they supported. They confirmed that they wanted to empower people to have more control over the way their support was provided, in choosing their goals and to become more independent.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service provided. Staff used national guidance to implement improvements in the way people were supported to live their lives.

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. People told us they felt safe and were supported by staff to stay safe in their own homes and out in the community.

The provider had policies and procedures in place, which provided staff with guidance on the actions to take if they identified any abuse. Staff had undertaken safeguarding training and could demonstrate the actions they would take if they thought someone was being abused.

The provider ensured staff were recruited safely and appropriately by carrying out the relevant employment checks. Staffing levels were flexible so people had the necessary support to make sure their needs were being met safely.

Good



Is the service effective?

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Arrangements were in place to ensure people's health and wellbeing was monitored. Advice was sought from other healthcare professionals when required so that people could receive appropriate care and treatment.

People were supported to plan their meals, budget, purchase and prepare food and drink that met their needs and preferences.

Good



Is the service caring?

The service was caring. People told us they were happy with the care and support they received and their support needs were being met.

People were encouraged to maintain relationships with family, friends and people that were important to them.

Staff had a good understanding of people's support needs and enabled them to work towards their goals and aspirations.

Good



Is the service responsive?

The service was responsive. People's needs were assessed prior to the provider agreeing a care package for them. Care plans were centred on the person, and provided staff with information and guidance on how they wanted their support.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately, in line with the complaints procedure.

Good



Is the service well-led?

The service was well led. People told us the managers were approachable and wanted to hear what they had to say.

Good



Summary of findings

Arrangements to assess and monitor the quality of the service were in place, so that people benefited from safe and quality care, treatment and support. Staff used best practice guidance to implement improvements in the support people received.

Staff were clear about the values of the organisation and spoke confidently about caring for people in an inclusive and safe manner. Staff felt supported to raise any concerns in the knowledge that these will be taken seriously and addressed.

Supporting You in London and Thames Valley

Detailed findings

Background to this inspection

We visited Supporting You in London and Thames Valley on 12, 13 and 15 August 2014 and spent time observing the way staff engaged with people. In addition to this we visited four supported living schemes with people's permission. We also looked at records, which included 14 people's care records and those relating to the management of the service. The inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service. This included notifications which had been received from the service, safeguarding referrals made by the provider and the 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 spoke with a commissioner of the service and the local safeguarding team. We also reviewed information from questionnaires we asked people using the service to complete. We sent 27 questionnaires and four completed questionnaires were returned.

We met with 10 people who lived at four supported living schemes where the service provided personal care to people. We spoke with five relatives, the interim service manager, regional manager, project coordinator and six care workers.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe and were happy with the support they received. They told us staff supported them to understand what they had to do to keep safe whilst in their home and out in the community and they were confident to raise any concerns they had with the staff. One person said, “I’m safe and they [staff] help me to keep safe.” Another said, “To keep me safe, I take part in fire drills, check the fire alarm is working in my flat and health and safety checks with the support of staff.”

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. Each supported living scheme also had a copy of the relevant local authority’s policies and procedure on safeguarding adults at risk of abuse that they could refer to. Staff said they had undertaken training in safeguarding and staff training records we viewed confirmed this. They also told us that they discussed any safeguarding concerns during their staff meetings, so that learning could take place to reduce the risk of similar incidents happening again. We contacted the local authority safeguarding team, prior to our inspection. They told us that any safeguarding concerns identified at the service had been referred to appropriately.

We viewed care records at each supported living scheme we visited. Care records we looked at included information about the risks to the person that had been identified and the plans that were in place to keep them safe whilst promoting their independence. For example, one person living in their own flat told us the staff helped with their safety by assisting them to carry out regular health and safety checks in their flat. Another person told us they had an agreement with staff, that when using public transport they would accept calls on their mobile telephone from staff to check on their safety.

People were protected from the risks that could arise if staff did not know how to respond to people’s behaviour when it challenged the service. For example, we saw a behaviour support plan that gave detailed information about the person’s behaviour, the triggers that might result in a behaviour that challenged and steps on how to minimise

or prevent this. We saw that where required additional support was sought from behavioural therapists. The majority of staff we spoke with told us they had been trained to support people’s needs in relation to their behaviour. Training records we viewed confirmed this.

Some people required staff support to go out into the community for their own safety. The interim service manager told us they were aware of the recent Supreme Court ruling in regard to the possibility of people being deprived of their liberty whilst living in supported living environments. They told us that people who used the service would only be deprived of their liberty when this had been authorised by the court of protection. They said they would discuss any concerns that they had about a person and their mental capacity with the local authority. For example, we saw assessments which detailed that some people did not have the capacity to agree to and sign their tenancy agreement. The interim service manager had referred these people to the local authority which funded the placement, so that a decision about their tenancy could be made in their best interest.

Staff told us that they had undertaken training on the Mental Capacity Act 2005. They demonstrated a good knowledge about protecting people’s rights and safety. They said they assumed everyone had capacity, unless proved otherwise. This helped to ensure people’s human rights were properly recognised, respected and promoted.

The interim service manager explained how they ensured there were sufficient staff with the required skills and knowledge on duty to meet people’s support needs. Each person had an individual package of care that had been determined during their assessment. Staff were deployed to ensure they provided the support that was detailed in the care package. For example, if a person required fourteen hours support throughout the week, the hours were allocated daily to take into account their needs and choices.

The interim service manager told us a review of each person’s support hours was taking place to make sure that people were able to achieve the goals they had identified in their individual support plan. They also confirmed that they did not agree to support new people, unless the staffing arrangements were in place to provide a safe service. People we spoke with said they were supported to undertake various activities in the community such as swimming, attending day centres, going to the cinema and

Is the service safe?

attending college. Staff confirmed where additional staff were required to meet people's changing support needs and additional activities these were negotiated with the relevant commissioning authority.

We looked at the recruitment records for three members of staff, who had recently started work. We saw appropriate recruitment checks were undertaken before the staff had started to work for the service. We spoke with two care staff who had recently joined the service. They confirmed, that they had been interviewed, had the necessary checks

carried out and were in the process of undertaking an induction prior to them starting work. Therefore, people were protected from the risks that could arise if unsuitable staff were employed to care for people.

Systems were in place to make sure that when safety incidents occurred they were reported and investigated appropriately so lessons were learnt to prevent recurrence. Staff told us they were provided with information about the actions taken to reduce further incidents through changes to people's support, handover and staff meetings. For example, information had been shared across the organisation to ensure safe water temperatures were maintained following an incident in relation to hot water.

Is the service effective?

Our findings

People who used the service told us the staff supported them with personal and daily living tasks.

The staff were trained to provide the care and support that people required. The interim service manager had carried out a training needs assessment for the service and a training plan was in place to support the learning and development of staff and their skills. As a result of the assessment, a training session was held at each staff meeting. The provider had in place a system that monitored staff training. This information was held centrally and was available to the manager so that they could monitor the training staff had undertaken and what training was required to be booked. All the staff told us they had a range of training that they completed both as e-learning and face to face. Where specific training needs were identified, the appropriate training was arranged by the provider.

Training information we viewed, showed us that staff had training which was up-to-date and included health and safety, moving and handling and safeguarding people from abuse. We saw that four care staff were due to commence their training in health and social care and all staff had been registered to undertake the Learning Disability or Mental Health Diploma. This meant that staff had opportunities for additional training to enable them to improve their knowledge and understanding about health and social care.

Staff received one to one meetings with their line managers (supervision) and annual appraisals to help them reflect on their development, roles and responsibilities. Staff told us they had supervision every month and that they were also able to speak with the team leader and managers if an issue arose before their next supervision meeting. We asked staff to describe their supervision sessions. They told us they discussed the people that they were supporting, any particular professional and personal challenges they were having as well as training and professional development needs.

The provider made every attempt to match staff with people so that they received effective care and support. The matching process involved taking into account the skills, experiences, personalities of staff with the person's

needs and preferences. The interim service manager gave an example of where they had recruited a member of staff to support a person, who had told them what qualities they wanted to see in the member of staff so that they were compatible with them.

People chose their own food and meals, with support and guidance from the care staff. People were helped to prepare the meals they chose, if required. One person told us the staff supported them to prepare a budget, menu and shopping for their meals. Another person said they were independent and did not require support from staff in this area. Staff told us they discussed healthy eating with people during their one to one discussions with staff. This was confirmed by three people we spoke with.

Where risks were identified in relation to people's nutritional needs, these were monitored and additional support sought from the GP. We saw that care records detailed the type of support people required with preparing their meals. For example, whether they needed help with using the oven and ensuring food was thoroughly cooked before eating it.

People's health needs were identified and monitored by the staff, so that they received appropriate care and treatment. Where people required specialist support, the care records we viewed detailed that appropriate healthcare professionals were involved to ensure people's needs were met. For example, where a person's behaviour had become increasingly more challenging to the service, specialist advice was sought from the psychiatrist and psychologist.

Where required people's relevant health and personal information was summarised into a 'hospital passport'. The 'passports' were used to ensure that should a person need to be admitted to hospital, the hospital staff would have all the relevant information about the person, so that their needs could be met safely.

People told us they were supported to attend appointments with healthcare professionals. The records we viewed detailed the outcome of any appointments and any changes that were required to the care and support the person required. For example, a person told us they had been supported to attend a blood test appointment and then the GP to find out the results. This was confirmed in the records we viewed.

Is the service caring?

Our findings

We visited 10 people in their own homes to ask them about the staff and the service they received. All 10 spoke positively about the staff, management and the service they received. Comments we received included “The staff here are very good, I know [relative] is given support with his medicines, shopping and cooking”, “The staff are kind and helpful” and “I like the support I get from the staff. If anything has gone wrong or there is a problem I would tell the project manager”.

People said they received support that was tailored to their needs and promoted their independence. They all expressed satisfaction with the service they received. For example, one person told us they were unable to cook but was able to make hot drinks. Another said they were able to take their medicines independently. During our inspection we observed staff treating people with respect, kindness and with dignity. We saw staff responding sensitively to a person whose behaviour challenged the service, this was undertaken in a calm and professional manner and in accordance with the guidelines in the person’s support plan. A relative told us that changes in staff approach to their relative’s behaviour had enabled them to socialise with other people who received a service.

People told us that staff encouraged them to maintain relationships with family, friends and people that were important to them. One person told us their family visited regularly and that when they wanted, family members were able to stay overnight with them. Another person said they were supported to visit family that lived further away by using public transport. Care records we looked at for a person showed that the person was supported to attend family functions and visits to the family home.

People were involved in planning and reviewing their care and support needs. They told us they had a care plan and attended review meetings where they were able to discuss their progress. They also confirmed they had seen their care plans and were offered a copy if they wanted. We saw care records which detailed people’s involvement in their care, for example individuals had signed their care plans and daily logs detailed the choices people made in their daily lives.

Where people did not want their family to be involved in their care, we saw staff supported them with this decision and respected the person’s decision. All the people we spoke with said they were involved in making decisions about their care and support. For example, one person told us they liked to go to the pub, and another told us they did not like to access the community and staff respected their decision. This showed us that staff listened to people and respected the decisions they made.

All the people we met said the staff respected their privacy and dignity. People had keys to their flats and individual bedrooms where they lived in a group supported living scheme. People told us that staff asked permission before providing care and support. Staff we spoke with gave examples of maintaining people’s privacy, such as knocking on the front door of their accommodation and asking people whether they could enter. Another example, given was enabling people time to do things for themselves rather than the staff doing it for them. They told us they discussed privacy, dignity and promoting people’s independence to do things for themselves at team meetings so they were reminded of the things that were important to people.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in contributing to the assessment process before a care package was planned and offered. One person told us “They came to see me at my house and spoke with me to find out what I wanted.” A family member said “The staff at the service made the transition for my [relative] very much easier, moving was the best thing that could have happened for [relative].”

We viewed the needs assessments for two people who were new to the service. We saw people had been involved in their assessments and also their family members/representatives if the person wanted them to be involved. The assessments included information on what people wanted from the service and whether this could be provided. One person who had recently moved told us they had been provided with information during the assessment process and this had enabled them to make an informed decision about whether they wanted to move to the service. They also told us the staff had communicated with other health and social care professionals who were involved in their care as part of the assessment. This information enabled the staff at the service to better understand people’s needs and to support them safely and appropriately.

Care plans that were developed following the assessment were clear, detailed and contained sufficient information for staff to be able to provide care and support to people. Care records were personal to the individual and identified people’s personal preferences about how they wanted their care and support to be delivered. For example, we saw that

staff supported a person with their set evening routine, according to their care plan. Staff were able to describe to us the importance of this routine to the person and the actions they took to support the person.

We asked staff to provide examples of how they responded to people’s changing needs. They were able to describe the actions they had taken when a person’s mental health needs had changed and how they had supported the person to keep safe. For another person the staff described how the support hours had been increased whilst the person settled into their accommodation safely. A relative told us staff had responded promptly when their family member sustained an injury following an accident.

During our inspection we saw that people received support to undertake activities that were important to them so they led fulfilling lives. For example, one person told us they attended a day centre and another said they were attending a course at college.

People told us they were able to raise any issues or concerns they had with the management and with staff who supported them. A complaints policy and procedure was available in the tenant’s guide and described the steps that would be taken if people or their relatives complained. This was available in a easy read/picture format that met people’s needs. We viewed the complaints records that were kept by the service and saw that any complaint that had been received had been managed in accordance with the provider’s complaints policy and procedures. This showed us that people’s concerns were taken seriously and action was taken to respond to these and to improve the service, where it had been identified that there had been a shortfall in service delivery.

Is the service well-led?

Our findings

The service had a registered manager. They were not available during the inspection and the service was being overseen by the interim service manager and regional manager. We were told that a review of the service had taken place and changes had been made to the way the service operated. A service development plan, with structured timescales had been implemented to develop and improve the service. For example, staff told us that the focus of the service following the review was on supporting people to make choices and work towards their goals and ambitions.

Staff we spoke with described the values of the organisation, which were to ensure people received person centred support, and that the support fitted around the person rather than the person fitting around the available support. They told us they were clear about their roles and responsibilities, the quality of the work that was expected and that the managers supported them to carry out their role effectively.

We saw that staff meetings were held regularly. Minutes of staff meetings detailed that areas such as supporting people, training, health and safety, operational changes and development of the service were discussed. This ensured staff were provided with up to date information about the service.

Staff told us they felt there had been an improvement in the culture, leadership and management of the service. They said the managers were approachable and that the service had an open culture, where staff were able to raise concerns without fear of recrimination. They told us they enjoyed working with people and making a difference to people's lives. One member of staff said, "You can go to the interim service manager at anytime, staff morale is buzzing and there is a much better atmosphere." Another said "We can go to the interim service manager and the best thing is that they listen."

Staff confirmed they were aware of the provider's whistleblowing policy and were confident to use it. They could also access a confidential 24 hour whistleblowing helpline.

People told us they were involved in developing their support plan and with aspects of running the service. The service was run in an open and inclusive manner. For

example, two people had been involved in the recruitment of staff to the service. People told us that they were able to share their views about the service through "Your Voice" meetings. Staff told us these were arranged either as group or individual meetings, dependent on what people using the service wanted.

The service sent out questionnaires to people asking for their opinion of the service they received. We looked at the results of the most recent survey carried out in March 2014. Comments received in the surveys included, "The thing that I like most about the service is that I am prompted to do things, which is cleaning my flat, eating healthy, shopping, dress nicely and support with my finances", "It's good I get the help that I need" and "I would like more one to one support with staff".

The service learned from accidents and incidents so that improvements could be made to the care and support people received. The interim service manager informed us that they reviewed every accident and incident that occurred, so they identified whether lessons could be learnt to prevent a reoccurrence. We viewed incident and accident records and these detailed the actions taken by staff and any lessons that were learnt as a result. For example, following an accident the frequency of health and safety checks of people's accommodation had increased. All accidents and incidents were also monitored centrally by the provider so that any trends or patterns could be identified and responded to.

Arrangements were in place to monitor the quality of the service. These included care plan audits, health and safety checks, medicines audits, staff training and monitoring the level of support people received. Managers made regular visits to each supported living scheme and visited people who received outreach support. Reports were available which detailed various aspects of the service that had been reviewed such as care planning, health and safety and people's wellbeing. Where issues had been identified an action plan had been implemented to make sure the issues were addressed. The provider's quality team had been involved in the service review and to support staff with the organisational changes that were to be implemented.

The interim service manager was able to demonstrate how the provider used best practice guidance and standards to drive improvements within the service. They used the national standards for supported living called, 'Reach: Support for living an ordinary life', as a benchmark to tailor

Is the service well-led?

the service to the needs of people who used it. These are 11 standards that define what supported living is and help to ensure that people receive support to have fulfilling and independent lives according to their choices.