

Cambridgeshire County Council

Huntingdon Supported Living Scheme

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

Huntingdon Supported Living Scheme is registered to provide personal care to people living in two supported living premises. The service offers 24-hour support and care to people who have a learning disability. There were 11 people using the service when we visited.

The inspection took place on 10 April 2015 and we gave the provider 48-hours' notice before we visited. This was the first inspection since the service was re-registered on 03 November 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medication.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications were being made to ensure that people's rights were protected. Staff were supported and trained to do their job. People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them. There were strong links with the local community. A complaints procedure was in place and complaints had been responded to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

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 risk of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported with their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported to do their job and a training programme for their identified development was in progress.

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

Good



Is the service caring?

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

Good



Is the service responsive?

The service was responsive.

People were actively involved in the review of their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place which was used to respond to people's

Good



Is the service well-led?

The service was well-led.

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

There were strong links with the local community and people were able to access local shops and services.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good



Huntingdon Supported Living Scheme

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 took place on 10 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; 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 the 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.

During the inspection we visited the services office, spoke with five people and two relatives. We also spoke with the registered manager, team leader and five care staff. We looked at three people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

We saw that people were supported safely and care plans were complemented by up to date risk assessments. Examples included; behaviours that challenge others, safety in the kitchen and personal safety when going out in the community. These ensured, as much as possible, that people remained safe and that care and support could be appropriately delivered.

The staff had access to the contact details of the local safeguarding team and safeguarding information was also available. Safeguarding training had been provided for staff and refresher training had been given annually. Evidence of staff's up to date ongoing training was seen in the training records held in the service's office. Staff that we spoke with confirmed that they had received safeguarding training and ongoing annual refresher training sessions and knew where information was kept in the service. Staff that we spoke with demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of abuse.

Staff we spoke with knew of the whistleblowing procedures and felt confident that they could raise any concerns with the registered manager regarding any poor care practice that they had witnessed or were concerned about.

We saw the medication administration records (MAR) of people that we visited and they had been accurately recorded. The level of assistance that people needed with their medication was recorded in their support plan. The registered manager and team leader regularly audited the

MAR sheets to ensure records were being safely and accurately maintained. Medication training sessions were provided and refresher training was given annually and staff we spoke with confirmed this to be the case.

We saw that staff had annual competency checks made by the team leader to ensure they safely administered medicines. The team leader confirmed that additional training would be given to staff whose competency needed to be improved before continuing to administer medication. Evidence of ongoing training and competency checks were seen in a sample of staff training records held in the office.

Staff only commenced work at the service when all the required recruitment checks had been completed and we saw three staff records which confirmed this to be the case. All recruitment checks were carried out by the provider via the provider's personnel department in conjunction with the registered manager and team leader. This was confirmed by staff that we spoke with.

We saw that there were sufficient staff on duty to be able to provide support to people. This included assisting with tasks at home and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that, "I can go out whenever I want and visit shops and other places that I like. We saw that the registered manager monitored staffing levels and where people's needs changed additional staff were rostered when necessary.

We found that there were fire and personal emergency evacuation plans in place for each person to make sure they would be assisted safely in the event of an emergency. We saw that fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety.

Is the service effective?

Our findings

One person we spoke with said, “I am really happy living here and the staff help me sorting out my laundry.” People and their relatives we spoke with told us that they were encouraged to be involved in reviews of their family members care and support. We saw relative’s positive comments that were very complimentary about the care and support that was provided. Relative’s said that communication was very good with staff at the service. They told us that they felt involved in their family members care and were always kept informed of any changes or events by the registered manager and members of care staff.

Our observations and discussions with staff showed that they were knowledgeable about people’s individual support and care needs. Staff gave examples regarding how they were able to respond to a person’s needs that challenged others and took proactive measures to de-escalate the situation. The atmosphere in the supported living schemes were calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way.

Staff confirmed that they had undertaken training and had an understanding on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training. This was confirmed by the staff training records we looked at.. The registered manager said that applications were being made for four people using the service via a care manager from the local authority. The service was awaiting these assessments to be carried out and completed.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from their variety of training sessions. They told us that they were supported to gain further qualifications and one member of staff told us that they were completing a diploma in health and social care to expand on their skills and knowledge of people and their care needs.

Training was monitored by the team leader and registered manager and staff we spoke with confirmed that they were informed of dates when they would need to refresh / update their training. Staff confirmed that they received

regular recorded supervision sessions and told us that they felt well supported by the registered manager, senior staff and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

One relative told us that “The staff are very good and my (family member) is very happy living at St Luke’s.” We saw that care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. We saw that people were assisted to take part in daily living tasks and were encouraged to make choices including meals and places they wished to visit in the local community. One person we met told us that they were looking forward to going on a holiday that they had planned with assistance from staff.

People were free to use the kitchen and they were able to prepare drinks and snacks with staff assistance where required. People told us that the meals were good and that staff assisted them with cooking and shopping. A daily meal planner was displayed in the kitchens and people could choose something different if they did not wish to have the planned meal. The staff told us that people were assisted by staff to access external appointments and seek advice from nutritionists and dieticians whenever people’s dietary needs changed .

We saw that people had regular appointments with health care professionals and these were recorded in the daily records. One relative told us that, “The staff always contact a doctor if my family member is unwell.” One GP surgery that we contacted told us that, “The staff are proactive and assist people to attend appointments at the surgery way and treat them with respect and in a caring manner.’

We spoke with a care manager from the local authority and they were positive about the care and support being provided. They also told us that communication was good and information provided by the registered manager and staff was professional and detailed. We spoke with a speech and language therapist and community nurse.. They told us that they worked closely with the registered manager and staff team and regularly met to review and discuss changes and issues regarding people’s care and support needs.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, “I like living here and the staff are very helpful.” Another person told us that, “The care staff are really good here and help me with my cooking and shopping.” We observed staff whilst they were assisting people who used the service and there was a friendly, professional and cheerful rapport in place with any concerns being listened to and promptly dealt with by staff. One relative told us that, “There is lovely atmosphere and it’s brilliant – the staff are really kind and caring.”

People’s independence and choice were promoted by staff and they were assisted in being able to make choices about their lives. We saw staff assisting people with their lunch in an inclusive, sensitive and unhurried manner and offered choices of meals and drinks.

People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We saw staff gently assisting one person who was becoming confused and agitated. Staff were promptly able to recognise these signs and enabled the person to go out for a walk and enjoy being out of the house for a while. We also saw that people were assisted to undertake domestic tasks independently as much as possible such as putting laundry away and to help organise their lunches and the evening meal. We found that assistance was given in a fun and caring way. One relative told us that, “Staff have been really excellent and my (family member) is really happy living there.”

Staff we spoke with talked with a great deal of warmth and kindness about the people they were supporting. One member of staff said, “I really love my job and every day is

different.” We saw staff speaking with people in a kind and caring manner whilst assisting them. We saw that staff knocked on people’s bedroom doors and waited for a response before entering to preserve the person’s privacy and dignity.

Each person had an assigned key worker who helped to assist and monitor the person’s care needs on a daily basis. Daily records we looked at showed that people’s support needs were monitored and that any significant events that occurred were recorded. We saw that some documents in support plans we looked at had been produced in a pictorial format where required. This showed us that the provider had given people information in appropriate formats to aid their understanding.

The registered manager told us that people had also been asked about the arrangements they wanted to be made for them at the end of their life. These included details about funeral arrangements and the involvement of family members. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.

It was noted that the end of life care that had been provided to a person had been delivered in a sensitive and well-coordinated way. Relatives of the person and a care manager from the local authority that we spoke with commented positively about the care and support that had been organised and provided.

The registered manager told us that no one living at the home had a formal advocate in place but that local services were available when required. People had family members who acted in their best interest. Relatives that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, “I go out a lot during the week and enjoy going bowling.” We saw that people had been out shopping, going for walks and attending a local day centre during the day. The service also had the use of vehicles so that people were able to regularly go on day trips, attend medical appointments and be able to visit local towns. This showed us that people had opportunities to go out in the community and take part in their social interests.

We saw pre-assessments of people’s support needs which included the person’s background/history, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts.

We looked at three care and support plans during our visit. There were detailed guidelines for staff to follow so that they were able to assist with the people’s assessed needs, and support requirements. Examples included assistance with personal care, shopping, social activities, daily living routines, assistance with medication and preparation of meals. We saw samples of daily notes that care staff had written, which described the care and support that had been provided. Care plans were up to date and had been regularly reviewed and highlighted where care and support needs had changed.

Care plan records showed that people’s health care needs were documented and monitored. We saw that and where necessary, referrals were made to relevant health care

professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person’s daily notes. A relative told us that they were always made aware by staff of any health care concerns regarding their family member.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person’s answer, using pictorial aids and/or understanding what a person’s body language and facial expressions were telling them.

We saw that the services complaints procedure, including timescales for responding to complaints, was displayed in a pictorial version to aid people’s understanding. One person told us that, “I can always talk to the staff if I ever have any worries.” Relatives we spoke with said that they knew how to raise concerns and that staff were always willing to listen to their views and responded to any concerns they raised. One relative said, “I can always visit and raise any issues and I feel listened to.”

People’s care and support plans, as well as their regular reviews of care, were signed by the person or their documented next of kin where necessary. Relatives we spoke with confirmed that they were asked to be involved in these reviews and told us that these review meetings had given them an opportunity to comment on the current care and support of their family member. One relative told us that they were regularly contacted when there had been any changes to their relatives care and support needs.

Is the service well-led?

Our findings

People who used the service, their relatives and staff were asked for their views about their care and treatment and they were acted on. People told us that they had regular contact with members of the services' management team. Some people we met were unable to tell us their opinion of the support provided. Observations showed that there was an open and enabling atmosphere in place to help people express themselves so they could be assisted effectively. Some people we spoke with expressed their satisfaction with the agency and did not raise any concerns about the care and support that was provided to them. One person told us "I can always speak to the manager and staff about any concerns or worries that I may have and they sort it out for me."

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said that, "Morale is very good and we work really well as a team." All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the service's whistleblowing policy. They told us they would be confident in reporting to their manager or external agencies about any concerns about or had witnessed any poor care practices.

Staff also told us that they were encouraged to be actively involved in the running and development of the service to

further enhance the lives of people they supported. Staff also told us that there were regular staff meetings which provided opportunities to discuss care issues, new initiatives and ideas for development.

There were opportunities for people to raise concerns in 'tenant meetings' and we saw recent minutes of a meeting in one of the supported living schemes. We discussed these with one person receiving support from the service and they confirmed the minutes accurately reflected topics that had been raised. Annual surveys were conducted with people using the service to monitor their views of the support they received. The results of surveys were analysed and we saw a recent evaluation report of surveys which indicated that people were satisfied with the service.

Incident forms were monitored by the registered manager and team leader. Any actions taken following an incident were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.

The registered manager and staff undertook audits regarding people's financial records and medication administration in the supported living schemes. A manager from one of the organisations schemes conducted regular audits of the service including; care and support, staffing and records to ensure that people were receiving an effective service. Any areas for action were highlighted and an agreed action plan was put in place to deal with concerns or shortfalls