

Independent Supported Living and Disabilities Ltd

Independent Supported Living and Disabilities Ltd

Inspection report

24 Ragstone Road
Slough
Berkshire
SL1 2PU

Tel: 01753771122
Website: www.estocare.com

Date of inspection visit:
27 February 2019
05 March 2019
13 March 2019

Date of publication:
08 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Independent Supported Living and Disabilities Ltd (ISLAD) primarily provides personal care to adults with learning disabilities or autism spectrum disorder in their own homes or in supported living settings. Some older adults with dementia also receive personal care in the community. Care was provided to people in Berkshire and Devon. At the time of our inspection, 128 people received personal care.

People's experience of using this service:

People told us they received good care from ISLAD staff. People were protected from abuse and neglect. When needed, incidents were recorded and investigated and actions taken to prevent recurrence. People had access to an active social life and there were sufficient staff to support them to live life as individually as possible. The governance arrangements covering the Devon area were clear and ensured legal accountability for care provided to people in the relevant 'supported living' settings. There was a positive workplace culture at all of the houses we visited. Staff told us they were well-supported. The senior management team and local managers were approachable, knowledgeable and transparent in their approach.

Rating at last inspection:

At our last inspection, the service was rated good. Our last inspection report was published 14 October 2017.

Why we inspected:

This was a focused, responsive inspection. The inspection was triggered by concerns we received about ISLAD's operational arrangements with two unregistered providers that supported people with personal care in the Devon area. We inspected key questions "Is the service safe?" and "Is the service well-led?"

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Independent Supported Living and Disabilities Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

The lead inspector interviewed the senior management team in Berkshire and another inspector visited people in their homes. Three further inspectors completed home visits with people who lived in Devon. An assistant inspector and an expert by experience were also part of the team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about the support of older adults within care at home settings.

Service and service type:

This service primarily provides care and support to people living in numerous 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. A small number of older adults with dementia lived individually in their own homes or flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was announced. 48 hours' notice was given so we could be sure the management team would be available for interview and that appropriate documentation was provided at the registered location in Berkshire. We sought the consent of people who lived in 'supported living' properties before we

entered their house.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office. Due to the type of inspection, we did not ask the service to complete a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

The inspection occurred over three full days. On all days, we visited people in 'supported living' settings or their own homes. We interviewed 14 people by telephone. We met with an additional 17 people who used the service in various locations. We spoke with the provider's compliance and quality assurance director, an area manager, a regional manager, two location managers, two deputy managers and a house manager. We also spoke with four care workers, and an administrator. We reviewed nine people's care records, staff personnel files, audits and other records related to the operation of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People received safe care. For example, they said, "I feel safe. They (staff) look out for us here" and "Really good staff".
- Staff were trained in safeguarding and health and safety on induction and undertook refresher training.
- Care workers and managers were aware of what constituted abuse or neglect. They knew to report any allegations of abuse and the appropriate method of sharing the information.
- Allegations were reported to the relevant local authority. Other authorities, such as police, were alerted when needed.
- Safeguarding incidents were logged on file and associated investigation records were saved for each matter.
- We received notifications of any allegations of abuse or neglect, in line with the relevant regulation.
- Investigations were completed to determine facts and take actions, to ensure the safety of people affected was maintained.
- A satisfactory whistleblowing process was in place. This was used and had ensured that relevant information was reported by staff.
- The provider had a dedicated staff member assigned as a lead for all safeguarding matters. This ensured consistency across the organisation's locations.

Assessing risk, safety monitoring and management

- Risk assessments had been developed when a person first started using the service, to support people's physical, mental, emotional and social needs. These had been updated appropriately both at routine reviews and also when there were changes to a person's presentation.
- Behaviours that challenge had been correctly assessed. For example, one person's assessment described how, "Communication is very good and [the person] is able to express her needs clearly. She does not like to be spoken to with childish humour and enjoys 'adult' banter...".
- Key medical risks, such as epilepsy, were highlighted in red so staff would pick up the concerns quickly and easily if referring to the care plan and risk assessments
- Risk assessments and protocols described how to support the person safely while also supporting them to be as independent as possible.
- There were concerns regarding the way a small number of risk assessments were completed and how they translated into information for staff to follow in the care plan. For example, one person was very vulnerable, as they befriend strangers. Further information was required to ensure the person's safety when dealing with others in the community. This feedback was passed onto the relevant staff member, so they could review the care documentation.
- Some 'supported living' settings had recently acquired laptops and started electronic recording of care. Management and staff were still getting used to this and had difficulty at times of finding documents or

records.

- Some people's daily records were kept in a separate book, which was not suitable. The manager said they had already made arrangements for these to be recorded on the electronic system as an improvement.

Staffing and recruitment

- People said there were enough staff to care for them. Comments included, "They (staff) get called to others...that doesn't matter...there are [care workers] here when I need them", "Yes I think so, there's someone there if you need them" and "It's covered every day, and night, twenty-four hours."
- Staffing was usually based on the number of hours contracted by the commissioner. However, the provider ensured people's individual dependency was considered when organising staffing levels. For people funding their own care, senior managers in conjunction with the person and their family would determine a safe number of support hours.
- Staff were provided with the opportunity to comment on whether people required additional support. Managers would then assess the staff's requests to determine what action to take. We observed that staff worked in a calm manner and attended to people's needs quickly.
- In settings we visited, there were enough staff deployed to ensure people's needs were met. In the Devon area, staff often worked across 'supported living' addresses.
- There were enough staff to ensure that people had access to a meaningful social life. This included within the individual houses and trips into the local communities.
- The service ensured fit and proper person were employed by checking applicants' identity, completing criminal history checks, sending for proof of previous employment conduct and conducting comprehensive interviews.

Using medicines safely

- People had medicines risk assessments which demonstrated their support needs.
- Care workers were responsible for prompting and administering medicines. For people who self-administered their medicines, care workers checked that the person had taken their medicines.
- Care workers completed both theoretical and face-to-face medicines training. A competency test was completed to ensure that the care worker was safe at administering medicines.
- Medicines administration records were generally correctly completed to ensure accurate information about people's medicines was documented.
- We raised concerns in writing with the nominated individual about the management of people's insulin dosages and administration. The provider checked the facts, updated people's records and submitted copies to us. We were satisfied this had mitigated the risks of a medicines error.
- Where short term medicines were commenced (for example antibiotics) these were well-managed until the course was completed.
- We recommend that the service reviews best practice guidance for management of medicines in community settings.

Preventing and controlling infection

- The provider had a dedicated lead for quality assurance. Part of this role included the oversight of infection prevention and control.
- Staff were required to complete training during their induction and annually. This ensured their knowledge about infection prevention was up-to-date.
- Staff had access to personal protective equipment (PPE). This included gloves, gowns, masks and shoe covers. Staff could wash their hands at people's houses and carried alcohol-based hand gel for disinfecting their hands as needed.

Learning lessons when things go wrong

- Incidents and accidents were reported. This included from people who used the service, relatives, care workers and health or social care professionals.
- In most instances, incidents were telephoned or e-mailed to the office staff. All incidents were logged on a record form and in the person's paper-based or electronic daily notes.
- The management team ensured the person's safety as a priority. Any actions required, such as referral to a healthcare professional, were completed to ensure people remained healthy.
- Incident forms contained detailed information and reviews by the management team. Records of actions taken during and after the incident were maintained.
- Lessons were learned when things went wrong. Staff completed debriefing sessions after incidents and consideration was made about how to reduce risks of recurrence.
- Although we do not regulate the premises of 'supported living' settings, we found during our visits to people that some properties required tidying and maintenance repairs. This information was provided to the local staff so that they could make appropriate arrangements with the respective landlords.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Our inspection was triggered by intelligence information provided to us that some people in Devon were being supported by two unregistered providers. Upon investigation we found this was substantiated. We were then provided with evidence that ISLAD had entered a valid consortium (legally-binding) agreement for the care of people whilst the two other entities registered as providers.
- The nominated individual and registered manager were not available as part of the inspection. Instead, the provider's compliance and quality assurance director was present and represented the service. They were clear in their role and provided assurance about their support of the Devon staff. They stated they did not visit the area frequently, but there was an area manager and regional manager who directly supervised the personal care governance and the local managers.
- Management from ISLAD were transparent with the inspection team about the arrangements of the consortium agreement. The nominated individual stated in writing, prior to our inspection, they accepted full responsibility and accountability for the care provided by the unregistered providers. Staff and managers from the unregistered providers acknowledged that ISLAD was the responsible entity for people's care at the time of our inspection.
- The two unregistered providers in the Devon area had applied for registration with us. Our registration team had already interviewed the managers who had applied to register. We spoke with these managers as part of our inspection. We found they were knowledgeable, approachable and understood the respective locations they were responsible for. They had a good understanding of the 'supported living' addresses in the Devon area.
- The management team were open to new ideas and improved ways of working. Staff felt comfortable approaching the managers with their feedback or with any issues they wished to discuss.
- The existing management team had an appropriate understanding of regulation and the requirements set out in various legislation. They ensured the service, staff and care practices complied with various legislation.
- Regular meetings were held by the senior management team.
- There were clear organisational structure charts which showed reporting lines, governance and accountability for the provision of people's care.
- People told us the service was well managed. Feedback included, "I think so. The odd problem, you've only got to go and they sort it out", "Yes, they manage it very well. The staff are very nice", "Yes, the managers are very good...they help me out", "I've been with them a long time...they never let me down" and "On the whole, yes, they are warm and welcoming."

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

- Where there were any issues which warranted management attention, these were highlighted by care workers promptly. There was evidence that the various members of the senior management team took responsibility and used candour.
- There was an appropriate, up-to-date statement of purpose. This contained the aims, objectives and philosophy of care. Our observations of supported provided to people confirmed care was in accordance with the provider's ethos for the service.
- A small range of audits were completed to the quality of care in most aspects of support. The checks ensured that quality was promoted for the people, the relatives, staff and other stakeholders. We found some checks were not fully documented, by the provider's representative realised this and had already acted to prevent this occurring again.
- Spot checks of care workers' practice were completed every on a rotational basis. There was a good level of staff supervision from the 'supported living' house managers.
- Medicines administration records were audited regularly to check for errors or omissions. Checks included legibility, correct signing and dating and any actions taken regarding medicines issues.
- The provider and registered manager are required to consider actions they will take regarding the UK's planned departure from the EU. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. We recommend that the service develops a contingency plan specific to the planned EU departure.

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

- Staff did not appear to be worried about the changes in the provider's governance framework. In the Devon area, the transfer to ISLAD was explained a month before it occurred. Care workers said it had made little or no difference, and the management team said they felt supported and were learning the new systems. They said they had good access to provider-level management and would get help and support when needed.
- There was a positive workplace culture at the service. Staff worked well together. They demonstrated that there was good interaction between staff who provided support to people and staff who were based in the offices used by the provider.
- The service acted to protect people and staff from discrimination. The care workers and management team knew the requirements of the Equality Act 2010 and how people's individual differences may be considered protected characteristics. For example, the service respected people had disabilities that did not limit their independence. Human rights were upheld.
- A variety of meetings were held by the service with and between different staff groups. This included care workers, other support staff and the senior management team.
- Minutes of meetings showed how staff were engaged in the service and any changes and actions. There was evidence that discussion about responsibility of lead roles (such as quality assurance and infection control) was included in each meeting. Actions were clearly documented and the completion was recorded.
- People were very involved in the service and there were individual and group opportunities for them to feed back about how they felt about the service. Some people had little or no communication, but staff were able to support them to give their opinions as well. For example, one member of staff was seen communicating with a person using their own version of sign language.
- Comments from people included, "We had a meeting yesterday...it went well" and "They (staff) come 'round and ask...it's not always a meeting."

Continuous learning and improving care

- The service had commenced implementing an electronic care record system. This was so that more

contemporaneous and comprehensive notes or records could be completed and saved. The service continued to use some paper records but the intention was to fully move to electronic records.

- Staff meetings were used for points of learning. Minutes we reviewed showed staff were reminded about safety topics such as safeguarding, medicines, care plans and documentation. Any actions agreed between staff and management were agreed and there was evidence they were followed up.

Working in partnership with others

- The service had satisfactory relationships with the respective local authorities and commissioners.

Stakeholders we contacted told us they had no concerns about the service in the Berkshire area and that there was good communication with the management team.

- ISLAD recognised some issues were "inherited" by them from the unregistered providers in the Devon region. They showed evidence they were working with the relevant local stakeholders to manage the issues and put things right. More time was required to ensure that the matters were fully resolved to ensure people's health and welfare.

- There was evidence the service worked with a variety of community based social and healthcare professionals. This included GPs, district nurses, learning disabilities teams, podiatrists, psychologists and psychiatrists.