Cambridgeshire County Council

March Supported Living Scheme

Inspection report

20 Alder Close
March
Cambridgeshire
PE15 8PY

Tel: 01354654146

Date of inspection visit:
17 February 2016

Date of publication:
05 April 2016

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

March Supported Living Scheme is registered to provide personal care to people living in supported living premises. The service offers 24-hour support and care to people who have a learning disability. There were 19 people using the service when we visited.

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 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 received training to protect people from harm and they were knowledgeable about reporting any suspected harm. 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 medicines.

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. MCA applications were being made to ensure that people's rights were protected. Staff were supported and trained regarding the MCA.

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 preferences and nutritional needs.

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

Sufficient numbers of staff were available and the appropriate recruitment checks had been completed to ensure they were suitable to carry out their role. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

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 external community.

A complaints procedure was in place and complaints had been responded to, 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.

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.

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

Sufficient numbers of staff were available and the appropriate recruitment checks had been completed to ensure they were suitable to carry out their role and meet people's needs.

People were supported to take their prescribed medicines.

Is the service effective?

Good

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 was in place to ensure they had the appropriate skills to support people using the service.

People were supported to have their health and nutritional needs met.

Is the service caring?

Good

The service was caring.

People received care and support that met their individual needs.

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

Staff knew people well and assisted them with their preferred routines

Is the service responsive?

Good

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 so that people knew how to make a complaint.

Is the service well-led?

Good

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, amenities and services.

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

March Supported Living Scheme

Detailed findings

Background to this inspection

Between February and March 2016 a small group of pilot inspections tested improved arrangements for the inspection of providers supplying regulated activity(ies) to people living in 'Housing with Care' (HwC) schemes. This location was selected to take part in the pilot, and the provider was aware of this during the 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 announced inspection took place on 17 February 2016. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the services office, spoke with nine people who used the service and four relatives. We spoke with the registered manager, team leader and five care staff and four healthcare professionals.

We also spoke with a care manager and team leader from the local authority, a psychiatrist, a practice manager at a local surgery and a housing officer from a local housing organisation who provided the accommodation for people using the service. This was to help with the planning of the inspection and to gain their views about how people were being supported.

We looked at six 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.

Good

Is the service safe?

Our findings

People we met told us that they felt safe and were satisfied with the care and support they received. One person said, "Staff have been really supportive and help me to get on with other people. I do get lots of freedom and can come and go when I want to – I would not change living in my home for the world." Another person said, "I have my own door key and I know I need to remember to always keep the door locked at night and when I go out in to the community."

We saw that people's individual risk assessments had been completed and updated. These risk assessments included areas such as moving and handling, bathing/showering and when people were out in the community. We observed staff supporting people safely by following the information within that person's risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The staff had access to the contact details of the local safeguarding team and safeguarding information was available in the service's office. Staff and records confirmed that safeguarding training had been provided and refresher training had been given annually. 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. We saw evidence of correspondences and investigations that had taken place into concerns that had been raised. This showed us that the registered manager had effectively reported any safeguarding concerns to the local authority.

Staff told us that they would be supported by the registered manager if ever they identified or suspected poor care standards or harm and would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of. One staff member said, "We are a good team if there was any bad practice this would be reported to the (registered) manager and acted upon without any hesitation or delay."

We saw the medicine administration records of people that we visited had been accurately completed. The level of assistance that people needed with their medicines was recorded in their support plan. We observed staff safely administer people's medicines. Records we looked at and staff confirmed that medicine training sessions were provided and refresher training was given annually. Staff received ongoing competency checks to ensure they were safely administering medicines and further training would be provided where required. Medicines were stored securely and safely in people's homes.

Regular medicine audits were carried out by care staff to monitor medicine stock levels and ensure that all prescribed medicines had been correctly administered. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

There were fire and emergency evacuation plans and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency.

Satisfactory recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager and team leader. Two staff recruitment records showed us and staff we spoke with confirmed that all the appropriate checks had been carried out prior to them supporting people using the service.

We found there were sufficient numbers of staff to meet people's needs. This included being able to assist people whilst at home and to accompany them, where needed, to attend appointments. To assist them with accessing the local community and going on shopping trips. Staff told us that there was sufficient staffing. We saw that the registered manager and team leader monitored staffing levels. Where people's needs changed additional staff were rostered where necessary such as meeting their healthcare needs or attending social events.

Good

Is the service effective?

Our findings

People we spoke with told us that they received effective care and support. One person said, "The staff know me very well and help me with what I need and the staff take time out to listen to me if I have any problems."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager confirmed that no one at the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff had received training and were aware of the procedures regarding MCA. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The registered manager told us that requests for mental capacity assessments for all people using the service had been submitted to the relevant local authorities and that they were waiting for these assessments to be carried out and completed. We saw confirmation from the local authority that they were in the process of organising mental capacity assessments regarding people using the service.

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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 a variety of training sessions. They told us that they were supported to gain further qualifications including the Care Certificate and diplomas in health and social care. Examples of training included, administration of medicines, safeguarding people from harm, safe moving and handling, mental capacity, catheter care and epilepsy awareness. Training was monitored by the team leader and registered manager. Staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training.

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

One person we spoke with said, "It's really good and I am really happy living here and the staff help me with sorting out my money and my meals and cooking." We saw that people were assisted by staff when required with the preparation of drinks and meals. People told us that staff assisted them with cooking and shopping and that menus were sorted out for the week so that people had a good and varied choice of meals. One person said, "The staff do give us lots of choices when we are choosing food for the menu planning every week."

People's dietary needs were assessed and any associated risks were incorporated into their care plan. Staff

told us that people were assisted to seek advice from nutritionists and dieticians whenever their dietary needs changed. One person said, "I really enjoy the food and the staff assist me with my shopping – we do take it in turns each week to shop at the local super market for the food shopping."

People had regular appointments with health care professionals and these were recorded in their daily records. One person told us, "The staff always help me if I need to see a doctor if I feel unwell." Another person said, "The staff help me with my health and they support me to see my GP and go to optician appointments."

Healthcare professionals we spoke with were positive about the service and felt that communication with the service was professional and information had been provided when required in an efficient manner. We spoke with a practice manager at a local surgery and they were positive about the support being provided by the service. They told us that communication with the staff was good and discussion took place of any changes and issues regarding people's healthcare were appropriate.

We spoke with a housing officer from the housing organisation which provided the accommodation to people using the service. They told us that communication was very good with the service and that they were in regular contact regarding any maintenance or housing issues. They told us that they regularly visited the premises in Alder Close and Cornmill and spent time with people and staff to discuss any issues or concerns regarding people's assured tenancies and any repairs /refurbishments to be made. People were able to choose how they wished to have their bedroom decorated and furnished to meet their individual preferences.

The housing provider was responsible for the decoration and refurbishment of communal areas and the maintenance of overhead tracking in one of the bungalows to assist people with their mobility. We saw maintenance reports/requests that the service had submitted to the housing provider for action.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "The staff are really helpful and assist me in my home and help me with budgeting and cooking". Another person said, "The staff make me feel very happy and that they speak to me politely and calmly, It's really good living here and the staff are really kind and caring." People we met confirmed that they were involved in the planning of their care and support. We looked at a care and support plan of a person using the service. They confirmed that the details recorded matched their current support needs. One person said, "I will be having a review next week and I will be involved."

We observed that when a person needed reassurance the staff was seen to be proactive. They asked the person if there was anything they would like [staff member] to do to help them. The staff member listened to the person's concerns really well and gave them some good advice which the person said had made them feel much better.

Observations in the supported living premises that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the service. People's independence was encouraged and staff supported people to make choices about their lives. The atmosphere in the supported living services we visited was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw staff assisting people with their lunch in an inclusive, sensitive and unhurried manner; they offered a choice 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, attentive and prompt way. We saw staff assisting one person with their lunch and arranging a trip for other people going out in the local town. We saw staff assisting people with their medicines and provide personal care in a private way and shut the person's bedroom door to respect their dignity. People were assisted with domestic tasks independently as possible such as cleaning and dealing with their laundry and were supported to organise shopping trips and preparation of their evening meal. We found that assistance was given in a fun and caring way with a lot of good humoured banter. Off-site activities, which included day services, helped reduce the risk of people becoming socially isolated by being part of the wider community

Staff we spoke with talked with a great deal of warmth and affection about the people they were supporting. One member of staff, "I 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 doors and waited for a response before entering to preserve the person's privacy and dignity.

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

The registered manager told us that no one living at the service currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent and support people to make and communicate their views and wishes. People had family members who acted in their best interest.

Good

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 enjoy going for a walk in to the local town and I enjoy staying at home and making wooden furniture for the garden. - I like keeping the garden looking nice and mowing the lawns and help my neighbours look after their gardens too." Another person told us that, "I go out with staff to visit cafes, shops and other places I like."

There were enough staff on duty to be able to provide both support to people in their own homes and to be able to accompany people in attending their hobbies and interests in the local community. We saw that people had been out shopping, going for walks and visiting the local town during the day. People had access to vehicles and staff assisted them to regularly go on day trips, attend medical appointments and visit local towns. This showed us that people had opportunities to be involved in the local community and take part in their social interests.

We saw that people's care and supported needs were assessed prior to receiving support from the service. Assessments included the person's background, care and support needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts.

Care records showed that people's health care needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. For example dieticians and, occupational therapists

Care records gave staff detailed information to enable staff to provide people with individual care and support, whilst maintaining their independence as much as possible. Staff we spoke with confirmed that the support plans gave them sufficient information so that they could provide the required care and support. Examples of care and support included assistance with personal care, shopping, social activities, daily living routines, assistance with administration of prescribed medicines and assistance with the preparation of meals.

There was a process in place to review people's care and support. We saw that care and support plans were in the process of being updated by the team leader and people's keyworkers to ensure that care and support remained current and accurate. Daily notes that care staff had written, described the care and support that had been provided during the person's day.

Our observations showed us that staff were cheerful, attentive, responsive and gave people time to make choices about their day. Staff told us how they engaged with people who were unable to communicate verbally to make choices. This was done by using pictorial aids and/or understanding what a person's body language and facial expressions were telling them.

The service had a complaints procedure in place which included timescales for responding to complaints. A

pictorial version was also in place to aid people's understanding. One person told us that "I can always talk to the staff if I ever have any worries." We saw during the inspection that people's queries and day to day issues were addressed by staff in a timely, reassuring and attentive way.

Good

Is the service well-led?

Our findings

People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said that, "I can always speak to the staff about anything I am not sure about or any worries I have." There were strong links with the local community and people told us that they were able to access local shops, amenities and services.

Some people we met were unable to tell us their opinion of the support provided to them. We saw that staff assisted people to express themselves. Examples included the use of pictures and by observing peoples body language.

People told us that they had regular contact with members of the services' management team. There were regular 'tenant meetings' so that people could raise issues and concerns if they so wished. We saw minutes from these meetings and noted that areas covered included menu planning, social events and refurbishments to the premises.

There was an open team work culture within the service. Staff told us they enjoyed their work and assisting people using the service. Staff told us that they felt the service was well managed and felt supported by the registered manager and team leader. One member of staff said that, "I can always raise any issues 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.

People who use the service were asked for their views about their care and support and their views were acted on People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided through annual surveys, regular one to one discussions and tenant meetings.

The registered manager and team leader told us that they looked at all Incident forms to see if there were any trends. as part of the service's on-going quality monitoring process.to reduce the risk of further incidents occurring.

The registered manager and team leader monitored the day to day management in the supported living schemes and undertook audits. Examples included people's financial records care and support plans, medicine administration, staffing and recruitment records. We saw that where there were any areas for action these were highlighted and an agreed action plan was put in place to deal with any concerns or shortfalls. Examples including updates needed regarding; risk assessments, care and support reviews, staff training and policy updates. This showed us that the provider had systems in place to monitor the quality of service being provided at the service