

Supported Living Services Ltd

SLS Outreach

Inspection report

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09 May 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

SLS Outreach is a supported living service providing care for 74 people in 8 settings. Each person had their own self contained flat. At the time of our inspection there was 74 people using the service, however only 1 person was in receipt of a regulated activity . Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this. The numbers and skills of staff matched the needs of people using the service. People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Managers promoted equality and diversity in all aspects of the running of the service. Management and staff put people's needs and wishes at the heart of everything they did.

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

Rating at last inspection and update

This service was registered with us on 11 February 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an announced comprehensive inspection of this service on the 09 May 2023.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our Well-led findings below.

SLS Outreach

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

This service provides care and support to people living in 8 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we held about the service to plan our inspection.

During the inspection

We spoke with 1 relative, 2 care workers, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed several records and management systems, including staff files, supervisions, complaints and staff training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective system in place to protect people from harm.
- There was a safeguarding policy and procedure in place with guidance for staff to follow should they need it.
- Staff had a clear understanding of abuse and how to report it. One staff member said, "Safeguarding is protecting people from financial or physical abuse, you need to observe the person for changes, ask the person if any issues, offer assurance that it will be investigated, report to the manager. If nothing is done, then escalate it to the local authority or CQC."
- The registered manager understood their responsibilities regarding safeguarding. They had reported any concerns to the local authority. We saw evidence of these alerts on their systems. When required, they had put in place a protection plan as an additional safety measure.
- Safeguarding audits were carried out every 6 months. This meant any issues could be picked up and addressed in a timely manner.

Assessing risk, safety monitoring and management

- Risk management plans were in place for each individual. Risks of harm were reduced as much as possible.
- Staff were able to explain how to keep people safe from harm. One staff member told us, "You need to watch out for any hazards in the home, even a small bit of water, can cause a slip." Another staff member said, "Risks to people's mental health can be if they are not engaging with the staff or compliant with their medicine." Staff explained that if risks were identified they need to be monitored and if there were any signs of relapse, they need to be reported to health care professionals.
- The provider carried out audits of risk management plans regularly. Care records had clear guidance for staff about risk management.

Staffing and recruitment

- The provider deployed enough staff to meet people's needs. Staff were recruited safely. People were involved in the recruitment of staff. This meant people could choose staff they felt matched well with them based on values and common interests. This was empowering for people using the service.
- Staff were deployed based on the needs of people. Staff and relatives told us there was no issue with staffing levels at the service.
- Care calls were made according to agreements made and recorded in people's care plans.
- Staff files reviewed showed background checks were done such as, obtaining references from previous employers, job histories and criminal checks. This meant staff were recruited safely.

- Staff had an induction into the service which consisted of training and a period of shadowing experienced staff to learn the role. Staff were only left unsupervised once a competency check was made.
- Audits of staff files took place regularly. This meant any gaps or issues could be picked up and addressed without delay.

Using medicines safely

- Medicines were managed safely.
- Staff were able to explain how to administer medicine safely. Staff had competency checks completed by the registered manager to ensure they had the skills to administer medicine accurately.
- Care records reviewed showed medicine was administered in line with good practice. As and when medicine also known as PRN, were administered correctly and there were protocols in place to give staff guidance when needed.
- Audits of medicines were carried out monthly. This meant any concerns could be picked up quickly and addressed.

Preventing and controlling infection

- The provider had a system in place to prevent the spread of infection.
- Staff understood the need to prevent the spread of infections as they had training in this area. Staff told us they used personal protective equipment when providing care or preparing food for people.
- There were clear protocols and policies in place to control and prevent the spread of infections. Audits of health and safety were done regularly which included infection prevention and control. This meant any issues could be picked up and addressed without delay.

Learning lessons when things go wrong

- The provider had a clear system in place to learn lesson when things went wrong. The registered manager told us that staff, people and relatives could make a complaint or a suggestion to improve the service at any time.
- The registered manager told us that additional support was requested for 1 person following an incident. This showed that lessons had been learned, the additional support was recorded in the care plan.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's support and care needs prior to them using the service. Areas covered were social, personal care, mental health, mobility, communication, and sensory needs. Care records reviewed were up to date and reviewed regularly.
- Outcomes were recorded in people's care plans. For example, in one plan it stated, "My main goal is to have good physical health and cut down on smoking." Staff were supporting people to maintain good physical health for example by involving health care professionals.
- Care records checked showed people and their relatives were involved in care planning and reviews. Audits of care plans were regularly completed.

Staff support: induction, training, skills and experience

- Staff had the skills, experience, and training to do their jobs and meet people's needs.
- Staff told us they felt well supported. They received regular supervision, a robust induction programme and training to help guide them in their role. One staff member said, "Yes we have team meetings, and the support is superb, they [managers] always making sure the support is there, there is room for growth."
- The registered manager told us they invite the team to have a weekly dinner and had team building activities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their health and worked with other agencies for example health care professionals.
- People had access to health care professionals whenever they needed input for their health. For example, an occupational therapist was involved in one case to help meet the person's needs. A relative told us, "My [relative] needed a review of their medicine and as soon as we made contact the GP did the review straight away, they were very proactive."
- We saw excellent feedback received by the service from a range of healthcare professionals. Examples included a nurse praising the service for their compassion and making a hospital discharge easy, 2 further examples from Psychiatrists for staff going the extra mile, being patient centred and acting swiftly when a person was in crisis.
- Health care records showed that people had input from health care professionals in a timely manner. Referrals were made without delay. This meant people's health needs were met.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA ,whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the principles of the Mental Capacity Act. Consent to care and support was obtained in line with legislation.
- Consent agreements between the person and provider were in people's files. These were signed by the person.
- Staff were able to explain the principles of the Mental Capacity Act and how to apply them in practice. At the time of the inspection no one being supported lacked the capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. The provider had a clear equality and diversity strategy in place to ensure people were treated well and not discriminated against.
- Relatives told us staff were caring and kind, one relative said, "Yes my [relative] is being supported well if there were any problems [my relative] would speak up."
- People were supported in a way which met their diverse needs for example, people were given information about social groups within the LGBTQ+ community.
- People's care plans included details about their culture and religious beliefs. This meant they received support which was tailored to their needs. The service had an equality and diversity champion in place. Staff had training in equality and diversity which meant they had acquired a good understanding of people's diverse needs.
- There were equality, diversity, and inclusion policies in place, which gave staff clear guidance if needed. An audit of equality and diversity was carried out regularly by the registered manager.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions about their care. Staff had regular meetings with people to find out their views. People gave feedback about the service through surveys and could make suggestions about the service and how it was run.
- People were able to say what they wanted and how things should be done. Care plans were written in a way which encouraged people to be involved. One relative told us, "I don't know the provider well as they are new, I can't find any fault with the new provider or managers but so far all is well."
- The registered manager and leadership team made regular visits to the services, they were "hands on" and people could and did contact them at any time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff encouraged people to become as independent as possible.
- Staff told us they would support people in a way which was respectful. One staff member said, "When supporting a person during personal care, be organised, take the things you need, use of towels to cover people up, close doors, windows, curtains and knock on doors."
- Records reviewed showed people were referred to in a respectful manner and all information recorded about them used appropriate respectful language.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was person centred; people were at the heart of everything they did. Care was planned to meet people's needs and give them choices.
- People and their relatives were involved in planning their care. Care plans described people's likes, dislikes, goals, a person's good day and bad day. For example, one person's plan showed, "They did not like noise but liked to watch movies." Staff took time to get to know people and provide support tailored to their needs.
- Feedback from health care professionals described how person centred the service was and achieved great results for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met.
- Care records described how to communicate with people and what their preferred method was. For example, information was available in other languages and easy read formats if this was required. This meant staff could communicate clearly with people and offer the correct level of support.
- Staff had training on specific communication systems for example British Sign Language. This meant they could offer support to a person if they had a sensory impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had a range of activities to offer people. These were designed to support people to maintain and make new relationships and friendships. People's family and friends were free to visit people at any time.
- Everyone using the service had an individual activity plan in place if this was what they wanted. People were given information on a wide range of groups or community events. The service also arranged for a Chef to come into the service and offer some cooking classes. In another example the service had arranged a group holiday for people. These activities helped to reduce the risk of isolation and loneliness.
- The provider had set up a new charity in response to feedback from people who had experienced some challenges when looking for suitable employment. Some people were employed by the charity. The aim of

the charity was to support people in finding employment and educational opportunities.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process in place. People, relatives, and staff knew how to make a complaint or support a person to make a complaint. Complaints were viewed to make improvements to the service and were encouraged. Records reviewed showed that actions and outcomes were recorded.
- People were given information on how to make a complaint. People were given a resource card which could be used over the internet, it contained a code which offered more security and privacy. This enabled people to make a complaint or give feedback, which could be done either anonymously or leaving the provider their contact details. People could also make a complaint on the phone or in person.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people.

- The provider promoted an open and honest culture. Staff were confident to speak up and inform the management team about concerns or issues.
- The registered manager told us, they had an open door policy and encouraged staff to come to them and explore issues or concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear understanding of the need to be open and transparent. The registered manager told us, "It is important to be transparent when things go wrong. Look at what changes we can make; we have a no blame culture. We then need to apologise to the person or complainant."
- The registered manager had informed us that there had only been 1 complaint, and this had been resolved to the person's satisfaction.

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

- Good governance systems were well embedded in the service. Managers and staff were clear about their roles and responsibilities.
- Quality assurance systems included regular auditing of all aspects of the service. Results were used to drive forward improvements. For example, a new electronic system had been put in place which made tracking actions from audits easier.
- The local authority had conducted an audit of the service and awarded the service an outstanding against their criteria.
- The registered manager understood what statutory notifications to send to CQC and the local authority. Records reviewed confirmed this.
- The registered manager had been nominated and was one of the finalists for an award in health and social care, the category was "The specialist in Mental Health" representing SLS.

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

- People, relatives, and staff were involved in the service. Regular feedback was obtained from all stakeholders.

- Surveys were sent out to people and their relatives on an annual basis, results of these surveys were analysed and used to improve the service. In one example the provider had created a new space for people and staff to pray. This was a direct result of feedback from staff and people.
- The provider was very involved in charity work. People using the service would volunteer and staff were hand on to offer support. This involved distributing food and clothing to low-income families in the community. Other events were organised for example a charity marathon. These events also involved the public and local businesses who were happy to be involved.
- One staff member had put together a comprehensive garden project, which was being implemented in phases for all services. The emphasis was on sustainability and involved people using the service.
- The registered manager told us they had events for staff and team building days. Staff had been sent a questionnaire to complete about their views on the service. Staff had feedback from managers and peers about their performance.
- Managers and leaders also used this 360-degree tool. This meant staff could offer managers and leaders feedback and this was encouraged.
- People had regular one to one sessions with staff. Records reviewed showed these were recorded and took place on a regular basis. Information was used to improve the care provided.

Continuous learning and improving care; Working in partnership with others

- The provider had an action plan and clear strategies for future planning. There was a culture of continuous learning and engaging with people and the community.
- Team meetings were held regularly, and discussions held about improvements were a standard item on the agenda.
- The provider had strong links with other key organisations such as local authorities. They worked with over 30 London boroughs. This meant care and support could be delivered in a joined up and seamless way. Social workers and health care professional were fully involved in the support needs of people using the service.
- The provider collaborated with businesses and other non-profit organisations. This was part of their overall strategy. The registered manager attended provider forums, this was an opportunity to discuss best practice and share learning with peers.