Leading Lives Limited

North Supported Housing and Domiciliary

Inspection report

John Turner House
Rotterdam Road
Lowestoft
Suffolk
NR32 2EZ

Date of inspection visit:
10 November 2016
11 November 2016

Date of publication:
17 February 2017

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

The inspection took place on 10 and 11 November 2016. North Supported Housing and Domiciliary is a service that provides personal care and support to people who either maintain a tenancy in supported living accommodation or who live in their own homes.

This was an announced inspection. The provider was given up to 48 hours' notice because the service provides care and support in people's homes and we needed to be sure someone would be available at the time of our inspection.

At the time of the inspection the service provided care, including 24 hour support, to eight people living in two supported living accommodations, plus 41 people living in their own homes.

There were two registered managers in post to cover the two aspects of the service; supported living and domiciliary. 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 and associated Regulations about how the service is run.

Risks to people's safety were assessed and reviewed. There was a wide range of risk assessments relating to people's safety, which included more diverse risks associated with accessing the community. For people receiving care at home, risk assessments could be broadened to include screening tools for people at risk of malnutrition and assessment of skin integrity.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People had confidence in the staff that supported them. There were enough staff to provide care and to offer flexibility in the service. Staff received training to enable them to deliver effective care. They were supported in their roles by a system of supervision and appraisal.

There were formal recruitment procedures in place, which included Disclosure and Barring Service (DBS) checks, prior to people starting work in the service. Some staff files did not contain reference checks on previous employment history, but this was addressed promptly by the management team.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service, their relatives, and people closely involved in their care were involved and consulted. People were always asked for their consent before staff assisted them with any tasks. Staff respected people's privacy and people were treated with respect and dignity.

Systems were in place to ensure people's medicines were managed in a safe way, and people received their medicines in a timely manner.

Staff supported people to prepare meals and to eat and drink if required. Where people could benefit from additional support, referrals were made to other healthcare professionals.

There was an open door policy and a positive culture in the service. Staff felt comfortable to approach the registered managers for advice and guidance and felt able to raise concerns or issues as necessary. They told us they were listened to and action was taken promptly when required.

The provider had an effective quality monitoring system to ensure standards of service were maintained and improved. People were asked for feedback on the quality of the service they received and they were provided with information on how to make a complaint.

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.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and minimise any risks. Risk assessments for people receiving care at home could be broadened to include malnutrition and skin integrity.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

There were enough staff to cover calls and ensure people received a reliable service.

Formal recruitment procedures were in place. We found some staff files did not contain reference checks on staffs previous employment history, but this was addressed promptly by the management team.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The service liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care. They were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff understood how to support people.

People's care had been planned and reviewed to reflect their needs and preferences.

Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management team.

The management team were readily contactable. Staff felt they were listened to and valued.

In addition to people's feedback, the registered manager used reviews, audits and unannounced visits to monitor the delivery of care. This helped to ensure that it was consistently of a good standard.

North Supported Housing and Domiciliary

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.

The inspection took place on 10 and 11 November 2016, was announced and undertaken by two inspectors.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people using the service, three relatives, and one health professional. We spoke with the two registered managers, one team leader, the operations director, and six members of care staff. We also observed the interactions between staff and people.

To help us assess how people's care needs were being met we reviewed seven people's care records and other information, including risk assessments and medicines records. We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and with the staff providing their care. One person told us, "They [staff] are a great bunch, I feel very safe with them all". Another said, "I feel very comfortable with them [staff]".

Staff had received training in safeguarding adults from abuse. They understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. One staff member said, "If I took a problem [to management] and felt they didn't deal with it, for example a safeguarding or staff issue, I would use the contact details readily available for us to do that". Another said, "I would always report any concerns of abuse to management, who I know would act quickly, or I would use outside agencies if I needed to".

People's care records contained a comprehensive range of risk assessments relating to situations which could affect their daily lives. For example, medicines, personal care and accessing the community. Risk assessments were very detailed, individualised, and included diverse needs, such as, "stranger danger", and, "Mate crime" [A crime in which a vulnerable person is manipulated or abused by someone they believe to be their friend]. Risks were regularly reviewed and updated to reflect changing needs.

For people receiving care in their own homes, we found that although there were appropriate risk assessments in place to keep people safe and guide staff in how to minimise risks, these could be broadened to include skin integrity and malnutrition screening tools. We spoke to the registered manager about this, who welcomed the feedback and told us they would implement additional risk assessments where this was required.

People's records contained a contingency plan in the event that a staff member was running late, or if there was a risk of a visit being missed [For example in bad weather conditions]. These plans contained an emergency protocol, detailing action to take to ensure the person was safe, and in some cases, ensuring visits were not missed as people would be at risk. One staff member told us, "I have driven through floods to get to my visits, we have a responsibility to ensure people are safe, we can't just not turn up". Other staff we spoke to also told us of the importance of ensuring visits were not missed, and worked well together as a team to support each other.

The registered manager had introduced a mobile phone application, which the whole staff group communicated on. This was effective in ensuring staff were safe, that issues were communicated promptly, and that the staff team felt supported. One staff member said, "The idea of the group mobile is brilliant. We [staff] all communicate on it, and it's free so you don't get charged. I also feel safer when I'm out and about in the community".

There were rotas in place to provide 24 hour support to the eight people in the supported living accommodations and also for the people who received scheduled visits as part of the home care service.

One staff member told us, "They [management] have taken on at least five [support workers] across the service". Another said, "Yes there are enough staff, and we work well as a team". People knew who was visiting them in the community as they had a regular team of staff. One person said, "Each week I get the same person [staff member] who comes in, I know them all though, they always shadow first, so I would have met them before. Very rarely they are late, but it's the traffic it can't be helped".

There were safe medicine administration systems in place and people received their medicines when required. Medicines were stored securely, with appropriate facilities available for temperature sensitive medicines. Staff had access to a detailed medicines policy and procedures to follow in the event of a medicine error. This guided staff on actions to take so they felt supported and sought the appropriate advice. The registered manager told us that they had identified a high number of missed signatures on Medicine Administration Records [MAR]. The service had taken action to improve this by allocating one member of staff who was responsible for undertaking weekly checks on MAR charts. Where particular staff had been identified as needing to improve their practice, additional training was provided, and the importance of accurate documentation was discussed in team meetings. This reduced the risk and helped staff to improve their practice.

"Easy read" sheets were in place to help people to understand the medicine they were taking, for example, a photo of what the tablet looked like and what it was for. Information had been obtained from reputable sources in relation to mental health medicines, which described the possible side effects people could experience so that staff were aware.

We checked the procedures for the recruitment of staff. Staff we spoke with, and records we reviewed, confirmed Disclosure and Barring Service (DBS) checks [which provide information about people's criminal records] had been undertaken before new staff started work. However, when we checked staff recruitment files, we found that one had no references from a previous employer to validate that they had been previously employed. In another staff file there were no previous employer references and gaps in employment history. We discussed this with the team leader, who immediately investigated this. They told us that they had recently undertaken an audit of recruitment files, and that it was highly likely that the staff member's references had been mis-filed. They immediately requested references from the previous employer, and later confirmed with us that these had been received. Providers need to operate robust recruitment procedures including identifying where there are gaps in employment, and providing an explanation where this is the case. The registered manager and team leader took prompt action to address the issues we raised, and reassured us that they will audit all staff files again.

Good

Is the service effective?

Our findings

Staff received regular training relevant to the needs of the people they were caring for, such as medicines, Mental Capacity Act, positive behavioural support, and diabetes. This resulted in staff feeling confident to identify areas of risk and carry out their role confidently. Staff told us that they were supported to develop their learning. One staff member said, "The amount of training you do is good, all staff are supported as much as they could be". Another said, "Training here has been spot on. They [provider] are really good. They booked me on sensory awareness training, to help me with some people who have problems with their vision". This training provided staff with a practical experience of how it felt to be visually impaired, and from this staff adapted their practice to allow more time to support people with tasks.

Each staff member had an induction on commencing employment at the service and shadowed staff to gain knowledge of the role. One staff member told us, "Brilliant induction, so supportive, I really feel part of the team". Another said, "Two weeks of shadowing when I started. It helped me get a good knowledge of the people I would be supporting. I was able to get to know them, and what approach to use". We also observed this in one of the supported living properties, where one new member of staff was given time to observe interactions and take time to get to know people, so trust could be established. One person told us, "They [staff] know what they are doing. They come into my home and I feel confident they will look after me properly". Another said, "They meet my needs well".

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. One member of staff told us, "The care certificate folder continues over your six months probationary period, it provided me with all the basic training. The aim is to complete this within the 6 month probationary period". Staff told us they felt valued and supported in their roles, and received regular supervision sessions. These sessions focussed on providing a forum to discuss their progress, reflect on their work, and identify training needs.

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's care records made reference to the principles of the MCA, people's current mental capacity status and their ability to make decisions. These were clearly documented, together with any best interest decisions which were in place. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Staff understood the importance of adhering to the principles of the MCA. One staff member said, "It's very important that we ask people before we start doing anything. People have the right to refuse". Another said, "We know the people who have best interest decisions in place. It's about getting consent from the person, not just doing it [helping with a task]".

The support people received with their meals varied depending on their individual circumstances. Records showed that people's dietary needs were monitored and met when required. People were supported to prepare food and maintain a balanced diet. Staff in one of the supported living properties told us how people have a menu plan and they try to encourage healthy eating, for example, when they go shopping, showing people the fruit and vegetables on offer to them. They told us this had resulted in many people consuming healthier options. A person receiving care at home told us, "The staff are very good at preparing my food, and they get me fish and chips as a treat sometimes if I ask them to".

People had access to health care services and received on-going health care support where required. People were supported to see a range of health and social care professionals when they needed to. People had also been supported to access more specialist services, such as speech and language therapy and dieticians. People's records contained a 'Hospital passport' or 'Grab file' which were very detailed and contained important things about a person that others may not know [For example, if going into hospital or to another service]. Information included things that were important to people, their routines, behaviour strategies, and food and drink preferences. These enabled other professionals to understand the most effective ways to support people, and make them feel comfortable when they were in an unfamiliar setting.

Good

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff providing their care. One person told us, "I didn't know there were such lovely people out there". Another said, "They [staff] keep me going, always with a cheerful smile. They [staff] are a great bunch".

We observed kind and respectful interactions, where people were given time to express themselves fully. Staff knew people well, including their likes and dislikes, and how they liked to be cared for. People appeared relaxed in the company of staff, who were highly motivated to provide care that was kind and compassionate. One person said, "I get on well with all the staff. I love my home here". A staff member said, "We [staff] all go out of our way to help the people we care for. I feel as enthusiastic as the first day I started this job". Another said, "We [staff] are lucky to be doing this job, it's very rewarding".

We looked at people's care plans and found information that told staff their choices and preferences. People we spoke with told us they were actively involved to ensure that the care and support they received met their individual needs, goals and aspirations. Following reviews of the care plans any action or changes were addressed to ensure people's choices and decisions were achieved. The atmosphere in both of the supported living services was homely, enabling and friendly. People spoke about all of the staff in a compassionate way, and staff clearly enjoyed their work.

Information about advocacy was available to enable people to have a stronger voice and support them to have as much control as possible over their lives. People were supported to express their views and were involved in the care and support they were provided with. For people in supported living, we saw that regular "House meetings" were arranged so people could discuss and raise any issues they had. We saw that discussions were acted on, and the minutes of these meetings showed that actions were taken forward.

People were supported to be as independent as possible and care plans detailed how people liked to live, and how to support them to achieve this. People's privacy and dignity was promoted and respected. Care records made reference to the importance of ensuring people's care was individualised and their privacy maintained. This included when people were participating in community activities, for example, swimming. Reference was made to ensuring privacy and dignity was maintained whilst the person was changing their clothes in a communal area. The service was also developing "Dignity action plans", which would further support an individualised description of people's needs.

People's personal information was kept securely. One staff member said, "We [staff] ensure information is kept locked away. Anything that needs to be shared is only shared with the person. "When they need to share it with others [such as health professionals] we would inform the person".

Good

Is the service responsive?

Our findings

People told us they received care which was responsive to their individual needs. One person told us, "Staff know me well. They help me achieve things, and know what I like and don't like. All of them [staff] are good". A relative told us, "All the staff are very capable. They know what they are doing, and they know people well".

People told us they were involved in developing their care plans. Care plans were detailed, well laid-out, and easy to read. The plans covered all aspects of the person's needs, their support network, likes, dislikes, and usual routines. The service worked collaboratively with people to ensure their needs and preferences were known. The description of tasks clearly explained what staff should do to meet the outcomes for the person. For example, care plans detailed very clearly people's routine for the day, including what time they liked to get up, the days they would like a lie in, how long it takes them to get ready, and how they accessed the community. Some people had written their own care plans, including the daily notes of what they had been doing that day. A staff member told us, "Although the writing can be difficult to read, they [staff] value them as a person by not typing it up, which could take away their achievement in completing it themselves". This demonstrated that people were given choice and control over their care, and were encouraged to be fully involved in the creation of their care plans.

People's goals and aspirations were also included in their care plans. These included personal interests, education, activities and hobbies, and an action plan to review progress. The action plans showed that people had achieved their goals. These included growing vegetables, horse riding, attending a night club and going on holiday. Monthly outings to a local nightclub were arranged for those wishing to attend, in addition to short holidays. The most recent was a break to a large amusement park, and included the people receiving domiciliary care at home. One person told us, "I was invited to the Christmas fair. It's lovely having staff who are concerned and interested in you". People were encouraged and supported to maintain relationships with people that mattered to them. This was often referred to in care plans, for example, undertaking activities with family members. A relative told us, "I'm always made to feel welcome. The staff involve me in [person's] care as much as I want to be".

People's views were listened to in "House meetings" which took place in the supported living part of the service. We saw from minutes of meetings that everyone was asked for their views on topics discussed, and also any other items anyone wanted to raise. Feedback forms and comment cards were given to people receiving care at home, and people told us that they were asked regularly how they felt about their care.

The service had a complaints procedure for people, relatives and visitors to raise concerns. Complaints were logged and action taken in response to complaints, which was clearly documented and addressed promptly. The management team told us told us that complaints were received positively, taken seriously, and used as an opportunity to learn and improve. All staff carried complaint/comment cards so they could quickly gather information if a person raised a concern. Staff told us this had been effective and several people had made comments relating to the service which was encouraged. One person told us, "Everything is entirely satisfactory. If I needed to complain I know how, and they [management] would listen".

Good

Is the service well-led?

Our findings

People benefitted from a service that was well-led. The service had a friendly, open and person centred culture. The two registered managers' [Supported living and domiciliary care] understood their responsibilities and demonstrated a commitment to providing care which was effective and compassionate. They worked closely to efficiently manage the two parts of the service. They told us how they had supported people to transfer from supported living, to living more independently in the community, and how rewarding it was to see people progress in their lives. The registered managers' felt supported by the provider, and attended quarterly managers meetings to discuss any issues and receive updates in relation to the organisation as a whole.

There was openness and transparency within the service, resulting in a 'no blame' culture, where staff were confident to question practice, and report concerns. Communication between the provider, management, care staff and people who used the service was good. The Team leader we spoke with was approachable and equally committed to providing a high quality service. Staff members said they attended regular meetings and received the training and development they needed to be confident in their roles. They told us they felt well informed about the service, their responsibilities and areas for continued improvement. One staff member said, "I feel valued by the management team. They are very approachable whatever the issue is, they will listen". The provider's vision and values were embedded within the staff team, who spoke about how rewarding their roles were, and how they were prepared to, "Go the extra mile" for the people they worked with. One staff member said, "We all go out of the way to help our customers, they come first, not the staff". Another staff member told us how they would not miss a visit to someone living at home, "We don't miss visits, we get there through all weathers".

The registered managers had systems in place to monitor the quality of the service and to identify areas for improvement. Audits included MAR charts, spot checks on staff, annual competency assessments and incident/accident reporting. Themes and trends were identified, and shared with all staff in team meetings. Peer reviews were also carried out by locality managers within Leading Lives. The process involved checks on record keeping and governance of the service by a manager not working within the service. This provided an independent evaluation of how the service was working, and feedback was provided to identify any areas for improvement. This was seen as a positive approach by the management team, and resulted in actions being taken, such as improved record keeping. The findings from these visits were also sent to the operations director with an action plan, so they could monitor progress.

People were at the heart of the service. The management team sought the views of people who used the service, relatives, and staff, through surveys, feedback forms, and care reviews. The recently completed surveys we reviewed showed mainly positive feedback from people. The results of surveys were discussed in team meetings to ensure information was shared throughout the staff team.

The service worked in partnership with various organisations, including the local authority and mental health services. They attended dignity, infection control and health forums, to ensure they were following correct practice and providing a high quality service to people. There was good liaison with health

professionals, such as diabetic nurses, who had been invited to team meetings to talk about best practice. The management team and provider demonstrated a passion for providing a high quality service, which continually developed in order to meet people's individual needs.