

# Havencare (South West) Limited

## Supported Living

### Inspection report

Victoria Commercial Centre, Station Approach  
St Austell  
Cornwall  
PL26 8LG

Tel: 07477146513  
Website: [www.havencare.com](http://www.havencare.com)

Date of inspection visit:  
16 January 2018  
17 January 2018

Date of publication:  
01 March 2018

### 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

Supported Living (Cornwall) is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing 24 hour supported living services to four people. A supported living service is one where people live in their own home and receive care and support to enable people to live in their own home 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission 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.

We carried out this announced inspection on 16 January 2018. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People were extremely satisfied with the quality of the service they received and the caring approach from staff. People said about the service, "Staff are good", and "They are the best support workers I've ever had. I'm just so glad I met them."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

People were supported by dedicated teams who were employed to work specifically with each person using

the service. People told us they were never supported by someone they did not know. People told us "Staff in my team do a brilliant job." Some people were involved in the recruitment of staff in their teams.

Staff were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly.

People told us they had "never" experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

There were processes in place to protect people and the security of their home when they received personal care, for example having access to personal protective equipment and carrying identification. People had a copy of the staff rota so they knew who would be delivering their care and aware of who was due to call upon them.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a shared team culture, the focus of which was how they could do things better for people.

People and relatives all described the management of the home as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Supported Living

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 16 January 2018 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting or contacting them. This was to help them prepare for our contact. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 16 January 2017 and ended on 17 January 2018. We visited the office location on 16 January to see the manager and office staff; and to review care records and policies and procedures.

We used a range of methods to help us make our judgements. This included visiting two people in their homes and talking with one person by phone. We spoke with two relatives, eight care staff and two team leaders. We pathway tracked three people, (reading care plans, and other records kept about them), and reviewed other records about how the service was managed.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe receiving care and support from Supported Living staff. People's comments included; "I do feel safe," and "The staff look after me really well." People's relatives echoed this view.

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, such as use of equipment.

We found that individual risks had been identified and appropriately managed for each person. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as, moving and handling and falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe.

Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the service's safeguarding policy and found it to be satisfactory.

There was equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff, people and their relatives felt the systems were robust. The person, along with staff, developed a care plan that specified how they wished to be supported in managing their money and how it would be monitored. This also showed consent had been gained by all parties.

Some people were involved in the recruitment of their staff team. This meant they were involved in selecting staff to work with them. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the follow up of two references.

The service had robust and effective procedures in place to ensure that all planned care visits were provided. People had different ways of knowing who was supporting them. One person had a written rota for the month which identified who would be supporting them at particular times. Another person showed us their 'washing line' where they 'pegged' the staff members photograph on each day of the week to show who would be supporting them. People told us they were never supported by someone they did not know.

The practice leaders across the whole organisation operated an on call system outside of office hours. Care staff told us they responded promptly to any queries. People and relatives told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and what action should be taken was identified.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Where the service provided support to people with particular health conditions, the dedicated staff team were trained in administering particular medicines. The training was provided by an external specialist health professional with expertise in this area of care, for example the treatment of epilepsy.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

## Is the service effective?

### Our findings

People told us that care staff met their care needs in a competent manner. Comments received included; "Staff are good." Relatives also echoed this view.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

The service had not commenced any new packages of care since the last inspection. However the organisation had a process in place so that when a new placement was considered the practise manager would assess the person's needs and discuss how the service could meet their wishes and expectations. From these assessments care plans would be written with the person, to agree how they would like their care and support to be provided.

Care plans identified what support the person needed from staff. For example support with personal care, domestic tasks, travel to particular venues and help with food preparation.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own.

New members of staff either were in the process of, or had completed, the care certificate alongside their induction. We spoke with a staff member who had recently started work at Supported Living and they confirmed that their induction and training had been "Very good." All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, medicines, epilepsy and specific health conditions. Staff told us; "There is ample training, it is coming out of our ears" and "Training never stops."

Staff received regular supervision and annual performance appraisals. Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. Team meetings for each person were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share



information about people's care needs and discuss any changes within the organisation.

Staff felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Records showed Supported Living worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example in the management of epilepsy care.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and the learning disability Intensive Support Team to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. We saw staff asking people what they wanted to do next and respecting the person's decisions. This showed that people made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. People complimented Supported Living staff on the caring and compassionate manner in which they provided support. People's comments included "The staff in my team do a brilliant job", "Staff are brilliant" and "Staff are great." Relatives were also complimentary about the support that they and their family member received from staff. One commented "They are one of the better providers in care" and "The care is very good, I'm really pleased."

People received care from the same team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. People commented "They are the best support workers I've ever had. I'm just so glad I met them." Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could build lasting relationships.

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights.. Support planning documentation used by the service helped staff to capture information about individuals diverse needs and preferences. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

Family members reported that they were confident their relative received consistent care and support which did not discriminate them in any way. One commented, "[Staff name] is excellent, he knows my brother off to a tee. Staff really care and are really interested in [family member's name]." This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job" and "It's great to see [person name] grow in confidence and now we are looking at [person name] getting some work. The change is brilliant."

People's relatives told us that staff were respectful of their input as they recognised how important their role was to the person they supported. Relatives told us that staff always consulted with them and had provided them with practical and emotional support where they could. For example, one relative told us that, following a particular difficult visit, care staff "Gave me a hug before I left" and phoned the following day to check on their well-being. This also provided an opportunity for care staff to reassure the relative that their family member had settled. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

The practice leader visited each person on a weekly basis to give them the opportunity to share their views of the service. People told us about these visits and clearly enjoyed meeting the practice leader. Paper

versions of people's support plans were held in their home and these were also stored electronically. The service had arranged for internet access, with people's permission, in their home. This meant that people could access, some independently and others with staff support, their electronic support plan and their staff rota.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans outlined details of people's routines at various points throughout the day. For example, the morning routine, lunch and evening routine. They specified, not only what caring interventions were needed, but if household tasks were also needed to be completed and by who. For example, some people needed assistance from care staff to encourage them to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. For example one person wanted to learn more about vehicles and successfully gained a two year pathway to employment course. This helped the person experience the working environment. From this the person gained a motor vehicle qualification. During visits to people's homes we were told they had been out for various parts of the day to work, day centres, walks, and one person was planning to go out for a meal in the evening.

The service had formulated a one page profile of the person on the front of their folder which gave staff 'headlines' in how the person wished to be supported, preferred method of communication and some background information including the persons hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them.

Care planning was reviewed regularly and whenever people's needs changed. People told us they knew about their care plans and managers would regularly talk to them about their care. One person showed us their care plan on the electronic system which demonstrated that they were comfortable accessing information about themselves in this way. Completed daily care records were also recorded on this system. They were reviewed by managers as part of the persons care review process and part of the service's quality assurance processes.

Daily care records evidenced the details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. One person told us "Staff go through my care notes with me to check that they are ok. I agree with what they write."

Staff were knowledgeable about people who sometimes acted in a way staff could find difficult to manage. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put

themselves or others at risk. This meant staff had access to personalised guidance to best meet individual's needs and help keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate. A relative told us staff were skilled at managing their family's member distress and were able to support them in a consistent manner until their anxiety lessened.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They had implemented 'easy read' (pictorial) formats of certain documents to provide information in a more meaningful way to people. For example, we saw easy read guidance on when to take your medicines, how to take it and how to store it. Another example was information on managing finances, including what does a standing order mean, how does it work and how to change it. These documents assisted people to have a greater understanding in tasks that they were completing.

The service had a complaints procedure. People, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered manager said when a complaint was made the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred.

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager oversaw three Supported Living locations: Cornwall, Plymouth and Devon. The registered manager visited the Cornwall office weekly. Since the last inspection they had introduced the role of practice leaders who oversee the care provided in people's homes. In each person's home there was a dedicated team of staff which comprised of a team leader and care staff. Each team had regular team meetings and care plan reviews ranging from monthly to three monthly dependent on the persons needs and wishes.

The Executive leadership team met monthly. This included the registered manager, chief of finance, human resources(HR) and Chief Executive Officer (CEO). The registered manager also met with the CEO and HR weekly to update on all the locations. The finance team met with practice leaders monthly. The aim being that practice leaders would manage their own budgets in the future.

The practice leaders from across the organisation met monthly to discuss care practice. The practice leader for Cornwall was continuing to gain qualifications and was working toward their diploma level 5 in Health and Social Care. One of the roles of the practice leader was to be part of the on call rota. Due to the practice leaders meetings they were knowledgeable about the people they supported. From information gathered on the persons one page profile, they were able to advise care staff, or answer queries to ensure the person continued to be supported in their preferred way.

People and relatives all described the management of the service as open and approachable. Comments from a relative included, "Everyone is approachable, even the CEO."

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love the job", "It's a great company" and "I have been 100% supported. The managers are lovely, compassionate and brilliant."

The registered manager, practice leaders, team leaders and care staff told us they had a strong and positive working relationships and recognised each other's strengths. The management structure in the service provided clear lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The registered manager told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. People, and their relatives, were encouraged to provide feedback on the service they received. People and relatives told us they would have no hesitation to approach staff to make suggestions about the service. However they said they could not currently think of any improvements needed.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. Every month they had a 'Staff Performer' which was nominated by staff. We saw letters sent to staff members where their work had been recognised and praised.

The registered manager said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs. For example supporting people to improve their diet. This ensured people's needs were met in line with best practice.

People, relatives and staff told us they were involved in developing and running the service. Their views were sought out and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered provider told us it was "imperative" to get views from people, relatives and staff on how the service was run so that any areas for improvement would be identified and considered to enable the service to continually improve.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The service records were well organised and staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager was aware of their accountability and had contacted CQC appropriately.

The registered manager and other managers ensured that their work practice was kept up to date in line with best practice. They were members of organisations such as British Institute for Learning Disability (BILD) challenging behaviour foundation, Social Care Institute for Excellence (SCIE), National Institute for Clinical Excellence (NICE), and the restraint reduction network. This enabled them to keep abreast of any developments in the caring sector.