

Independence Matters C.I.C.

Norwich Supported Living

Inspection report

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21 February 2019

22 February 2019

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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: Norwich Supported Living provides care and support to people with learning disabilities. At the time of the inspection it was providing support to 15 people who used the regulated service. This service provides care and support to people living in "supported living" settings so that they can live in their own home as independently as possible.

People's experience of using this service:

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm
- Individual risks to people were assessed and managed to keep people safe.
- Medicines systems were organised and people were receiving their medicines when they should.
- The service was very person centred and assessed people's needs and individual preferences.
- Staff told us that the training they attended was good and gave them the skills and knowledge they needed to support people.
- Health care professionals such as district nurses, the GP, and dietician had been involved in people's care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported to express their views and staff were knowledgeable about people's preferred communication methods.
- People were supported to pursue their own hobbies and interests.
- People were supported at the end of their life
- The service was well led and managed.
- People and staff were very positive about the management of the service and particularly about recent changes.
- The views of people and staff were actively sought by managers to develop and improve the service for the future.
- The service had links with the local community to enhance the lives of people using the service.

Rating at last inspection: At the last inspection the service was rated good. (4 July 2016)

Why we inspected: This was a scheduled, planned inspection based on the previous rating.

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.

Norwich Supported Living

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service provides care and support to people living in "supported living" settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provides support to 15 people who receive a regulated service in three houses. Each person has their own room and shared communal areas such as kitchen, living room and dining room. Staff provide support on a rota basis, including cover at night.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the "registered manager" throughout the report. The registered manager was supported by team managers in each house.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit was completed on 21 February 2019, phone calls to staff were completed on 20 February 2019 and phone calls to relatives on 22 February 2019.

What we did:

Before the inspection we looked at all the information that we had about the service.

- ☐ This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- ☐ We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- ☐ We also contacted professionals working with the service for their views.

During the inspection

- ☐ We spoke with the registered manager, two team managers and four staff
- ☐ We spoke with two people who used the service and two relatives.
- ☐ We reviewed three people's care records
- ☐ We looked at the medicine administration records (MAR) and supporting documents for four people.
- ☐ We looked at records relating to the governance and management of the service.
- ☐ After the inspection we asked the Registered Manager and team managers to send us further documents which we reviewed. These were received within the agreed timescales.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ People and their relatives told us that they felt safe using the service. One relative told us, "Absolutely, more so now than ever, had one or two accidents and they have put in place what they can, its superb."
- ☐ Staff told us that they had received training in how to keep people safe. They understood the different types of abuse and knew how to report concerns.

Assessing risk, safety monitoring and management

- ☐ Risks associated with people's care had been identified and assessed. Measures were in place to provide guidance for staff on how to manage and minimise risks.
- ☐ People had risk assessments in place for things such as medicines, falls, being home on their own, eating and drinking and in relation to specific activities that they took part in such as massage or for specific health conditions such as epilepsy.
- ☐ Risk assessments included enough information for staff to enable them to manage risks. For example, moving and handling risk assessments contained photographs and information about all specialist equipment required and pictures to show how a person should be positioned.

Staffing and recruitment

- ☐ People and their relatives told us that there were enough staff to meet their needs. One relative told us, "I don't go over a lot but there are always enough staff when I've been around"
- ☐ We could see from the records that there were procedures in place to help protect against employing staff who were unsuitable to work in the service.
- ☐ Managers matched the rotas against the hours that each person was commissioned to receive support. Staffing incorporated both "core hours" shared amongst people living in the same house, and one to one hours to enable people to be supported in activities in the community or pursue their own hobbies and interests.
- ☐ If people's needs changed, the manager approached the funding authority for a review of people's support to make sure that they could provide enough staff to meet people's needs.
- ☐ Managers encouraged staff to work flexibly across the houses so that they could all help with covering staff absence and providing a consistent service as familiar with each person's needs.

Using medicines safely

- ☐ Medicines management systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ Staff were trained in the administration of medicines and could describe how to do this safely. One

member of staff told us they, "Check MAR, check name, check medicine and dose, check the label, pop out the medicine, give the medicine to the customer and make sure they take it, then sign the chart"

- ☐ Records included a picture of the person along with their name at the front of the file to ensure that people were given the correct medicines.
- ☐ There was guidance for staff on how people liked to be supported with their medicines.
- ☐ There were separate protocols for 'as required' (PRN) medicines and these were personalised.
- ☐ Following a period of several medicine errors, procedures had been recently reviewed to introduce more robust auditing procedures to ensure people received their medicines as prescribed.

Preventing and controlling infection

- ☐ Staff had been trained in how to prevent and control the spread of infection.
- ☐ Relatives told us and we saw on our inspection that the houses were always clean and well maintained.

Learning lessons when things go wrong

- ☐ We saw that accidents and incidents were recorded and monitored by the managers.
- ☐ Trends were identified and people's care plans and risk assessments were reviewed as necessary to keep people safe

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

Good: 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 service was very person centred and assessed people's needs and individual preferences.
- ☐ The service was keen to involve everyone in all areas of daily living and promoted everyone's ability to get involved in their local community.

Staff support: induction, training, skills and experience

- ☐ There was a comprehensive induction pathway for staff that included the provider's mandatory training. Staff new to care completed the Care Certificate. This is an industry recognising training programme for staff working in health and social care.
- ☐ Staff attended "Little things that matter" training which included an overview of providing support to vulnerable people. As part of the training staff were given the opportunity to experience what it is like to be supported, for example being in a wheelchair, being supported to eat and drink or having impaired vision.
- ☐ Staff told us that the training they attended was good and gave them the skills and knowledge they needed to support people.
- ☐ The service used some agency staff and there were procedures in place to ensure that these staff had a basic induction and were competent and familiar with the needs of people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ Staff understood people's needs and preferences in relation to nutrition and hydration.
- ☐ For people at risk of malnutrition, separate assessments had been carried out and they were monitored for how much they were eating and drinking.
- ☐ Nutrition and dietetic care plans provided guidance to staff on how to support people with eating and drinking.
- ☐ Staff described how they supported people to make healthy choices in their daily meals and involved people in preparing their own food as part of developing independent living skills.

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

- ☐ People were supported to access health care professionals when necessary.
- ☐ We could see from the records that health care professionals such as district nurses, the GP, and dietician had been involved in people's care.
- ☐ Care plans had been amended according to the advice given by healthcare professionals and we could see this information was being followed.
- ☐ Healthcare professionals told us that staff contacted them if they had any concerns or needed to clarify

any advice.

- The dental nurse had been asked to come into speak to staff about how to support people with oral care and cleaning their teeth.

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 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.
- We checked whether the service was working within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had a good understanding of the MCA and could describe how to support people to make decisions.
- We could see from the records that separate mental capacity assessments had been carried out in relation to all care tasks for example going out in the community, finances and medicines.
- If people did not have capacity to make decisions for themselves, there were records of best interests decision making meetings. Where necessary, these involved relatives and other professionals.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People told us that staff were kind to them and treated them well. One person told us, 'I do knitting and staff help.' A relative told us, 'staff know [person] extremely well.' A member of staff told us they, "Find out how [people] want to be treated, treat everyone as an individual and treat them fairly."
- ☐ Staff told us that they have time to build relationships and get to know people. A member of staff told us, "When they have visitors you learn a bit more...you are always learning something new about people."
- ☐ Staff told us that they try to ensure that everyone is included in being supported both during core support as well as ensuring one to one time. One member of staff said, "If someone [staff] is with a [person] and I notice another [person] hasn't got time with [staff], through observing and working as a team we make sure everyone gets their needs met."

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

- ☐ People were supported with communication skills. One person communicated using their own sign language. A member of staff had worked with this person to take photographs of them using the signs and put together a book for the person to help other people learn how to communicate with them.
- ☐ A shopping list book had been created in one of the houses with pictures of all the common items that the people bought in their weekly shop. The pictures had a sticky back so that people could select the pictures of the items they wanted to buy and then stick them onto a removable sheet to take it with them when they went shopping to use as a shopping list.
- ☐ Staff told us that if people could not communicate verbally they learned to understand them by watching their expressions and body language.
- ☐ People could choose who they lived with. The managers told us that when a room becomes vacant in the house they try to match new tenants to the lifestyle of the existing tenants in the house. New tenants visit first to meet the other people living in the house, they have trial stays and people are asked their views about the new person before a decision is made.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff had a good understanding of how to promote people's privacy.
- ☐ Staff described how they supported people to be as independent as possible. One member of staff said, "if they can't do completely for themselves I find a way for them to do some of the task."
- ☐ A dignity champion role has been created for each house to take a lead on promoting dignity within each house. The team manager told us that a dignity day was planned the month after the inspection which dignity champions would attend, along with people using the service to ensure that people's voice was heard and learning would be fed back to the team.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People using the service had individualised support plans which gave details of their lifestyle and preferred activities and hobbies. People had one to one time with staff to enable them to pursue their interests.
- ☐ The service has an earning and learning pathway which encourages and supports people to do either paid work, voluntary work or learning that would give them the skills to work towards work in the future.
- ☐ The registered manager told us that they were introducing the "Gateway Assured programme" which would help staff understand how to support people to develop skills and behaviours they need to work.
- ☐ People were supported to attend day centres where they could work as part of social enterprises that supported people to develop work and life skills.
- ☐ People were supported to do charity work. One person was supported to deliver the church magazine to the houses near where they lived.
- ☐ Staff attended training that gave them the skills to intervene positively to support people with their behaviour. This was followed by specialist training which focussed on tailoring support to those individuals that required more specialist support. As a result staff could respond to people's individual needs when they supported them.
- ☐ We could see from the records that the service responded to changing needs. One person's needs had changed very rapidly and we could see from the records that advice from professionals had very quickly been incorporated into the person's support plan.

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure. There had been no complaints in the past year and two complaints in the previous year recorded in the complaints log. These had been investigated and dealt with appropriately.
- ☐ The people we spoke to and their relatives knew how to make a complaint and said that they would feel comfortable doing so.
- ☐ The managers used learning from complaints and comments from people to improve the service.

End of life care and support

- ☐ People were supported at the end of their life. One person had a "yellow folder". These are developed in partnership with healthcare professionals so that people can plan their care at the end of their life.
- ☐ One person had been supported to move from a house to a bungalow to enable them to continue to use the supported living service at the end of their life. This meant that they could continue to have support from staff that knew them and that they felt comfortable with.
- ☐ The team manager told us that they try to speak to people about end of life plans but people and

relatives find it a difficult subject.

- ☐ The managers told us, and staff confirmed that they plan to put in place more end of life training for staff to increase their confidence and skills in this area.

Is the service well-led?

Our findings

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

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

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

- ☐ At the time of our inspection there was a registered manager in place.
- ☐ There was an open culture within the service. Staff told us that the managers were supportive and that they could raise concerns with them and they were listened to.
- ☐ Staff were encouraged to work across different houses to create a cohesive team and consistent support for all people using the service.

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

- ☐ The service had recently been restructured and changes made to the leadership in the service to drive improvement.
- ☐ The registered manager was supported by team managers in each of the houses who had day to day contact with people and staff.
- ☐ Staff and people's relatives were positive about these changes and felt that this improved the service that people received.
- ☐ The registered manager told us that they were keen for staff to take pride and ownership of the service which would enable them to grow as individuals. They told us, "Staff taking ownership in what they are doing and problem solving as they go along makes things more efficient."
- ☐ Through personal and professional development, staff were supported to move into leadership roles.
- ☐ Team managers observed staff working in the service and had a clear performance management process in place to address concerns and told us how they had used these processes.
- ☐ Team managers had an auditing tool that they used to monitor the quality of care including support plans, finance records, medicines, personnel records and health and safety. Team managers also carried out audits of each other's services to ensure that they had an overview of all the services, creating an open culture.

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

- ☐ People could provide feedback on the running of their house via tenant meetings.
- ☐ Feedback was gained from people using the service through a survey. The results of this was used to create an action plan to address issues that were raised. For example, supporting a person to do some gardening and making sure that house meetings go ahead.

- Each staff team nominated a representative to a staff advisory board that enabled staff to feedback on organisational change. Recently this board had gathered feedback from staff on the introduction of new support plans and quality monitoring and as a result workshops had been set up to support staff in understanding the new record keeping procedures.
- Staff said that they attended regular staff meetings which they found helpful. We saw from the records that these focussed on communicating the needs of individual service users as well as discussing concerns and issues relating to improving the service.
- We could see from the records that people were involved in the recruitment of new staff and that their comments had been considered when making decisions about who to employ.

Continuous learning and improving care

- There were processes in place to enable managers to learn from mistakes and improve care.
- Where mistakes had been made or if issues had arisen, time was set aside in staff meetings to discuss the concerns and provide additional support and training for staff as necessary.
- Incidents and accidents were recorded and managers reviewed these and put actions in place, including where patterns were identified, either for the service or for individuals.
- At the time of the inspection, the registered manager had just reviewed the format of people's support plans to make them more person centred and to also incorporate consent and mental capacity assessments into the plans.
- The registered manager planned to do more work to help people focus on learning and education through the "Gateway assured programme". They hoped this would enable people to focus on particular areas of their life such as social skills, independence or learning for work.

Working in partnership with others

- The service worked in partnership with other organisation to support the people using the service. For example, they had made links in the community with local shops, cafes and services such as the library. As a result of these links, people had developed friendships within the community and managers liaised with representatives from organisations in the community to keep people safe.
- The team managers told us that they were making links with organisations in the community that could support people in voluntary or paid work.