

Luton Borough Council

# Supported Living Service

## Inspection report

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26 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Supported Living Service is a domiciliary care service located in Luton. The service provides care workers to assist adults over the age of 18 years old with care in supported living accommodation. The people who use the service experience learning disabilities and/or physical disabilities to varying degrees.

People's experience of using this service:

The service applied the principles and values consistently 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.

The manager monitored the quality of the service through audits and feedback received from people and relatives. Audits and checks were also in place from the providers management team to ensure best practice. However, we found that accidents and incidents were not reviewed on a regular basis. The manager confirmed that this would now be regularly audited. A safeguarding raised during the inspection was not appropriately responded to by one part of the management team.

Care plans were developed when people started using the service, risk assessments were developed for each identified risk to people`s health and wellbeing. However, we found that care plans contained conflicting information and where people's needs had changed old guidance could still be found in the care plans. Where changes had occurred, these were not always clearly documented to show why the changes had occurred. Staff understood peoples care needs, documentation in care plans needed improving. We spoke with the manager about the issues found and they will be reviewing these issues.

People told us they felt the care and support they received was safe. Staff received training in safeguarding and they knew how to report their concerns internally and externally to safeguarding authorities.

Staff received regular training, the manager observed their practical knowledge and competencies. Staff received appropriate training to meet people's needs.

People and relatives told us they were happy with the care provided by Supported Living Service.

People and relatives told us the manager and staff were approachable and listened to their concerns when they raised issues with them. Concerns or complaints were recorded and responded following the provider`s complaints policy.

People and relatives told us staff were kind and caring. People`s dignity and privacy were protected.

Care plans were developed when people started using the service, risk assessments were developed for each identified risk to people`s health and wellbeing.

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.

Rating at last inspection: Good (report published 15 June 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Supported Living Service

## Detailed findings

### Background to this 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.

One inspector carried out this inspection with additional support from their Inspection manager. This service provides care and support to people living in eight 'supported living' setting[s], so that they can 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 service did not have a manager registered with the Care Quality Commission (CQC). 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. The provider had a new manager starting in June, we were told they will apply with CQC to be registered for this location.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the manager would be available.

The inspection started on 20 February 2019 and ended on 26 February 2019. The day before we visited the office we contacted staff and relatives by telephone to explore their experiences. We visited the office location on 21 February 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection:

We spoke with the registered manager, the learning disability manager and the senior. We reviewed care

records and other documents relating to the service. We also visited a supported living service to meet people and staff. We gathered information from three care plans which included all aspects of care and risk. We looked at other relevant documentation such as records of accidents, incidents and complaints.

Following the inspection:

We reviewed information we requested such as training documents. After the office inspection we visited three supported living services to talk with staff and people. Overall, we spoke with five staff, five people and two relatives.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would report any concerns to my manager." Staff understood how to escalate concerns if required.
- People felt safe at the service. One person told us, "I like living here." A relative said, "[Name] is safe there, they are well looked after." Another relative said, "[name] is absolutely safe, they are looked after extremely well."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed annually or whenever there were changes to people's needs. Staff received appropriate training and competency assessments to ensure the care people received was safe.
- People's risk assessments gave guidance to staff in how to mitigate risks in areas such as moving and handling, medicines and other identified risks to people's well-being.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, one person who required support with their mobility had appropriate equipment in place that supported and promoted their independence.
- People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in an evacuation.

Staffing and recruitment

- Staffing levels met the needs of people using the service. People and relatives told us they felt there were enough staff to meet people's needs. One person said, "Staff are always here."
- The provider had safe recruitment procedures and checks in place to ensure that staff employed were suitable to work at the service.

Using medicines safely

- People's medicines were managed and stored safely. We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately. Staff received training and protocols were in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines as prescribed.

### Preventing and controlling infection

- Staff used personal protective equipment such as gloves and colour coded equipment such as mops and cutting boards to ensure good infection control. One relative said, "The place is always clean."

### Learning lessons when things go wrong

- Risk assessments and care plans were updated after accidents and incidents to ensure measures in place were effective.



# 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

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

- People's needs were assessed before they started using the service.
- The registered manager confirmed, they discussed people's care and support needs to ensure these could be met.
- Assessments included people's choices and preferences.
- Care plans contained information about how to support people's needs, these were reviewed annually or when people's needs changed.

Staff support: induction, training, skills and experience

- One relative told us, "Staff are all excellent here, [name] is really well cared for."
- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing with experienced staff members.
- Staff told us training included moving and handling, administration of medicines and safeguarding people.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles.

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

- People were supported with food and they had regular meetings to discuss what they would like to eat. Where required pictures were used to support people to make choices.
- People were supported with healthy eating options and guidance in this area. One person said, "I like helping with the cooking."
- Staff and the management team worked well with other professionals to ensure that people received appropriate care. Records supported this.
- Staff knew what to do should they needed to contact professionals such as GP's if required.

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.
- Staff sought people's permission before supporting them. One person said, "Staff are nice to me, they listen to me." People's private rooms were personalised to their taste and people were involved in making

these choices. One person said, "I chose the colours of my walls and I picked my furniture.

- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

# 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

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 staff were kind and caring, we observed staff communicated with people in a kind and respectful manner. One person said, "Staff are nice." A relative said, "We are all pleased with the care and the way [name] is looked after."
- One relative said, "Staff are fine and do their job, no problems with the care."
- People's cultural and religious beliefs were respected. People's care plans gave staff information about people's cultural and religious preferences. The registered manager explained we use the "Reach Principles" to ensure people have the same rights and responsibilities as any other citizen. The Reach Principles promote people's independence, choices and provided the support to help people achieve their goals.
- People's care plans were written in a person-centred way.

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

- Staff and management asked for people's views about their care.
- People confirmed they had house meetings to discuss any issues or ideas they might have. One person said, "We have a client meeting." Staff said, "We have tenants' meetings, we discuss food and what people want to do. People are supported to do what they want."
- Annual surveys were completed, and these confirmed people were happy with their support.
- People and relatives told us they were involved with decisions about their care.
- It was clear from people's care plans, they were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent. Where personal support was needed this was completed in a private and dignified way.
- People were supported to be independent. A relative said, "[Name] has become more independent there. They have been given the opportunity to develop. They are supported to do things on their own, staff take time to communicate to [name]."
- Staff told us they promoted people's independence. One staff member said, "I always offer people options that supports their independence." They went on to give examples of using pictures and showing different options.

# Is the service responsive?

## Our findings

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

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

### Personalised care

- People received care and support as they liked it. One person said, "I like to lay in on Saturdays and have breakfast about ten."
- Care plans detailed people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them.
- People told us they were happy with their care and support they received. One person said, "Staff help me go out, it's a nice place." One relative commented, "[Name] really loves it at [address] because [staff] look after them really well, they are treated very well." Another relative said, "They take [name] out a lot shopping and [name] really loves shopping. They also help with activities to support movement in their hands, they do tapestry to keep their hands moving."
- Where people were unable to communicate verbally, they made their needs understood to staff. Staff were able to give examples of the different ways people communicated and the meaning. One staff said, "We develop good relationships and you get to know what [people] want."
- People had appropriate equipment in place to support their independence, for example one person used a plate guard to support them with eating independently.

### Improving care quality in response to complaints or concerns

- People who could, told us they had no complaints about the service. One relative said, "We have no complaints at all, they are able to do a lot more now than they did before." Staff supported people to express their opinions and discuss any concerns.
- Relatives also told us that they thought the management team were responsive and that the communication was good.
- People felt they could talk with staff and staff developed relationships that supported them with identifying changes to people's moods or behaviour that would alert them when people may be unhappy. Complaints were responded to in line with the providers policies and procedures.

### End of life care and support

- Care plans showed that people were asked to think about their wishes in relation to end of life care. People were supported in the "my wishes when I die" document to think about a funeral plan and their preferences. Support was also available to make a will if required.

# 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

The service was not consistently well-led. The service did not have a manager registered with the Care Quality Commission. However, steps had been taken to resolve this; a new manager will start in June 2019 and apply to CQC to register as the manager for that service.

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

- We found that there had been an accident that required the provider to notify CQC. The manager had not reported this notifiable incident. We discussed this with the manager who confirmed they would send retrospectively.
- During the inspection, a safeguarding concern was raised to an inspector. This resulted in one of the management team speaking with the individual. They reported back that they did not feel this was a reportable safeguarding incident. However, another manager was quite clear that this needed to be raised. A safeguarding was raised but the manager had not demonstrated they recognise incidents of potential abuse.
- Audits were completed to ensure the quality of the service. Audits were completed on care plans, medicines, staff files and feedback received from people.
- Accidents and incidents were not reviewed on a regular basis, to review for patterns. This can promote early detection and prevention of issues that may be happening. This required improving.
- Care plan review dates were not always clear.
- Care plans contained old information that could be misleading. For example, in one care plan staff had updated information around the triggers for one person's behaviour. These updates were not carried forward to the next updated version in the care plans. Staff told us this was because they were no longer relevant. However, the care plan did not demonstrate why these updates were no longer relevant.
- We saw one person's care plan stated they had not had a seizure since 2016. We saw in the same care plan that this information was incorrect. The senior told us that care plans were in the process of being updated and still contained some old information. Staff were aware of people's needs however, the documentation needed improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Staff enabled people to take positive risks and keep as much independence as possible.
- There were clear plans in place for what to do in emergency situations such as a fire. There were contingency plans to run the service if the manager was unavailable.
- The management and staff team were all able to talk about their job roles and the impact that this had on people using the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The management team and care staff were passionate about providing high quality care and had a good understanding of their responsibilities.
- Policies and procedures were in place to promote best practice.
- Staff understood dignity and key areas of providing care to the current standards.
- There was a good atmosphere and culture at people's homes we visited. Staff developed relationships, they understood people and how to provide them with quality care.

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

- People and their relatives gave positive feedback about the manager and staff, they told us, "Staff are fantastic." Another relative said, "Management and staff are approachable."
- Staff felt supported by the management team and one staff member told us, "We are all close, we are a good team. We work as a unit, it's a great place to work."
- Regular meetings were held with staff and with people and their relatives. Actions were recorded and completed from these meetings.
- Information was available in easy read formats to suit people's preferences and communication needs.
- The provider regularly collected feedback from people and staff formally with questionnaires. Actions were put in place to improve the service based on this feedback.

Continuous learning and improving care

- Minutes of meetings with people, relatives and other professionals were used to continually improve the service.
- There was an emphasis at the service on improving staff skills and knowledge. One staff said, "The training is excellent." Another said, "I have the appropriate training, I am proud of my knowledge, I have come a long way."

Working in partnership with others

- The manager and staff worked with other professionals and the housing scheme manager closely to achieve good outcomes for people. We saw evidence of involvement from health care professionals and social workers to support people's needs.