

Legacy Supported Living Limited

Legacy Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

Legacy Supported Living provides care and support for people with a learning disability or autistic spectrum disorder, mental health and sensory needs and physical disabilities. The service provides care and support to people living in their own homes and flats in the community and 'supported living' settings, so that they can live in their own home as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was supporting four people, however only one person received support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The quality assurance systems and processes in place required strengthening to enable the provider to assess, monitor and improve the quality and safety of the service. The provider had not consistently implemented safe recruitment procedures and improvements were required to environmental risk assessments. The provider had not ensured that policies and procedures were in place for all necessary areas of the service. The provider took prompt action to rectify all the areas of concern identified during the inspection.

People's medicines were safely managed. However, systems to assess staff competency in medicines administration required improvement. We have made a recommendation about medicines competency checks.

Staff mostly received the training they needed to provide people's support appropriately and safely. We discussed with the provider action they could take to ensure staff received induction and training in line with best practice guidance. The provider sourced any additional training that staff needed to meet people's needs. Staff were provided with supervision and were well supported by the provider.

There was no end of life care being delivered at the time of the inspection. However, the provider's policies required further development to detail the support staff would provide to people in preparing for the end of their life.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's needs, and wishes were met by staff who knew them well. People were treated as individuals and were valued and respected. Staff ensured people's privacy and dignity was protected and spent time getting to know people. Staff worked creatively with people to maximise their independence.

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

The provider actively sought feedback from people, their families and staff to continually look at ways to improve the service and was receptive to ideas and suggestions. People were supported to be an active member of their local community and the provider was passionate about engaging with people with learning disabilities in the wider community.

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

Rating at last inspection

This service was registered with us on 14 May 2018, and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 ●

Legacy 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency and supported living provider. It provides personal care to people living in their own houses and flats. It also provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission, they were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to ensure staff were available to facilitate the inspection.

Inspection activity started on 31 July 2019 and ended on 9 August 2019. We visited the office location and one person at home on 31 July 2019.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted Healthwatch and health and social care commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Health and social care commissioners commission care from the provider and monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection, we spoke with one person who used the service. We also spoke with two members of staff, including the provider and support staff.

We looked at various records, including care records for one person. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and information about complaints management.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvements were required to the measures in place to assess the safety of people's home environment. The provider had not carried out comprehensive assessments of all environmental hazards that may affect people and staff in one of the supported living houses; no environmental risk assessments had been carried out. Although people had individual fire risk assessments and evacuation plans, no fire risk assessment of the environment had been completed. This was discussed with the provider during the inspection and following the inspection they provided a completed fire risk assessment.
- Risk assessments had not always been carried out in line with the provider's policies and procedures. For example, although the provider's lone worker policy stated that a lone worker risk assessment would be completed for staff, these had not been completed. The risks of lone working were discussed with staff during induction, but any risks specific to the individual member of staff had not been recorded.
- Staff had not always carried out environmental safety checks regularly. For example, smoke detectors in one of the supported living houses were scheduled to be checked weekly, however no checks were recorded for May 2019. We discussed this with the provider who added these checks to their audit schedule to ensure they monitored their completion.
- People had suitable risk assessments and care plans that addressed individual risks to their health and well being. These were detailed, reviewed regularly and contained sufficient information for staff to support people safely and appropriately.

Staffing and recruitment

- Staff recruitment processes needed to be strengthened and care taken to ensure these consistently provided assurance that staff were suitable to work in the service. The provider had not recorded information about any physical or mental health conditions which could be relevant to staff capability to safely perform their job role.
- For most staff there was no record of interview and explanations for gaps in employment were not recorded. The provider explained that prospective staff were interviewed by the provider and the people they would be working with if their application was successful. However, this interview was not recorded. Two staff application forms showed gaps in employment; the provider was aware of the reasons for the gaps and recognised the need for a record of this information to be held. Following the inspection, the provider produced a template for recording staff interviews, which they assured us would be used in the recruitment of new staff.
- References were requested from previous employers in the health and social care sector. However, where these were not forthcoming the provider had not completed a risk assessment to assure themselves of the staff member's suitability to carry out their role. A recent audit had identified these concerns, however

sufficient timely action had not been taken. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice has not been embedded.

- Criminal records checks were carried out before staff were allowed to work with people and the provider had a policy in place to update every three years. The criminal records checks we reviewed had been updated in line with the provider's policy.
- People told us, they received their care when they needed it and there were enough staff available to provide their support. They said that staffing was flexible and adjusted depending on their needs and choices.
- Staff told us people received the hours of support that had been agreed. One member of staff said, "People do get their commissioned hours, sometimes they get a bit more."

Preventing and controlling infection

- The provider did not have an infection control policy in place and staff had not received sufficient training in infection control. The provider told us that staff received health and safety training and training in handwashing had been delivered, however no training in the principles of infection control was provided. This was discussed during the inspection and the provider arranged for all staff to be enrolled on infection control training. They also undertook a review of their policies and procedures to ensure these covered all necessary areas.
- Where the service was responsible for this area of people's support, people's home environment was clean.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Using medicines safely

- People's medicines were safely managed. However, systems to assess staff competency in medicines administration required improvement. All staff received training in medicines administration and told us their competency was assessed before they administered medicines to people. However, this competency assessment was not recorded and there was no schedule for competency to be assessed regularly to ensure staff maintained safe practice.

We recommend the registered manager consults current guidance on assessment for staff who administer medicines.

- We saw medicines stock and records were monitored, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who provided their care and trusted staff to support them in a safe way. A person said, "Any problems we have people [staff] are here to help us."
- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for, that could indicate abuse. Staff understood how to raise any safeguarding concerns with external agencies. One member of staff said, "I've completed training, we report to the safeguarding team, they look into it and inform us of the outcome."
- A safeguarding policy was in place and available to people and staff. This contained the information people needed and was in a format appropriate to their communication needs.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The provider reviewed these to identify themes, trends,

learning and actions required to reduce risk to people.

Is the service effective?

Our findings

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

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

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

- People's needs were fully assessed before any care was agreed and delivered. The provider used information from the local authority who were commissioning the support and visited the person and their family to discuss their needs and expectations of the service. Support plans were implemented based on the findings of the assessment. However, the provider did not keep a record of their assessment meeting with the person. This meant they did not have an accurate record to enable reflection on the discussions that had taken place and care that had been agreed. This was discussed with the provider, they recognised the need to retain a written record of the assessment.
- The provider and staff used recognised good practice and guidance to ensure people's care was provided appropriately. For example; people's needs were regularly reviewed using recognised assessment tools and the findings of these reviews used to support people in the most appropriate way.

Staff support: induction, training, skills and experience

- Staff received induction training that involved shadowing experienced staff and covered areas such as; safeguarding, health and safety, food hygiene and compassion and dignity. However, the induction package was not based on current guidance and did not follow the principles of the Care Certificate.
- Staff received bespoke training to meet the specific needs of the people they supported. For example, training in learning disabilities and autism. Staff were also encouraged and supported to complete vocational training. One member of staff told us they had recently registered for an NVQ level 5.
- Staff were happy with the support they received from the provider. One member of staff said, "We have supervision every six weeks, but if we need anything in between we just ring [provider]."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- People told us staff provided them with the support they needed and respected their choices. We saw one person enjoying a snack of their choice during the inspection.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

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

- People received support to meet their health needs. Staff knew people well and were vigilant to changes in their health,
- Staff worked closely with people and other care professionals involved in their support. Regular reviews

were held to ensure people's health care was provided in the most appropriate way and any changes to health needs were met.

- Records showed staff supported people to access health and social care professionals such as the GPs, dentists and community nurses and supported people to follow their advice.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Most people using the service at the time of inspection had the mental capacity to make most of their own decisions. The provider had a good understanding of the MCA and care plans consistently referenced people's ability to make their own decisions.
- Care staff had not received training in MCA, however they understood the importance of seeking consent from people and people were supported in the least restrictive way possible. One staff member described their approach to supporting people saying, "It's their choice, I can't put my views on them."
- Mental capacity assessments and best interest decisions had been completed for individual decisions that people were unable to make for themselves.

Is the service caring?

Our findings

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

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

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

- People were supported by a small team of staff that were kind and caring. People and staff enjoyed each other's company. A person told us, "It's fun, the staff are lovely, we all get on here."
- People told us their support was not rushed and staff had time to provide emotional support to people and reassure them when they were anxious.
- Care plans detailed people's preferences as to how they liked their care to be delivered and provided information about people's social, cultural and religious needs.

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

- People were involved in the planning of their care and had signed their care plans to demonstrate their involvement and agreement.
- The registered manager and staff understood the importance of involving people in decision making. We saw staff had supported a person to understand the outcome of a recent review of their care needs to ensure they understood and were happy with the outcome.
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff recognised the importance of confidentiality and people's personal information was stored securely.
- People's independence was promoted, and staff worked with them to enable them to achieve their goals. One member of staff said, "It's [the service] is all about promoting people's independence and respecting their wishes."

Is the service responsive?

Our findings

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

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

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

- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- We saw feedback that people, relatives and health care professionals had completed praising staff for the way they supported them to live life to the full.
- People had care plans which detailed the care and support people wanted and needed; this ensured staff had the information they required to provide consistent support for people. For example, care plans contained information on people's personal care needs and cultural needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, information on keeping safe was available in pictorial and easy read format.

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

- People were supported to maintain contact with their family. Staff accompanied people on visits with family members where additional support was needed.
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. They had worked with learning disability community teams and followed their advice to grow people's confidence and enjoyment in more varied social activities.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place. The provider had received one complaint since registering the service and this had been dealt with in line with their policy and procedure.

End of life care and support

- The service provides support to younger adults. There was no end of life care being delivered at the time of the inspection.
- The provider's policies required further development to detail the support staff would provide to people in preparing for the end of their life. This would ensure staff were aware of people's preferences and needs; for example, in relation to their spiritual or cultural needs.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was also the provider, they had regular contact with people and staff and had a good overview of people's needs. However, there were limited quality assurance systems in place to review staff files and recruitment, risk assessments, health and safety checks, staff training and policies and procedures. This lack of oversight and monitoring resulted in the concerns and areas for improvement identified during this inspection. For example, gaps in risk assessments and health and safety checks to ensure a safe environment.
- Quality assurance systems were in place to monitor people's care records, financial transactions and medicines. The findings of these audits were discussed with staff and action taken to make improvements where needed.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the provider. They received regular support and told us the provider was accessible to them. One member of staff said, "I talk to [provider] all the time."
- During the inspection we observed the provider was in regular contact with staff and maintained an in depth understanding of people's current situation and support needs.

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

- The provider was committed to providing a responsive, personalised service to people. We saw that many compliments had been received from people and relatives who had received support from the service. The feedback we received during the inspection was positive.
- Staff commented on the positive culture and open communication within the service. One member of staff said, "I love it. As a team we talk all the time, we communicate. Because [the service] is small, you always know what is happening."

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

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider notified CQC and other agencies of any incidents which took place that affected people who used the service.

- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People using the service were invited to regular tenants' meetings and could choose to have these on a one to one or group basis. We saw people were asked to provide feedback on the service and action was taken in response. For example, requests in relation to staffing allocation and activities.
- Staff feedback was collated during supervisions and meetings. We saw minutes of staff meetings where discussions had taken place about the findings of audits and people's needs. Community health professionals had been invited to staff meetings to provide advice about new approaches to meeting people's needs.
- Staff felt valued and cared for by the provider. One staff member said, "It's a really nice company to work for."
- The provider was engaged in a community regeneration project and was opening a drop-in centre for people with learning disabilities in a shared space in the local community. People who used the service had been involved in planning the opening of the service and deciding what types of support and activities could be offered there.

Continuous learning and improving care

- The provider recognised that some improvements were needed and had begun to take the action needed to improve the service. For example, in relation to environmental risk assessments, staff training and policies and procedures.
- The service had recently begun using an electronic system to maintain records. The provider's aim was to improve efficiency and access to information.

Working in partnership with others

- The provider worked closely with local healthcare commissioners and community support teams to ensure the service developed and people received safe appropriate care.