

## Seva Care (Respite And Residential Services) Limited

# Seva Care Supported Living Services

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Seva Care Supported Living is a supported living service providing personal care to people at two separate supported living schemes. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 10 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right Support:** Model of Care and setting that maximises people's choice, control and independence. Staff were recruited safely and had appropriate training on how to safeguard people using the service. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People had individual positive behaviour management plans to guide staff when people became distressed or anxious.

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. If people lack capacity to make certain decisions appropriate support is sought to support them.

**Right Care:** Care is person-centred and promotes people's dignity, privacy, and human rights. People were encouraged to communicate freely and accessed community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. The staff team worked well together making sure people's rights and wishes were protected. The service had regular communication with the healthcare professionals and relatives which led towards good working relationships and empowered people to choose the way they wanted to live their lives. The management team led by example and people were supported to take positive risks and were supported to do more things on their own.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was good (published 20 March 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seva Care Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Seva Care Supported Living Services

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and 1 Expert by Experience who contacted people who used the service and relatives after the visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 2 '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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 July 2023 and ended on 21 July 2023. We visited the location's office on 18th and 19th July 2023.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We also spoke with the registered manager, and 2 staff members who provided care to people. After the inspection we contacted and spoke with 2 people who used the service and 6 relatives about their experience of the care provided.

We reviewed a range of records. This included 2 care plans and risk assessments, medicines management procedures and training data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from harm and abuse.
- The service had robust systems and procedures to ensure any allegations of abuse were reported and acted on.
- Staff spoken with told us that they would report any concerns to the registered manager or above if that would be required. One member of staff said, "I will always speak out about abuse and would report it to the registered manager or the operation director."
- Relatives spoke positively about the service and told us that their relative was safe. One relative said, "[Name] is always safe with someone nearby all the time. [Name] likes smoking in the garden, it is somewhere protected."
- People who use the service told us that they were safe at the service. One person said, "I take care of myself, I am safe here. Having staff around day and night makes me feel safe, if I feel unwell, I will tell staff."

Assessing risk, safety monitoring and management

- Risk in relation to people receiving care and support were assessed and plans were in place to manage such risks.
- The service had developed robust risk management plans which had been assessed as part of the care plan reviews and were integrated within the person-centred care plan.
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans, which had been developed together with behaviour specialists to provide staff with guidance of the least restrictive way in supporting people who displayed such behaviours.

Staffing and recruitment

- The provider ensured that staff were recruited safely, and sufficient staff were deployed to meet people's needs.
- The provider carried out appropriate recruitment checks including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff, people, and relatives told us that there were enough staff around to ensure people's needs were met. People's support and care needs were assessed using Care Funding Calculator which looks at the level of support needed in areas of their life such as looking after themselves, washing dressing, support to take medicines, cooking, making a meal, going out into the community, attending appointments or activities, as well as cultural and religious needs and preferences. One person told us, "Yes [enough staff]. There is 24-hour cover."

#### Using medicines safely

- People's medicines were managed safely.
- Staff received medicines administration training and their competency to safely support people around their medicines was assessed annually.
- Medicines were stored safely within the service and the registered manager audited medicines storage and administration regularly to ensure people received their medicines as prescribed.
- Staff demonstrated knowledge and understanding of 'STOMP' which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- Relatives told us, that staff support people with their medicines appropriately and safely.

#### Preventing and controlling infection

- People were protected from the spread of catching and spreading infections.
- Staff were provided with training in how to protect and prevent the spread of infection.
- A cleaning schedule ensured that the service was cleaned regularly and staff were observed using personal protective equipment appropriately in line with current government guidance.

#### Learning lessons when things go wrong

- The service had systems and procedures to capture accidents and incidents and take action to minimise them from happening again.
- The registered manager told us that she would discuss accidents and incidents with staff during meetings.
- Staff confirmed that accidents and incidents were discussed during meetings and that they would record and report them to the management team.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 care and support needs were assessed prior to moving into the supported living scheme.
- As part of the initial assessment the service developed a transition plan with the person and their relative to try out the service and decide if it was meeting their needs as well as if the service was able to meet people's needs.
- Information gathered during the assessment and transition formed part of the person's initial person-centred care plan. One relative told us, "I was absolutely, (involved in assessment) we had a really good social worker. I felt involved and listened to. We discussed things and had meetings."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively.
- Staff had completed mandatory training in relevant areas to ensure they could carry out their role safely and competently. Training included, moving and handling, medicine administration, first aid, mental health awareness, learning disability and autism awareness. In addition to the mandatory training staff had also access to specialist training in relation to people's specific health care needs. This included epilepsy or risk of choking.

Relatives and people told us that staff had the right skill to support people who used the service. One relative said, "They [staff] understand all my relative's needs. Staff know my relative very well. There is good communication. I share my knowledge with them, we work as a team. They are like family."

- The staff spoken with told us that they felt supported by the management team and had regular supervisions and appraisals. Records viewed confirmed this.

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

- People who used the service were supported by staff to eat and drink and plan a menu suitable to their dietary needs.
- We observed people being supported by staff to do their weekly food shop and had designated storage facilities for their own ingredients.
- People and relatives told us that they were satisfied with the support they received with eating and drinking. One relative told us, "My relative chooses what he eats, e.g. he asks for something, they [staff] cook it just for him. Sometimes by the time it's ready he has changed his mind; staff then make what he wants. I have never had a call from him to say he is hungry. In his previous home he called me three or four times a week saying, 'I'm hungry'." One person told us, "I'm picky and fussy. I do my food shopping and cook for myself."

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 with physical and mental health support services and the service worked together with these services to develop guidance and support to ensure people's needs were met.
- Care records provided clear information how mental health care support from behaviour specialist had benefitted a person to reduce anxieties and improve relationships with people who were important to the person.
- One person told us, "I had a hospital appointment today. Staff came with me, I asked them to so they know what is happening." One relative told us, "They [staff] help [name] to go to the doctor. [Name] much calmer since [name] at service."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The staff demonstrated clear understanding of people's abilities to consent to care and support was tailored around these needs.
- While some people had full capacity to make their own decisions others required support and where needed appropriate best interest decisions had been made on behalf of the person.
- People were not deprived of their liberty and appropriate lasting powers of attorney granted by the Court of Protection were in place to ensure that there was a designated person to act on people's behalf if this was needed.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service embedded a positive culture that was person-centred, inclusive, and achieved good outcomes.
- One staff told us, "It is their home, and our culture is to support people and help them to have the best life they can have."
- Relatives and people spoke positive about the staff and the manager. One relative said, "All the staff and the manager are approachable and good, they treat my relative with respect and understand [name] very well."

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 understood their responsibilities under duty of candour and their duty to be open and honest when something goes wrong. They told us, "I would report everything to the CQC and the local authority and people's relatives so everyone knows what is happening."
- The registered manager was aware of the type of incidents that required reporting to the CQC. Since our last inspection the service informed us of events they legally had to and demonstrated that appropriate actions were taken.

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

- The registered manager and staff understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service generally ran smoothly.
- Relatives and staff working there were positive about the way the service was managed. One relative told us, "Staff are always polite and good at their job. Any concerns we can turn to (registered manager). She is quite thorough. For example [name] occasionally self-harms, we are always informed and (registered manager) looks into why and where." A member of staff said, "I enjoy working here, the manager is very supportive and available 24/7."
- Staff feedback was positive regarding the leadership style of the registered manager, and how well run the care home was. A staff member said, "I can always go and speak to [managers name], she is very knowledgeable and supportive."
- There were thorough, regularly reviewed audits carried out by the registered manager, staff, and the provider. They were up to date and included fire safety, infection control, documentation and health and safety.

- Staff were aware of their specific areas of responsibility such as record keeping, medicines management and carried them out well.

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A person told us, "I know [named manager]. Any problem I can go to her, she is very close to me". One relative said, "We had a questionnaire several times and the manager always ask us for feedback."
- The provider had considered people's protected characteristics such as religion, culture and ability. For example, people were supported to go to regular church services if this is what they wanted to do.
- There was evidence of staff team meetings to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with the local authority, public health partners, the local NHS and learning disabilities services to ensure people's needs were met.
- The provider is working closely with the funding authority to secure additional support for people if their needs had changed. The registered manager recognised that this was challenging but said, "People's needs do change and at times we need extra funding which is in the best interest of the people we support."