

Supported Living UK Limited

Supported Living UK

Inspection report

1 Willowmead
Summer Road
East Molesey
Surrey
KT8 9LR

Tel: 01932860140

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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:

Supported Living UK is a supported living service registered to provide personal care for up to 12 younger adults at 1 Willowmead. People who live at 1 Willowmead are tenants of Reside Housing Association who own the property. There were 12 people living at the service at the time of our inspection, two of whom received support with personal care. Two other people received support to manage their medicines.

People's experience of using this service:

People's care was provided by regular staff who understood their needs and preferences. Staff treated people as individuals and respected their rights and wishes. People were encouraged and supported to maintain their independence.

People had an allocated number of one-to-one staffing support hours each day and were able to choose how they used these hours. Each person also had a keyworker with whom they met regularly to plan and review their support. This ensured that people were able to give feedback about the support they received and to be involved in planning their care.

People were supported to maintain good health. Managers and staff worked effectively with other professionals to plan and deliver people's care. These relationships were particularly important for people who had complex health or communication needs.

Staff were well-supported by their managers and had the training they needed to provide people's care and support. All staff attended an induction when they joined the service and additional training was arranged to ensure staff had the skills to meet people's individual needs. Staff communicated with one another and shared information effectively, which meant people received consistent care.

The provider's recruitment procedures helped ensure staff were of good character and suitable to work in health and social care. Staff attended safeguarding training and understood their responsibilities to report any concerns they had about people's safety or well-being. Potential risks to people and staff were identified and mitigated. Medicines were managed safely.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

The service was rated Good at the last inspection on 10 March 2017.

Why we inspected:

This was a scheduled inspection based on the rating awarded at the previous inspection.

Follow up:

We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case we may bring the next inspection forward.

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.

Supported Living UK

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.

Service and service type:

Supported Living UK is a supported living service registered to provide personal care to younger adults with learning disabilities and/or autistic spectrum disorder, physical disabilities or mental health conditions.

There was no registered manager in place at the time of our inspection. The previous manager had applied for registration with CQC but had recently left their post. The provider's regional manager, who had managed the service in the past, had resumed the role of service manager until a permanent manager could be recruited. The regional manager had begun the CQC registration process.

Inspection team:

We gave the service 48 hours notice of the inspection visit because we wanted to ensure people who used the service were at home and that the regional manager was available to support the inspection. The inspection was carried out by one inspector.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) submitted by the provider on 5 December 2018. 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.

During the inspection we spoke with two people who used the service, five staff, the provider's regional manager and the Operations Director. We checked care records for two people, including their assessments,

care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including complaints, accident and incident records, quality monitoring checks and audits.

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.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People told us staff were available when they needed them. The service had vacancies for three support workers at the time of our inspection. Staff reported that these vacancies were covered by permanent staff working overtime or by bank staff rather than employing agency staff. Staff said this meant people were always supported by staff who were familiar to them and who understood their needs.
- Staff were on duty at the service 24-hours a day. Staff had access to out-of-hours management support when they needed it. Senior staff were available on-call and serious incidents could be escalated to the regional manager or Operations Director.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff were required to submit an application form with details of qualifications and employment history and to attend a face-to-face interview. The provider made appropriate checks on staff before they started work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. Staff attended safeguarding training during their induction and understood how to recognise and report potential abuse. Staff told us the regional manager had encouraged to speak up if they had concerns about people's safety or well-being.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been carried out to identify any risks to people receiving care and staff. Staff were aware of the measures in place to mitigate risks identified through the assessment process. The agency had a 'Business continuity and disaster plan' which had been reviewed on 12 March 2019. This set out the actions needed to ensure people's care would not be interrupted in the event of an emergency. The provider had a health and safety committee, attended by the regional manager, which met regularly to monitor safety within the service.
- Some people displayed behaviour which was potentially harmful to themselves or others. Any incidents or potentially harmful behaviours that occurred were recorded in detail by staff. Records of incidents were reviewed by assistant care practitioners to identify any actions that could be taken to keep people safe. Assistant care practitioners also worked with other professionals, such as the community team for people with learning disabilities (CTPLD), to analyse incident records. This analysis aimed to identify ways in which people's support plans could be changed to reduce risk and behaviours that challenged the service.

Using medicines safely

- People were supported to manage their medicines safely. Staff attended training in medicines

management and their practice was assessed before they were authorised to administer medicines. Staff told us this training had enabled them to feel confident in managing and administering medicines.

- The provider had a medicines policy which staff followed when ordering, administering and recording medicines. Medicines were stored securely and there were appropriate arrangements for the disposal of unused medicines.
- Staff maintained medicines administration records (MARs) which were checked and audited regularly to ensure people were receiving their medicines as prescribed. People's medicines profiles recorded the reason each medicine had been prescribed and any medicines to which they were allergic.

Preventing and controlling infection

- Staff maintained appropriate standards of infection control. Staff attended infection control training in their induction and regular refresher training in this area. The regional manager carried out infection control audits. The most recent infection control audit, carried out on 11 March 2019, identified no concerns.

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; Staff support: induction, training, skills and experience

- People's needs were assessed before they moved in to ensure staff could provide the care and support they required.
- Staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they started work, which included mandatory training. The induction also included shadowing colleagues to understand how people's care should be provided to meet their needs and preferences.
- Following the completion of their induction, staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Staff confirmed that they had completed the Care Certificate and reported that they kept up-to-date with training refreshers. One member of staff told us, "Training is topped up every so often. It's good to keep up-to-date." Another member of staff said, "There is lots of training here. We are learning all the time."
- In addition to mandatory training, staff attended training specific to people's individual needs to ensure they had the skills to provide effective support. For example, staff attended training in SCIP (Strategies for Crisis Intervention and Prevention) and adopted this approach when supporting people whose behaviour challenged the service. SCIP is a person-centred approach to support with a focus on proactive rather than responsive interventions.
- Staff confirmed that they met regularly with the regional manager for one-to-one supervision. They said this enabled them to discuss their practice and their training and development needs. One member of staff told us, "It's useful to have allocated time to discuss aspects of work you need support with." Another member of staff said, "I find supervision very valuable." A third member of staff told us supervision provided, "Constructive criticism and support."

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

- People's dietary needs were assessed as part of their initial assessment. People were supported by staff to plan and shop for their weekly food choices. People were able to prepare their own food in their flats or to use their allocated staffing hours for support with cooking.

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

- Staff monitored people's health and welfare and responded promptly if they identified concerns. People were supported to attend regular health checks and staff arranged medical appointments for people if they felt unwell. Staff accompanied people to appointments if they required support.
- If people had chronic healthcare conditions or required ongoing input from healthcare professionals, staff liaised effectively with professionals to ensure people received the care and treatment they needed. Care

plans had been developed where people had ongoing healthcare needs. For example, one person had an epilepsy care plan which included information about the person's medicines, professionals involved in the person's care and descriptions of seizures the person may suffer and how staff should respond.

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 with appropriate legal authority. This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that people's care was provided in line with the MCA. Staff received training in the MCA and understood the importance of gaining people's consent on a day-to-day basis. Mental capacity assessments had been carried out where necessary and we saw that these involved people in decision-making as much as possible.
- Where people lacked the capacity to make decisions, we saw that appropriate best interests procedures had been followed, involving people's families and relevant professionals. Where restrictions were imposed upon people for their own safety, applications for DoLS authorisations had been submitted by the provider and legally approved by the supervising authority.

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 were supported by kind and caring staff. Staff respected people's wishes and treated them as individuals. When asked what the service did well, one member of staff told us, "Promoting independence and the right to choose. It's very person-centred here, we don't treat everyone the same."
- Staff attended training in equality and diversity and respected people's individual rights and beliefs. For example staff had supported one person to celebrate events in the Wicca religious calendar as per their wishes. People's rights were respected and promoted if they had protected characteristics under the Equality Act 2010.
- Staff supported people to maintain contact with their friends and families. One member of staff told us they supported a person to visit their family every week. Families had been involved in people's moves to the service and their views had been sought when assessing and planning people's care.
- Staff had provided emotional support when people needed it. For example, one person needed support following the death of a family member. The death had increased the person's episodes of self-injurious behaviour. In addition to providing emotional support, staff worked with the CTPLD to develop a PBS support plan which included regular music therapy. Staff reported that the plan had been successful in helping the person deal with their sense of loss and had reduced the person's self-injurious behaviour.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity when providing care. The service had appointed a Dignity Champion who ensured that people were involved in all aspects of their care. Assistant care practitioners worked with the Dignity Champion to develop support plans that reflected people's individual wishes and preferences about their care.
- People were encouraged to develop their independence. Staff told us there was a focus on supporting people to gain skills and that people achieved positive outcomes as a result of this approach. They said approaches were to achieving independence were personalised according to people's individual needs and wishes.
- One person had been reluctant to leave the service when they first moved in and there were few areas of the person's life over which they had control. With the support of staff, the person had developed skills and had become more independent as a result. Staff said the person now visited the local pub and shops and managed their own money when in the community. Several people had been supported to gain and maintain employment. Others had been supported to develop the skills to travel independently, to manage their benefits or with cooking and money management.

Is the service responsive?

Our findings

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

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;
End of life care and support

- The service was responsive to people's needs. Each person had an agreed amount of one-to-one staffing support hours each day. People were able to choose the way in which they used these hours. We saw that people used their allocated support hours to go swimming, to go to the pub for a meal, to go shopping and to visit relatives. Each person had an allocated keyworker with whom they met regularly to plan and review goals.

- Support plans contained information for staff about people's individual needs, such as autism or personality disorder, and how this affected their communication and behaviours. Support plans also contained information about people's life histories, which enabled staff to engage with people about their past and to understand how their experiences may contribute to their behaviours. One person had developed needs which the service was unable to meet effectively. The provider was in discussion with the local authority regarding the identification of an alternative placement which would better meet the person's needs.

- Some people had individual communication needs which did not include verbal communication. We saw that detailed written guidance had been recorded about how the person communicated and how staff should communicate with them. This included information about how the person communicated pain, hunger, thirst, illness, happiness, fear and anger. The person's care plan also contained information about how staff should respond if the person became anxious, which ensured staff adopted a consistent approach when supporting the person. Support plans were reviewed regularly to gauge whether they were achieving positive outcomes for people and amended if necessary.

The service was not providing end-of-life care at the time of our inspection.

Improving care quality in response to complaints or concerns

- The provider had a written complaints procedure, which was available in an easy read format with symbols. This was given to people when they began to use the service. Any complaints received and the action taken in response had been recorded. Where concerns were identified, appropriate action had been taken to address them. For example, the regional manager had identified concerns with the performance of a member of staff which were being dealt with through the provider's disciplinary procedures.

- Some issues at the service had generated recurring complaints. Whilst these issues had not been resolved at the time of our inspection, the provider was working with other relevant agencies to address them.

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 consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was no registered manager in place at the time of our inspection. The previous manager had applied for registration with CQC but had left their post shortly before our inspection. The regional manager had previously been the registered manager of the service and had resumed the day-to-day management of the service until a new manager was appointed. The regional manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required. The regional manager was supported by the provider's Operations Director.
- There were clear lines of responsibility for key functions, such as staff training and supervision, medicines management, auditing and quality monitoring. For example, the PIR stated, 'Seniors ensure that staff have regular supervision and observation to discuss their practice and ensure staff feel well supported in their roles. Seniors are also responsible for ensuring daily audits of medication are completed for each individual we support and ensuring medicines are ordered, stored and returned appropriately.'
- Staff were well-supported by their line managers and the regional manager. Staff told us that the regional manager was approachable and supportive. One member of staff said, "[Regional manager] is very approachable. If you have a problem dealing with something, you can go to her." Another member of staff told us, "I feel 100% supported by [Regional manager]. I can't fault her."
- There were effective systems in place to monitor the quality of the service. Key areas of the agency, such as medicines and communication records, complaints and accidents / incidents, were reviewed to identify any themes or concerns. People's support plans were reviewed regularly to ensure they were meeting their needs effectively.

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

- The provider aimed to recruit staff whose values reflected those of the organisation. The PIR stated, 'As part of the interview process candidates are asked about their values and...those of the company and how these influence the support they give to the people we support.' Staff confirmed that the organisation had clear values which put people who received support first. One member of staff said the values the provider looked for and expected from staff included, "Empathy, understanding and honesty."
- People had opportunities to give feedback about the support they received. People had chosen not to have 'house meetings' but instead met regularly with their keyworkers to give their views. Keyworker meetings enabled people to give direct feedback about all aspects of the support they received. We saw that people's feedback had been acted upon and their support plans amended as a result. Stakeholders

including people's families and professionals involved in people's care were able to give feedback through surveys distributed by the provider.

Continuous learning and improving care

- Staff shared information effectively, which ensured people received consistent, personalised support. Staff met regularly as a group and were encouraged to raise any issues or concerns they had. One member of staff told us, "We share a lot of information; we read the communication book, we have handovers and there is a handover sheet." The handover sheet was used to record any issues staff needed to be aware of about people's care and support. Another member of staff said, "Team meetings are used for any issues we want to raise. [Regional manager] puts a list up and all the staff can put up whatever they want to discuss."

Working in partnership with others

- Managers and staff had developed effective working relationships with other professionals involved in people's care, such as psychologists, speech and language therapists and the community mental health and learning disability teams. For some people who had complex needs, effective communication between the service and professionals was vital to ensuring they received the support they needed.