

Royal Mencap Society

Sandwell Supported Living

Inspection report

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22 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Sandwell Supported Living is provides personal care to people living in their own homes. At the time of the inspection there were six people receiving support with personal care from the service, all of whom had learning disabilities.

People's experience of using this service:

People were protected from the risk of potential abuse. People were protected from the risk of harm including accidents and injury.

People were supported by sufficient numbers of staff who had been recruited safely and were appropriately trained.

People received their medicines as prescribed. They were supported to eat and drink sufficient quantities safely and their health needs were monitored. People were supported to access healthcare professionals when required.

People were supported to be fully involved in making choices about their care and providing consent. People were supported by staff who were kind and caring towards them. Their privacy and dignity were respected and their independence promoted.

People's needs were appropriately assessed and they received support that was truly personalised to their individual needs. People were supported to access a wide range of activities and leisure opportunities.

People's views were sought and they were able to make complaints if needed.

People were supported in a well-managed service with effective quality assurance and governance systems in place. The provider and manager were committed to making improvements to the service in order to provide high standards of care and to enhance people's quality of life.

Rating at last inspection: At the last inspection the service was rated 'good' (published 07 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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.

Sandwell Supported Living

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an inspector, an assistant inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service had a manager in post who was registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of the inspection the registered manager was working on secondment in another service operated by the provider. A temporary manager was in post and the provider had sent in the required legal notification to inform CQC of the management arrangements in place.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 21 May 2019 and ended on 22 May 2019. We visited the office location on 22 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about

important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service and five relatives. As many of the people using the service were not able to share their views by telephone, we met with two people face to face to ask about their experiences of using the service. We spoke with the area operations manager, the manager and five staff members. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service; including staff recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ People we spoke with were comfortable with the staff supporting them and felt safe. Relatives also told us they felt people were safe. One relative told us, "I think [person's name] is very safe with [staff]. [Person's name] is well cared for and they treat him like a family member".
- ☐ Staff we spoke with understood how to recognise signs of potential abuse and knew how to report concerns.
- ☐ We found the provider had systems in place to ensure any concerns identified about people were reported to the local safeguarding authority. Plans were put into place to ensure people were protected from the risk of ongoing harm.

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

- ☐ People were also protected from the risk of harm due to accidents and injury. One relative told us, "[Person's name] is very safe with the staff there. They understand his disability and meet his needs".
- ☐ We found risks to people were understood and mitigated against as far as possible. Risk assessments were in place outlining guidance to staff around how to minimise the risk of harm. Staff understood the risks to people and how to protect them.
- ☐ People were involved in managing the risks to themselves as far as reasonably practicable.
- ☐ Where incidents did arise, the provider used these as an opportunity to learn and to make improvements to minimise risks to people in the future.

Staffing and recruitment

- ☐ People were supported by sufficient numbers of care staff who understood their needs. The manager ensured rotas were developed to maximise consistency of staff. As far as possible, staff members worked regularly with people in the service to enable them to become familiar with people.
- ☐ Staff members were recruited safely and appropriate pre-employment checks were completed; including identity, reference and Disclosure and Barring Service checks (DBS). DBS checks enable employers to review potential staff member's criminal history to ensure they are appropriate for recruitment.

Using medicines safely

- ☐ People were not able to share their views around the support they received with medicines although relatives told us they had no concerns. One relative told us, "[Staff] give him his tablets in the morning without any problems".
- ☐ We found medicines administration records (MARs) were in place to document the administration of people's medicines.
- ☐ We found managers regularly reviewed the administration of people's medicines to ensure it being given

safely and as prescribed. Where concerns were identified action was taken to ensure the safe administration of people's medicines.

Preventing and controlling infection

- ☐ People's relatives told us they felt staff understood how to protect people from the spread of infection. One relative told us, "[Staff] are all very clean and tidy".
- ☐ The provider had systems in place including staff training and policies around the prevent and control of infection. Personal Protective Equipment (PPE) such as gloves and aprons were made available for staff use while supporting 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- ☐ People were happy with the staff supporting them. Their relatives supported this view and told us they felt staff were well trained and had the skills to support people well.
- ☐ One relative told us they felt staff skills were good and that the skills of new staff were also strong. They told us, "I think [staff] are well trained...They have recently had two or three new members of staff starting and they have been amazing with [my relative]."
- ☐ We found staff received regular training and were able to access support from their line manager. Staff told us they felt the training they received was good and that they were well supported.
- ☐ Staff competency was regularly reviewed and a formal 'one to one' and appraisal system was in place that enabled any performance issues to be identified and addressed promptly.

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

- ☐ People were happy with their food and drink. Relatives told us staff understood people's individual dietary needs and any risks and provided appropriate support. One relative told us, "[Person's name] needs a lot of support as he has difficulty swallowing and can't eat some things. He does choose what he wants to eat".
- ☐ We found staff understood people's dietary needs and care plans contained detailed guidance about how to protect people from any risks associated with their nutritional needs, including the risk of choking.
- ☐ People were involved as far as possible about learning about their food and drink; for example how to make healthier choices to support their health needs.

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

- ☐ People's needs were fully assessed and reviewed on an ongoing basis to ensure they received a high standard of support.
- ☐ People's needs were assessed holistically and consideration was paid to people's mental health, emotional wellbeing and cultural needs in addition to their physical health needs.

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

- ☐ Relatives told us that staff supported people to monitor their health needs and were proactive in ensuring people were accessing advice and treatment from healthcare professionals where appropriate.
- ☐ One relative told us, "[Person's name] has recently undergone treatment for [a serious health condition] and they have been with him every inch of the way". We were told how staff supported the person to understand what was happening to them and the treatment options available.

- Staff we spoke with understood the risks to individual people's health and how they were required to support them to remain healthy.
- We saw from care records that people's health needs were monitored appropriately and they were supported to access a wide range of health services.
- Where concerns were identified about people's health, staff communicated effectively and promptly with the relevant agencies to ensure people received timely care and support.

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. We checked whether the service was working within the principles of the MCA.
- We saw from interactions that we saw between people and staff that people were involved in decisions as far as possible. Their views were sought and consent was obtained before making decisions.
- Where people did not have the mental capacity to make decisions or provide consent, decisions were made on their behalf in line with the requirements of the MCA.

Is the service caring?

Our findings

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

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

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

- ☐ People were happy with the support they received from care staff. Relatives told us they felt people received excellent care from staff.
- ☐ One relative told us, "The staff are fantastic. They care for [person's name] like one of their own family. There is nothing they could do better". Another relative told us, "The best thing is the quality of life they give [person's name]. I can't think of anything they could do better". A third told us, "They [staff] all know [person's name] very well... how he likes things doing. They treat him like one of the family"
- ☐ Staff we spoke with appeared to be passionate about their role and committing to providing good support to people. They knew the people they supported well and understood what was important to them.

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

- ☐ Relatives told us that staff supported people to be involved in decision making as far as possible. One relative told us, "She has a good quality of life and they are very respectful and considerate of her needs". Another relative told us, "[Staff] offer him as many choices as possible.". We were told by one relative that their family member, "Chooses most things in her life... Where to go, what to wear etc.."
- ☐ We saw from people's care records that a culture was being fostered that centred around the promotion of choice wherever possible. Staff were encouraged to develop their communication skills to enable them to better understand people's choices and to improve their quality of life.

Respecting and promoting people's privacy, dignity and independence

- ☐ Relatives also told us people were treated with respect. They told us their privacy, dignity and independence were promoted as far as possible.
- ☐ One relative told us, "[Staff] treat him with the utmost respect. He is very happy there". Another relative said, "I think the choices he makes enable him to be as independent as possible. He does have some control over his life."
- ☐ One relative told us how a person had recently received additional support from the service to enable them to move home which further promoted their independence.
- ☐ We found the provider considered where assistive technology and equipment could assist in the promotion of people's independence and enable them to live at home independently for longer. For example; equipment such as under pillow fire detection sensors had been considered and put into place to mitigate against risks that would have otherwise prevented someone from living in their own home.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- ☐ People had care plans in place that provided detailed information about their personal preferences and how to support them effectively. People's relatives had been involved in discussing people's care needs where appropriate.
- ☐ We found care plans detailed not only personalised information around how to support people with their health and personal care needs but also how each person needed unique support to fully promote their dignity and independence. We found information such as how one person would need support to clean their electric razor after use to ensure it remains in good working order.
- ☐ One relative told us, "[Staff] treat him like an individual and know his likes and dislikes". Another relative said, "Nothing is too much trouble, she only has to ask and they will do anything for her".
- ☐ People were also supported to participate in a wide and variety social life that consisted of activities and leisure opportunities that met their own specific needs and preferences. One relative told us, "[Staff] are constantly looking for something new which he will enjoy". Another relative told us, "[Person's name] has a great social life... they are out and about all the time with her." One family told us how the work staff have done in developing leisure opportunities for their relative had helped them become more confident.
- ☐ Where appropriate people's end of life wishes were considered and respected.

Improving care quality in response to complaints or concerns

- ☐ Relatives told us they felt able to raise a complaint if necessary and knew what the process for doing so was. They told us they felt confident their family members would also speak out if they had any concerns or problems.
- ☐ One relative told us, "I would complain if necessary, no problem. But have never needed to. They sort any issues out straight away".
- ☐ We found there were no recorded complaints in the 12 months prior to the inspection.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- ☐ People and their relatives felt they were supported by a staff and management team who were open and committed to providing the best quality care possible. Relatives told us the service was well managed, that any issues were dealt with openly and promptly and that staff were passionate and committed to their roles.
- ☐ We found the provider and manager had developed a service committed to providing truly person centred care to people and enhancing the quality of people's lives.
- ☐ The provider and manager were keen to learn and improve in order to develop the service further.
- ☐ Feedback given during the inspection process was accepted openly and constructively in order to ensure they could make further improvements following the inspection.

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

- ☐ The provider and manager understood their legal requirements. Where statutory notifications needed to be sent to CQC this was done. Statutory notifications inform CQC of significant events such as allegations of abuse, serious injuries and death.
- ☐ The provider and manager had developed effective quality assurance and governance processes that monitored risk and any quality issues in the service. Where areas of improvement were identified these were acted upon promptly.

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

- ☐ People were fully involved in the operation of the service. The manager was keen to promote effective communication with people to enable them to fully participate in all areas of decision making and the development of the service.
- ☐ Reviews of the service were made accessible and events such as 'reflection' events were held to review what was good about the service and the achievements of people in the prior 12 months in addition to what needed to be improved.

Working in partnership with others

- ☐ The manager had developed a good working relationship with other agencies and healthcare professionals. This enabled people to receive effective care and support in a timely way without any

unnecessary delays.

- The provider and manager were exploring new ways of working in partnership with people and organisations within the local community. For example; accessing some funding in order to develop communal outdoor areas available for people to use.