

Embrace Wellcare Lifestyles Limited

Merseyside 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 15 and 19 September 2016. Merseyside Supported Living provides services to 111 people living in 60 supported living houses where people are supported on a 24 hour, seven days a week basis. The service also provides outreach support to 18 people living in their own homes within the community.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager of the whole service was in attendance during the inspection. The service also had five project managers that each managed an allocated number of supported living premises.

We looked at both the outreach service as well as the supported living services.

During our visit, however we identified concerns with the service. We found a breach in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We identified that some support plans and risk assessments needed updating within some supported living houses and in the outreach services some people did not have any support plans in their home.

We were told that supported living service had sufficient staff but, on speaking to those receiving an outreach service in their own homes we told that if a regular support worker was off for any reason then there was no one to take their place and the person using the service would be without support.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised and appraised.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

Each of the services we visited had been personalised by the people who lived in them and the people who lived at the home were clearly happy with the support that staff gave them and there was a good rapport between them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some risk assessments in supported living services needed updating

Some homes who received an outreach service had no support plans containing risk assessments.

Staffing levels were not always sufficient.

People were supported by staff were being recruited correctly and supported appropriately.

Staff managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately supported through a structured induction and received regular supervision.

Staff had undertaken relevant and appropriate training including mental capacity training.

Staff were aware of the nutritional requirements of the people they supported.

Is the service caring?

Good ●

The service was caring.

Staff showed that they have a good relationship with the people they supported.

Confidentiality of people's information was evident.

People were given appropriate information about Merseyside Supported Living.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some support plans in supported living services needed updating

Some homes who received an outreach service had no support plans in place.

People's comments and complaints were taken seriously and investigated.

People had prompt access to other healthcare professionals when required and this was fully documented.

Is the service well-led?

The service was not always well-led

Support records were not always updated in supported living and the outreach service did not always have support files available.

The service had a manager who was registered with the Care Quality Commission.

Staff told us that there were open channels to the managers of the service and had received support.

There was a well organised management team that had clear responsibilities.

Requires Improvement ●

Merseyside Supported Living

Detailed findings

Background to this inspection

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

The provider was given 24 hours' notice because the location is a main office that manages supported living and provides an outreach support we needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked for information from the local authority before the inspection. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had sent us feedback on the service.

During the inspection we visited three supported living premises in the presence of a project manager and we were able to talk to 11 people who lived in the houses and observed the support of staff. We talked with the staff members on duty. We also talked with the registered manager, three project managers and the regional manager. Later we telephoned relatives of the people who used the outreach service and professionals involved in their care to get their views about the service. We were able to speak to three family members regarding the support their relative was receiving.

We reviewed a range of documentation including 11 care plans, medication records, and records for 13 staff members, staff training records, policies and procedures, auditing records, health and safety records and

other records relating to how the services are managed.

Is the service safe?

Our findings

We spoke with people who lived at the homes we visited and asked if they felt safe. Everyone told us, "Yes", one person said "I like it here" and another person told us "I feel very safe".

The registered manager informed us that the support plan documentation was in the process of being updated, this meant that the format of some support files would not be the same as others.

We saw that some risks to people's safety and well-being had been identified within the supported living homes, such as the risks associated with moving and handling, financial capability, personal safety, activities and going on holiday and that some plans had been put in place to minimise risk. In some support files the risk assessments needed to be updated, an example of this was medication and behaviour risk assessments. There were also documents that were not needed, this was misleading about what support the person needed. This was brought to the attention of the accompanying project manager, who assured us that this would be actioned. Following the inspection the registered manager provided evidence of a new risk screening and assessment tool that had not been made available at the time of inspection by the project manager.

Some of the homes the outreach services supplied support to said they had not been given a support file, this meant staff would not have up to date information when supporting people using the services. This meant that we could not be sure that all risks were being assessed appropriately and timely in accordance with people's needs. This was addressed with the manager who assured us that this was to be acted on by reviewing documentation and meeting with staff.

Policies and procedures were in place for safeguarding vulnerable people from abuse. The service reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and within the correct timescales. Internal records had a summary showing what lessons had been learnt, any action plans and when the plan had been carried out. We saw that staff had received training in safeguarding adults and they were able to tell us what they would do to both prevent abuse and to report it should it occur. The induction training for staff included training in safeguarding and staff received regular updates. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that Merseyside Supported Living promoted an atmosphere that made this possible. One staff member told us "There would be no question of reporting anything", another staff member said "The whistle blowing policy protects the tenants and the staff, the organisation takes it seriously".

We looked at a sample of 13 staff files. We saw records to show that full recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. We saw how a staff member had resigned from the service and one month later returned, they had gone through the recruitment process again. We also saw how the services had followed their disciplinary procedures appropriately and in accordance with their own policies.

We looked at how the service supported people with their medication. Medication Administration Record sheets (MARs) were available within the support files and we saw these had been completed appropriately. In one supported living home we saw that medication stocks did not match the amount the pharmacy stated when medication was delivered to the home, but did match the internal stock check and audit. The service told us about how they had attempted to rectify as this was due to the pharmacy and was in the process of changing pharmacy service. Staff had received training in medication administration and we asked staff if they had their competency checked. All staff told us that management had checked their competency shortly following their initial training but this was not a regular occurrence through their employment. We saw the service had logged a number of medication errors and we discussed this with the registered manager who said they were considering implementing regular competency checks for staff.

We saw that personal protective equipment such as gloves and aprons were available to staff. This helps to minimise the risk of spreading infection. Staff were also able to tell us about infection control training they had received and used throughout their work.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric had been tested and were safe. There were fire evacuation plans that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the services we visited and were readily available in a file in case they were required, these were in place to advise staff and the fire brigade on how people should be evacuated safely in the event of an emergency situation.

The registered manager was able to show us how they logged accidents and incidents and they were able to recognise trends, this meant new protocols were implemented following recognition of issues and risks.

We were told that supported living service had sufficient staff but, on speaking to those receiving an outreach service in their own homes we told that if a regular support worker was off for any reason then there was no one to take their place. This meant that the person using the service would be without support. On speaking to the registered manager they informed us that they were in the process of recruiting staff for the service.

Is the service effective?

Our findings

When we asked several people about their quality of life, they told us they thought the staff were skilled and that there were enough staff on duty. One person told us, "I'm happy here" and another person told us "Yes they support me well".

We reviewed staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service. The service had implemented the Care Certificate in September 2015, which was accredited by 'Skills for Care' this is a national qualification.

When we looked at the electronically held training matrix we found that this showed us the training that had been received included positive behaviour support, first aid, moving and handling, fire safety and Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This was e-learning that was supported with practical assessments. This was how the service ensured proof of learning. The service had a training team that provided face to face training which was booked through an on-line training planner. The service recently introduced laptops in the services and were in the process of training the senior support workers to allocate staff on face to face training. The service also linked with Coventry University to access a 'Good Autism Practice' course, those who attended this training became an autism champion for the people using the service. In addition to the Coventry University accredited Diploma in Good Autism Practice, Merseyside Supported Living also offered a Coventry University accredited Diploma in Positive Behaviour Support which was developed in partnership with the British Institute of Learning Disability (BILD). We asked the staff if they felt they could approach Merseyside Supported Living for additional specialist training and each person said "Yes".

The registered manager told us that following a quality improvement assessment it had been identified that the staff achievement of the Health and Social Care Diplomas needed improvement and this was planned to be implemented.

Support staff had an individual supervision meeting approximately every six weeks. This was used as an opportunity to inform them of any changes or issues and to check competencies. The manager was able to monitor these were taking place through an on line system. We asked the staff we spoke to if they found these helpful and we were told "Yes". The registered manager also received supervision every two months from the regional manager. This showed she was supported in her role. All staff also had had an annual appraisal that meant they were able to plan any training and objectives for the coming year.

Each of the services we visited had involved the people who lived at the house in the planning of the menus. We saw how people's dietary requirements were catered for with the persons full knowledge and involvement, examples of this was menus were in place for people who were diabetic or gluten free. This information was available in the persons support plan. One person told us about how the staff supported them in their aim for healthy eating and that it had been a huge success. On the wall in one home there were sample of recipes for people to encourage their healthy eating and we were able to see a person's food allergy support plan.

We saw how people were able to personalise their homes and rooms and they were able to make suggestions on décor and furniture.

Is the service caring?

Our findings

We asked people whether the staff were kind and caring. One person said "All the staff are lovely and nice". Another person told us, "Staff are nice to me". All the people we spoke with told us that the staff treated them with dignity and respect and we were told by one person that, "If I need help I just ask".

We asked people if they could express their wishes and if they had support to help them make decisions about their care. We observed a conversation between one person and a staff member, the person asked for a quiet day and the staff member agreed to ensure this happened for them. We saw that staff respected these decisions, for example people were able to choose when they wanted to go out and where one person told us "I can go out of the house if I want".

We saw how people's independence was supported as people were able to go to local shops when they wished. One person was able to tell us how they were supported to go to their appointments independently.

We observed staff on duty in the services we visited and saw that they knew people who lived in the home well. We saw that staff communicated with people and met their needs in the way each person wanted. We saw the senior support staff and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred. Staff were seen to have a good knowledge of each person and how to meet their needs. During our visit to the services we saw that people moved about the houses as they wished. We asked if people could have visitors at any time, all told us they could. We also asked relatives about visiting and was told by one relative "Yes we can visit at any time".

We asked relatives if there was communication between them and staff at the home. We were told that there was usually good communication but one relative we spoke to did not feel this was the case they felt they were not kept informed of any issues. This was discussed with the senior of the service who assured us they would address this.

We observed that confidential information was kept secure in the main office as well as the individual services we visited during the inspection.

Merseyside Supported Living had a service user guide in place for people living in the Liverpool area and a separate one for those living in the Wirral and Sefton areas. These gave people a good range of information that was specific to the areas regarding the service that was provided. The information it contained included the type of support that could be provided, who the care team were, service user rights, how the service delivers care and information about the registration of Merseyside Supported Living.

The service user guide also held information about how to access advocacy services. The registered manager was able to demonstrate how they had access this service on behalf of one of people who used the service.

We saw evidence that the service held regular tenants forum meetings, as these were not well attended the registered manager was looking for different venues to encourage people to take part. We saw that there was a tenant's representative who chaired the meetings. These meetings were open to both the supported living services and the outreach services. We saw the individual services also held tenants meetings. We asked people we spoke to if they had been involved in these meetings and one person said "I like them, I speak out".

Is the service responsive?

Our findings

The service had implemented a transitional plan for people who were moving into a Merseyside Supported Living property. This could take up to four weeks and was specific to the person, this could include saying for a couple of hours transitioning up to overnight stays. This was planned and adapted if the person needed it to be changed.

The supported living service carried out a pre admission assessment with a person who started to use the service, this was followed by an in depth assessment that identified how to appropriately support a person. The support files in the services we visited were in the process of being updated. We reviewed 11 care files, and found all the important information about the person and their care needs was documented in the file. The support files contained plans describing how the person needed and wanted to be supported. Assessment and support planning information identified people's needs and the care they required. For example, an assessment of communication, long term goals, physical health and wellbeing and mental health and wellbeing. We saw that the support plans also contained detailed daily routines for the people living at the services.

We saw that some of these support plans had not been regularly reviewed and we brought this to a project manager's attention as this meant that staff would not have up to date and relevant information to be able to support a person appropriately. We were assured that this would be actioned immediately.

Some of the homes the outreach services supplied support said they had not been given a support file, this meant staff would not have up to date information when supporting people using the services. This meant that we could not be confident that all people who received a service had a plan of support that was appropriate, reflected their choices and met their needs. This was addressed with the manager who assured us that this was to be acted on by reviewing documentation and meeting with staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people who we spoke with were satisfied with the way care was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One person told us "If I didn't like something I'd let the staff know", another person who used the service said "If I had a complaint I'd go to the senior".

We saw that there was an 'easy read' complaints procedure in each service we visited that had been developed by Merseyside Supported Living to help people with communication difficulties to understand how to make a complaint. People using the outreach service told us they would just ring the office or tell staff if there was any problems. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome, it also gave contact information for CQC. We saw how the registered manager had logged and investigated complaints we were also able to see the follow up actions.

We saw that there was a keyworker system in place, this was supported when we spoke to people who we asked if they had a keyworker and they said yes. A keyworker is a named member of staff who has overall responsibility for understanding and ensuring an individual's needs are met. This was good practice. One staff member told us "Each tenant has their own needs and we deliver them".

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, psychiatry, G.P, dentist, dietician and chiropody appointments, this showed us that people's health needs were catered for in a timely manner. One social care professional who was involved with the support being given to two people told us "The home was kept in a very nice condition and all paperwork was up to date and available when required".

We saw that each service we visited had activity plans for each person and this was personal to them. On the day of our visit, the people in one service had agreed and planned a visit to the cinema. This seemed to be a regular favourite pastime.

We saw how some people had gone on holiday with the support of the staff. One person told us about how much they enjoyed their holiday to Blackpool. We were also present when a project manager received a telephone call from staff who was supporting another person on holiday, this was to update the service on how they were doing and this had been going very well.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by five project managers and two administrative staff all were based in the main office. The project managers had an allocation of services to manage and each service had a senior support worker on site.

We saw that records were not always updated in supported living and the outreach service did not always have support files available. This meant that staff did not have up to date and relevant information to ensure people were being supported appropriately. This also showed that the current quality assurance processes were not robust and did not identify issues with care documentation.

The provider and the manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information this meant there was evidence of transparency.

All the staff who spoke with us said the service was well led and that they felt supported. One person told us "I've had personal support from the project manager and the senior", a project manager told us "I can call [registered manager] at any time".

We looked at how the service managed their quality assurance processes. The senior support workers were responsible for auditing their services on a monthly basis, this included tenants meetings and information, maintenance of the building and support plan documentation. We were able to see if any actions had been identified and acted on. The project managers were responsible for quarterly reports including discussions with people using the service, staff and relatives. This also included reviews of the senior support workers monthly audits. The registered manager met with project managers on a fortnightly basis and also sampled these processes to ensure the quality systems were being effective.

The registered manager completed quality assurance audits that included person centred care, management, dignity and respect, consent, safeguarding, nutrition and premises as well as other subjects. We saw that following this audit there was an action plan implemented with responsibilities and dates for completion in place. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

We were told by all staff that the project managers and the senior support workers held team meetings regularly and we were able to see meeting minutes that showed staff were able to air views and make comments about the service. One staff member said "It's a good opportunity to get together". The service also held health and safety committee meetings, these were attended by the registered manager, project managers and support staff, these meetings included standard agenda items such as incident trend analysis, business continuity planning, fire safety and policy updates.

The service had policies and procedures in place and we were told that copies of these were in all services.

We were able to see that each of the services we visited had the policies in place. These covered subjects such as complaints, health and safety, disciplinary, safeguarding and recruitment. We saw how policies and procedures were discussed through team meetings with staff. This ensured staff were aware of up to date policies that informed their practice.

The registered manager was able to show us their annual quality surveys asking the people who live at the home and their relatives for feedback about the service provided. We saw following feedback from a relative regarding communication a new protocol was implemented. We also saw how staff questionnaires were in place and following feedback from staff regular staff meetings were implemented.

The service had implemented an involvement and inclusion plan, this included holding regular 'tenant forum' meetings, asking tenants for their feedback on an annual basis, including tenants in the recruitment of their own staff, inviting tenants to quarterly health and safety committee meetings, encouraging people to let the service know if they are unhappy with the service that was being provided and working with people to find ways to improve. This plan also invited tenants to meet senior managers of the organisation and share their experiences, the service also offered tenants the opportunity to work part time in the office or aimed to support them to find work elsewhere in the organisation.

We spoke to professionals who gave positive feedback concerning the service. One professional told us "I found the quality of care being delivered in this particular case to be excellent. At the time I was involved with the case I never had any reason to question the work ethics or how the service was managed".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care Not all people who received a service had a plan of care that was appropriate, reflected their choices and met their needs. Regulation 9(1)(a)(b)(c) |