

Shaw Community Living (SLS) Limited

West Midlands Branch

Inspection report

The Hawthorns
Church Street
Evesham
Worcestershire
WR11 1EP

Tel: 07824323709
Website: www.shaw.co.uk

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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

This inspection took place on 4 and 5 January 2018. The inspection was announced. 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.

West Midlands Branch (Shaw Community Living (SLS) Limited is registered to provide personal care to people living with a learning disability or autistic spectrum disorder, mental health, physical disability, sensory impairment and younger adults in their own homes. At the time of our inspection 17 people were in receipt of care from the provider.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

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

People who used the service and relatives told us they were very happy with the care they received and felt safe. Detailed risk assessments had been completed that ensured staff were aware of individual risks and how to reduce these, in order to protect people from harm.

People told us staff supported them to receive their medicines as prescribed and at the right times.

Staff had a good understanding of infection control and so will be able to help people stay fit and well.

People told us they were supported by regular consistent staff. There was a robust system for recruitment in place that ensured staff were suitable for the role for which they were employed.

People and their relatives felt staff employed were well trained and had a good knowledge to help them deliver high quality care and support. People had developed good relationships with the staff who supported them. Staff cared for people with kindness, patience and understanding. Staff had time to meet people's needs and to spend time in conversations with people individually, without rushing. People were

provided with care which was respectful, dignified and took into account people's right to privacy and confidentiality.

Staff supported people to access Health and social care professionals when required to support and maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its relation to protecting people who used the service from unlawful restrictions. Records confirmed consent was sought for a variety of decisions in relation to the care people received. This confirmed people who used the service or their relatives had been consulted about and agreed to the care they received.

People told us they were treated with dignity and respect by the staff who supported them. People who used the service and their relatives worked in partnership with staff to plan their care. Care records were personalised and contained detailed information about what was important to people. There was a stable staff team who knew and respected people as individuals and provided extremely responsive care which put people at the heart of all the care offered. Care plans detailed how people liked or disliked their care and support to be delivered. Care plans were reviewed at least monthly or when people's circumstances changed.

People told us they were encouraged to maintain their independence and achieve their personal goals. People were encouraged to be active within the local community to enhance the quality of their lives.

People's views were regularly sought so any improvements of the service provided could be identified. We saw extremely positive feedback about the service and the care people received. Any complaints received had been dealt with promptly and brought to a satisfactory conclusion.

All the people we spoke with were extremely complimentary about the leadership and management of the service. Audits, quality monitoring and feedback was obtained regularly that confirmed the quality of service being provided to people.

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 ●

This service was safe

People felt safe with the support staff, who knew how to keep them safe in their own home and out in the community.

People were confident that support staff knew and managed risks well for their safety and wellbeing.

People received support from staff, who were reliable and had enough time to meet their needs and social interests.

Staff had a good understanding of infection control to assist people to stay safe.

People were happy with how staff supported them with their medicines.

Is the service effective?

Good ●

This service was effective.

People were supported by staff that were well trained and the skills to care for them.

Staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were in people's best interests.

People were supported by staff to follow a healthy diet in order to maintain their health and wellbeing.

People were supported to access different health professionals as required. Each person had a health action plan to record any interventions with health professionals.

Is the service caring?

Good ●

This service was caring.

People liked the staff that supported them and had developed good working relationships with them. Support staff respected people's dignity and human rights.

People were involved in their care planning and made aware of the options available to them. People were encouraged to identify and achieve their personal goals.

Is the service responsive?

Good ●

This service was responsive.

People felt support staff responded to their needs. Staff identified people's changing needs and involved other professionals when required.

People knew who to talk to if they had any concerns or complaints; they felt they would receive a prompt response. Complaints procedures were available in easy read format to aid people's understanding.

People were supported to access fun and interesting things to do of their choice.

Is the service well-led?

Good ●

This service was well-led.

People and support staff felt they could approach the registered manager to resolve any issues.

People and support staff spoke positively about the team and the leadership.

The leadership throughout the service created a culture of openness and responsiveness and wanted to put the people they support at the centre of all they do. People were asked their opinions about the service they received so continuous improvements could be identified.

Quality assurance audits and systems were in place to identify any shortfalls and so prompt action could be taken by the provider.

West Midlands Branch

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.

West Midlands Branch (Shaw Community Living (SLS) Limited) was previously registered under the provider name of Shaw Community Services Limited (DCA) up until February 2016 and was rated Good. Therefore, this was the provider's first inspection at this location since newly registering with us in February 2016. The inspection history for the location under the previous provider was used to inform the planning of this inspection because there had been no other changes at the location; the registered manager and the running of the service had remained consistent.

This inspection took place on 4 and 5 January 2018 and was announced. 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. The membership of the inspection team consisted of one inspector.

Inspection site visit activity started on 4 January and ended on 8 January 2018. It included a visit to one of the supported living homes on 5 January 2018. Telephone calls to people using the service on 8 January 2018. We visited the office location on 4 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We looked at other information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information

from commissioners including the local authority who commission services on behalf of people and Healthwatch. The local consumer champion for health and social care services. We used this information to help us plan this inspection.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with staff and were confident staff supported them in a safe way. One person told us "Staff help me to stay safe and stay independent. They [staff] remind me to check the windows are locked and the electrics are switched off before they leave me at night time." A relative told us, "We have every confidence in the staff to keep [Person's name] safe."

Staff we spoke with knew how to keep people safe and what to look for that may indicate potential abuse and were aware of their responsibility to report and protect people from the risk of abuse and harm. We found the registered manager knew their responsibilities in reporting possible abuse or neglect. This was important so they could take action if they were worried a person was at risk in their own homes.

Staff had written guidance in people's risk assessments which outlined how to support people in each situation they might find difficult or which could affect their safety and welfare. We saw plans when people required staff guidance and support, so their actions did not place them and or other people at risk. We heard from people who used the service, relatives and staff, how people were supported in a positive way. With risks to their safety and welfare reduced they were able to reach their goals. For example people were supported to live more independently, attend public events and so helped them grow in confidence.

The registered manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, the registered manager provided staff with specific training around managing people who have behaviours that may challenge, so staff could support them safely. Additionally, advice was sought from health and social care professionals where required.

Staffing levels were extremely flexible and based around the support each person required to be as safe as possible and achieve what they wanted in life. People who used the service, relatives and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out into the community. Additionally, staff told us if a person's needs changed and additional staff were required this would be put in place.

The required recruitment checks had been completed for all potential new staff to ensure they were suitable to work with people who used the service before they commenced their support roles. This included two references and a suitable Disclosure and Barring Check [DBS].

Staff we spoke with had a good understanding of infection control and how to keep people safe. One staff told us, "There are always gloves and aprons available in the office for us to use." We saw written guidance in people's support plans reminding staff to use aprons and gloves. For example we saw information for staff to be mindful to use gloves when assisting a person to clean out their pet's cage.

People who required support to take their medicines had this clearly documented in their support plans and staff completed medicine records to show how and when people had received their medicine. People told

us they were happy with how staff assisted them to take their medicines. The registered manager told us all staff who administered medicines had been trained to do so and their competency was checked to ensure they did this safely. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times.

Is the service effective?

Our findings

People felt assured that staff understood their needs and how to support them. One person said "I love the staff who work here. I wouldn't want to live anywhere else." Relatives were also very complimentary about the staff. One relative told us, "I'm very happy the staff. They are very professional. I couldn't say anything bad about them." Another relative said, "They have good consistent staff, with a low turnover, so overall I would say they are very good."

We spoke with staff about the training they received from the provider. One staff member described how when they came into their new role they shadowed more experienced staff. They told us, "I shadowed for a week and a half and met the people I would be working with. "[Care supervisor's name] checked our compatibility before I started working alone with the people I support to ensure we were all happy."

The registered manager told us most staff had National Vocational Qualifications (NVQ) but for any future new staff they were looking to implement the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

A staff member told us they were supported to receive additional training that would help develop their understanding of certain conditions people lived with. They told us they had a really good understanding of people's specific learning disabilities and anxieties, which helped them to empathise and better support people and their families.

People and staff described regular spot checks on staff so that the registered provider could monitor how staff were performing their role. Staff told us this was supplemented by regular supervision meetings so that staff understood what was expected of them and for them to also share any queries they had. One staff member told us they found supervision meetings helpful because it allowed staff to reflect on their performance and ask questions about anything they were unsure about. The registered manager described how they regularly attended the homes to work with staff, to give more insight into how people were being cared for. A staff member told us, "I find working alongside the registered manager helpful and consequently I've learnt about and had more involvement in the paperwork."

Staff told us they had completed training in the Mental Capacity Act 2005 (MCA). The 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.

We spoke with people and their relatives and they explained staff always checked people accepted their support. Staff we spoke with had an understanding about the MCA and said most people they supported had capacity to consent to their care. The staff knew who needed support with decisions and who should be involved with best interest decisions. Staff told us they had clear information and people's relatives said staff demonstrated practice compliant with the MCA. A staff member told us "People are given a choice in

everything they do."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. There was no one who needed support from the Court of Protection who used the service at the time of our inspection.

People told us staff always asked them about their preferences about their meals and drinks before helping prepare them, to ensure people were offered a choice. Staff monitored people's food and liquid intake to ensure they didn't become dehydrated and so stayed fit and well. We saw people were assisted to make their own menu plans and supported to do a weekly food shop.

All the people living at the home had a "health action plan", to plan and record any medical intervention required such as healthcare professionals, well person checks, dental and doctor's appointments. People were supported to maintain good health and to access healthcare services as and when required. People's records showed when staff saw a change in a person which indicated they required assessment by a healthcare professional. A person we spoke with told us, "When I was feeling sick in my bedroom, I told the staff and they got the doctor out for me." A health care professional told us, "The staff were very good. They work alongside and communicate well with the community learning disabilities team, to achieve the best outcomes for people they support."

Is the service caring?

Our findings

All the people and their relatives we spoke with were happy with the care they received. One person told us, "I love the staff." We saw people interact with affection towards the staff. For example we saw one person hug the registered manager, and told us they "loved them". A relative described how their relative had lived at the home for over five years and had been very happy since moving in."

A staff member described working at the service as "Wonderful and said the people they supported were lovely." They said the provider was very proactive to ensure people had as much choice of what they wanted to do as possible." We were given examples of how one person loved to attend music concerts and how staff had arranged this and helped them dress up accordingly. One person said, "[Registered manager's name] helps me choose what to wear either a red or purple jacket."

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their culture, religion and personal values. People were matched with staff to help support compatibility between people who used the service and staff. People could put forward their preference of gender with regard to staff and the provider also took into account people's needs with regard to language and culture.

People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. Staff had a good understanding how to support people's sexuality and diversity expressions. We were given the example of how staff supported people to attend rainbow clubs if they wished.

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed when they needed it. They told us the staff were kind and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. A staff member told us, "It's important everyone is treated the same as I would like to be treated."

We saw that people were provided with a detailed 'personal services guide'. Contained within the booklet were, for example, contact details for the office, copy of complaints policy, information relating to safeguarding, medication management and a copy of the person's care plan. The registered manager explained to us how the provider ensured people had information in an accessible format. For example, the guide was made available in easy read formats.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Is the service responsive?

Our findings

People and the relatives we spoke with told us they felt people's individual needs were being met. A relative told us, "The staff and registered manager are very good, very approachable. I have no complaints."

People's care plans had regularly been reviewed and their views on the care they received had been sought. People who used the service and relatives told us they were involved in day to day decisions about their care and support. A relative told us, "I'm always invited to any reviews."

In the PIR the provider had written "We promote Service Users/relative involvement as much as possible with the assessment, care plan process & delivery of the service. Care plans include personal preferences and choices and aim to be person centred." One person we spoke with confirmed this to be the case. They told us, "I go through my care plan at least once a month with staff to ensure I am happy with it." A relative told us where appropriate they had been consulted about the contents of their family members care plan.

Where people's needs changed staff told us they reported any changes to the registered manager or care co-ordinator and reviews were taken promptly and communicated to staff effectively. One person described how the registered manager had responded to their needs during out of office hours to reassure them when they became anxious.

We saw in people's care plans their end of life wishes had been considered and recorded so staff knew what to do in the event of someone's death.

We looked at the provider's complaints procedure and found any complaint received had been responded to promptly and resolved to the satisfaction of the complainant. All the people we spoke with told us they had been given instructions of how to raise a complaint should they need to when they started using the service. One person told us "If I ever have a problem I can go the [registered manager's name] and they will help me." We saw the provider sent out annual satisfaction questionnaires to people using the service, relatives and professionals. Feedback received had all been very positive.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. 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 showed they played an active role in supporting people working alongside their staff team. We saw a number of examples whereby the registered manager led by example which reflected their values of keeping people at the heart of all the care and support offered. People knew who the registered manager was and greeted her with affection.

We heard from people the registered manager regularly supported them within their homes. Relatives told us they thought the service was well managed. One relative told us, "If I've ever had any small concerns they have been dealt with straight away."

People who used the service and their relatives were supported through a variety of ways to share their views and suggest improvements. For example, people were encouraged to share their views in everyday conversations with the registered manager and her staff team and within surveys. We saw comments such as, "Excellent, great staff". Another person had written, "Staff are well trained."

The provider and registered manager had regularly checked to make sure people were reliably receiving all the care they needed. These checks included making sure care was consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. Regular checks were made of people's home environments so any breakages or other damage could be identified and quickly repaired. In addition, fire safety equipment was checked to make sure it remained in good working.

The registered manager was supported by a management team which included a care supervisor and locality manager. There was a clear leadership structure with good organisation of the staff team who understood their specific roles and responsibilities. This included their roles as people's keyworkers which was valued by people who used the service and relatives as we consistently heard how people had formed strong, trusting relationships with their keyworkers. The vision and values of the management and staff team put people who used the service and their relatives at the heart of the service. We saw staff always tried to accommodate people's needs and choices. For example, people were supported to enjoy their lives and achieve their own personal goals. Staff also knew about the provider's whistle blowing procedure. Staff said they would not hesitate to use it if they had concerns about the people they supported and felt confident they would be addressed.