

'I Say' Supported Living Services Limited

I Say Supported Living Services Limited

Inspection report

Unit 82, Riverside Estate
Sir Thomas Longley Road, Medway City Estate
Rochester
Kent
ME2 4BH

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Tel: 01634712168

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: This service provides personal care to people living with Autism and/or Learning Disabilities in Medway, Maidstone and the surrounding areas. There were 24 people receiving personal care at the time of this inspection.

People's experience of using this service:

People felt safe with staff. People felt included in planning their care. People's rights and their dignity and privacy were respected. People were supported to live the lifestyle of their choice. People told us they were listened to by the management of the service.

People could involve relatives or others who were important to them when they chose the care they wanted.

People were involved in talking about their personal safety in the community and in their home. This included giving people information about using the internet safely, reporting bullying or harassment and eating and drinking healthy.

Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated. Care plans told people's life story, recorded who the important relatives and friends were in people's lives and explained what lifestyle choices people had made. Care planning informed staff what people could do independently, what skills people wanted to develop and what staff needed to help people to do.

Staff were deployed in the right numbers to meet people's needs and choices. People had a say in which staff supported them and how they were recruited. The registered manager accompanied new staff to introduce them to people. If people did not get on with new staff, they could tell the registered manager who would offer to change their care staff.

Health and safety policies and management plans were implemented by staff to protect people from harm. The provider trained staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have.

Incidents and accidents were recorded and checked or investigated by the registered manager to see what steps could be taken to prevent these happening again.

People were often asked if they were happy with the care they received. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights. People, their relatives and health care professionals had the opportunity to share their views about the service either face-to-face, by telephone, or by using formal feedback forms.

Complaints made by people or their relatives were taken seriously and thoroughly investigated.

The registered manager recruited staff with relevant experience and the right attitude to work with people who had learning disabilities. Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service.

New staff and existing staff were given an induction and on-going training which included information specific to the people's needs in the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and accessed personal protective equipment like disposable gloves and apron's.

The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

The registered manager and staff were working with a clear vision for the service.

Rating at last inspection: At our last inspection on 21 June 2016, we gave the service a Good rating. At this inspection we found the evidence continued to support the rating of Good. (The last inspection report was published on 03 August 2016).

Why we inspected: This was a comprehensive inspection scheduled based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

I Say Supported Living Services Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

'I Say' Supported Living Services Limited is a domiciliary care agency. People live in the community, on their own, in shared housing and with their families. Not everyone using 'I Say' Supported Living Services Limited receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. This means that they are registered with the Care Quality Commission and with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains 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.

We reviewed three people's care plans. We also looked at a variety of different sources of information relating to people, such as; activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service. We spoke with two people and one relative. We met one person at their home and observed their care. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager (who is also the registered provider), deputy manager, human resources manager, training manager and five members of staff. We received feedback from three external health and social care professionals.

Is the service safe?

Our findings

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

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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 continued to be protected from harm and abuse and people told us that they felt safe. For example, people received support from staff to learn about their personal safety, including how to stay safe on line.
- People were assisted to learn how to recognise situations of bullying or harassment. One person said, "Staff talk through about locking doors, also safeguarding and what do you do if someone knocks on the front door. Staff meet with us, they also ring to check we are okay. Staff go through scenarios of online abuse, that kind of thing, I know about bullying." The service operated a 24 hours on call service for people to access offering advice and support out of office hours.
- Staff knew people well and had the knowledge to pick up on any signs that may indicate abuse. A safeguarding policy informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding, knew what signs to look out for and felt confident the management team would listen and act on any concerns they raised. Staff told us they understood how abuse could occur and how they should report abuse. Staff told us about scenarios of abuse they may encounter and how they would respond. For example, if they noticed bruising or changes in people's behaviours. Staff had read and understood the provider's whistleblowing policy. Staff were aware they could use this to raise issues outside of the organisation if they needed to.

Assessing risk, safety monitoring and management

- Risks to people continued to be identified and mitigated against. People had individual risk assessments, the service promoted positive risk assessments to encourage choice, independence and safety at all times. For example, positive risk assessment gave people the opportunity to cook for themselves, take their own medicines and seek work or volunteer placements. One person said, "I do take my medicines independently."
- The registered manager consistently protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards in people's homes were assessed. For example, good lighting or enough space to work. There was guidance and procedures for staff about what actions to take in relation to health and safety matters. For example, a member of staff told us how they assisted one person to store things in their home so that the minimised the risk of trips and falls.
- Staff received training in managing behaviours that could be challenging. However, the registered manager told us that they do not support people where their assessed needs required the on-going management of behaviours that may be challenging to others.
- If people required specialised care to manage on going health issues the risk from this was assessed. Staff

with specified training for each need were provided. For example, if people had hydration or medicines via a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staffing and recruitment

- Staff were provided to people based on their needs on an individual basis. Where more than one member of staff was required, for example, where people needed specialist moving and handling care, the correct numbers of staff were provided. Enough staff were in place to cover staff absences. For example, annual leave. Back-up staffing was provided through an in house staff bank team.
- Records show that staff hours are matched people agreed contracted hours.
- People had a say in who delivered their care and support. Staff meet people before they agree for them to work with them. One person said, "I get the same support worker, I choose female staff because its my preference."
- Staff were recruited safely. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. The provider had a policy that was current with legislation and good practice for the recruitment of social care staff.

Using medicines safely

- The use of medicines continued to be assessed and managed safely. Not all people required staff to administer medicines. The way people liked to receive their medicines was recorded in people's care plans. For example, the care plan stated if the person themselves or a family member was responsible for administering medicines. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. People told us that their medicines were managed safely by staff.
- Medicines were administered by staff who had specialist training in this area. Staff followed the provider's medicines policy. The registered manager and lead nurse checked that staff followed the medicines policy and that staff remained competent in their knowledge and practice when they administered medicine's. The policy followed current guidance about managing medicines for adults receiving social care in the community.
- Staff carried out checks to ensure that any medicine errors were quickly identified and rectified.
- People had access to 'as needed' medicines, such as; over the counter medicines.

Preventing and controlling infection

- People were protected against the spread of infection. One person said, "I get staff support with my hygiene and to clean my house." People were protected from potential cross infection. Staff received infection control training. Staff had access to personal protective equipment when appropriate, such as disposable gloves and aprons.

Learning lessons when things go wrong

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective. The providers policies' set out that incidents and accidents should recorded, investigated and responded to. There had been one recorded incident in the last year. This had been investigated appropriately.
- There were systems in place which included logging incidents onto a computer record, so that these could be monitored to highlight patterns of risk. Staff received training about how to report accidents and incidents to the registered manager.

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.

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

- People's care and support continued to be delivered in line with current legislation. Each person had their own individual care plan which showed how the person wanted to be supported. One person said, "I have been very involved (in my care plan) I wrote some of it myself, one for everyday risks and how to support me."
- Assessments included information and guidance about the person's physical and mental health needs.
- Assessments continued to consider any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. For example, one person was supported to attend church and another person's dietary needs took account of their cultural background.
- People's care was delivered in line with their needs and choices. People were asked about their ethnicity, sexuality, religion and lifestyle preferences as part of the assessment process. Staff understood the care they should be providing to individual people as they followed detailed care plans. A member of staff described to us in detail how they met the recorded needs of a person. This demonstrated that staff understood the care plans. Care plans were left with people at home for staff to follow. The care people received was recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff support: induction, training, skills and experience.
- People told us that staff had the knowledge and skills to support them. A care manager said, "Staff do well by responding quickly, giving due attention to details and making the support positive for the recipient and their care givers."
- Different people had different needs; staff inductions were tailored to people's needs. Formal induction and on-going training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. New staff underwent a thorough induction programme followed by a period of shadowing experienced members of staff before they were able to work with people alone.
- Staff told us that they felt supported by the registered manager and provider. Staff training and supervisions continued to be well managed for effective care delivery. Evidence showed that staff training had been completed. New staff continued to receive support to achieve the required performance standards as part of their work probation. The registered manager continued checking how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance.
- The registered manager also facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their work. When needed the registered manager gave staff the opportunity to participate in one to one mentoring.

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

- Not everyone required support with preparing foods and drinks. People either had the skills to do this independently or they were supported with this by their relatives. Where people gave their consent for staff to support their hydration and nutritional needs, this was well managed. One person said, "Staff help me with cooking, they try and give me the skills, we do different recipes."
- Food hygiene training was provided to staff.
- All staff had been trained in nutrition and hydration so that they had the skills to advise, guide and support individuals with nutrition and hydration care needs. Staff were aware of people's individual dietary needs and their likes and dislikes and any risks there may be to people's health such as choking.

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

- People's health and wellbeing was maintained and reviewed in partnership with external health services. For example, the staff worked closely with Community Nursing teams when people had conditions such as Diabetes or Epilepsy. The outcome of visits people made to their community nurses, GP's and other health care professionals were recorded.
- A care manager said, "Staff listen but as importantly they will challenge appropriately and offer their own solutions to providing adjusted care responses to meet the changing needs of our clients." Another care manager said, "I have one particular client where three agencies are involved in the complex care of the person. I Say Supportive Living Services Ltd staff advocate, negotiate and take responsibility for their part and work positively to give a cohesive response for the person."
- People had health action plans. These detailed how staff would assist people to maintain their health and wellbeing through consistent health appointments and health monitoring.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
- When people's capacity was in question, for more complex decisions the registered manager worked with the care management team to assist people to make best interest help people make decisions. For example, for complex health care and dental extractions. Where decisions had been made by the court of protection, these were followed by staff. For example, managing finances.
- Staff had a good understanding of the MCA and issues around capacity and consent. Staff respected people's opinions and choices, whatever they were.

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; equality and diversity

- People using the service indicated to us that the staff treated them with care, respect and kindness. One person said, "Staff are easy to speak to. Staff encourage me with my independence." And "Staff are friendly. Staff chat to me ask how my day has been."
- The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with told us how they delivered care respectfully.
- Staff knew people well. Staff actively engaged with people and interacted with them positively. Staff understood how to support people to make everyday choices. One person said, "Sometimes I cannot decide what I want to do, they (staff) do not mind for a minute. They (staff) are okay with that. Staff help me to maintain friendships." A relative said, "There is always lots of laughter between my daughter and staff."

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

- A care manager said, "Staff communication with relatives who are at a distance is always professional and kind – with honesty in their accounts and findings."
- People decided how they wanted to be supported. The registered manager assessed each person's ability to do things for themselves or the levels of staff care required. They involved people and their family members in the process when this was appropriate. This assisted staff to meet people's needs in a person-centred way.
- People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted.
- Individual communication needs are met using various appropriate resources. People had access to an independent Speech and Language Therapist (SaLT). The SaLT worked with people to devise communication tools to meet their needs. This may include visual aids, planners or rotas, communication passports, objects of reference systems, social stories, symbols.
- People were provided with information in ways that helped them to make decisions about their care, for example in a pictorial format. They were also supported to access advocacy services, which help people by enabling them to explore and voice their opinions. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.
- Each person had a named key worker. Key worker meetings are completed regularly with service users.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to live as independent and fulfilling lives as possible. One person said, "I go to two or three socials clubs, I meet friends."

- People told us staff respected their privacy and maintained their dignity. We observed this during a home visit. A care manager said, "Staff that I have worked with and the manager demonstrate respect to clients and their families. We have to discuss very sensitive topics and this is managed in a respectful and honest approach."
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

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

- Staff respected people's support choices. A care manager said, "The service is very person centred and also works closely with family and other professionals to support the client to achieve and live well. The service is responsive when you contact them and the family I work with has stated they feel well supported."
- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account. For example, a care plan for a person with a learning disability was in pictorial format which made it easier for them to understand the information. Many people had complex care needs and lived with relatives. However, care plans described people's individual care needs and choices. The care plans enabled people or their relatives to check they were receiving the agreed care. We observed staff communicating with a person using sounds and facial expressions.
- Person centred reviews took place involving people in planning their care. Care plans were thorough, person-centred and detailed peoples likes, dislikes and preferences. One person said, "Staff do support me in a person centred way. They help me budget. I can read all my care plan. I can read what they write about me."
- People were encouraged to learn and grow as individuals; some attended college and groups such as the provider's skills space. The activities people were involved in were tailored to their choice and lifestyle to encourage participation and reduce social isolation. One person said, "I enjoy skills space, meet I meet new friends." "I am currently making picture frames. I have art I have done at home outside my bedroom door."

Improving care quality in response to complaints or concerns

- People told us that they felt confident raising any concerns or complaints.
- How to make a complaint was clearly set out in a complaints policy that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the policy and where people could go externally if they were not satisfied with how their complaint was handled.
- There had been one complaint in the last year. This had been investigated and resolved by the registered manager.

End of life care and support

- The registered manager understood their responsibility to ask people about their end of life preferences. At the time of this inspection no end of life care was being provided.

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; and how the provider understands and acts on duty of candour responsibility

- The registered manager had extensive experience of delivering person centred care to people with learning disabilities and complex needs. It was clear from our discussions with them that they had the skills and motivation to lead the staff team in the delivery positive outcomes for people. For example, they often advocated for people in care reviews with the local authority. A relative told us how important this was during a recent review.
- Staff told us that they learnt about the values of the organisation from day one of their employment. Staff were committed and passionate about delivering high quality, person centred care to people living with learning disabilities and autism.
- The registered manager understood their responsibilities under the duty of candour.

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

- The registered manager led by example. They regularly met with people. They introduced staff to people. They were engaged with relatives and external health care professionals.
- People and staff praised the leadership provided by the management. One person said, "The management could not do enough for me. They are on the end of a telephone or I can text. They always respond, they listen to me." One member of staff said, "I love working here, the management are really good to me, they work hard to accommodate my work life balance needs and client needs, they are approachable."
- Staff were passionate, knowledgeable and had warm relationships with people and colleagues. One member of staff said, "I love working for this company, I get lots of support especially from the registered manager." We observed a person at their home. The same staff had cared for the person for many years. A relative said, "X is the best I have seen her for, X has not had any chest infections for five years, staff keep X's skin in good condition, there have been no pressure sores."
- The provider and registered manager analysed the service's performance annually. For example, they had recruited an additional team leader. This provided support workers with another level of support to positive person centred care.
- On a daily basis, staff and the registered manager carried out a series of daily, weekly and monthly checks to monitor and maintain the quality of the care provided to people. The registered manager also conducted spot checks and 'observations' on staff to ensure they continued to have the knowledge and skills to support people.

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

- People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. People told us they get sent newsletters and copies of the staffing rota for their care. The registered manager set out their aims and objectives for the service in their statement of purpose.
- Feedback was sought from people, staff and health professionals. This information was collected and analysed for patterns, trends and areas for improvement. Staff meetings were held regularly, which gave staff further opportunity to raise ideas and concerns.

Continuous learning and improving care

- The registered manager worked on service improvement and development. For example, since our last inspection they had opened their skills space day service activity and art group. The registered manager told us, "The skills space provides socially relevant and appropriate opportunities for people to develop and maintain friendships, avoiding social isolation and provide a safe place for individuals to learn and interact." A member of staff said, "This is a core skills space, main things are arts and crafts, but people learn cooking skills and we offer people the chance to meet others, without causing them anxiety. We are working on a new project activity wall so that people can see what activities they have been doing."
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, The management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018. We noted records that showed people and staff had been involved in this.

Working in partnership with others

- Staff worked closely with health and social care professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs. A care manager said, "I have always found the manager and staff are very open to suggestions and will always contact me if needed. I feel I have a good relationship with the company and are always in contact with each other."
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had clearly displayed their rating at the service and on their website.