

Leicestershire County Council

Melton Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Melton Supported Living Service is based in Melton Mowbray, Leicestershire. It is a domiciliary care agency that provides personal care to people in their own homes. They support adults who have learning disabilities, some of whom also have physical disabilities.

At the time of our inspection there were 13 people using the service.

The service supports people in five shared properties close to the office building. Night time support is provided by waking night staff, or sleep-in staff, in some of the properties. Properties without night time staff support have remote sensors in place which can summon assistance from waking night staff, in the nearby properties, if needed.

People's experience of using this service:

People received kind and caring support from staff who knew how to meet their needs. We observed staff talking kindly to people and treating them with respect.

People were supported to take their prescribed medicines and care staff followed systems and procedures to ensure medicines were administered safely.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient care staff available to provide safe support and necessary pre-employment checks had been carried out.

The registered manager ensured that people's care plans and risk assessments were amended following incidents to ensure that people were supported safely.

There were systems and processes in place to safeguard people from the risk of abuse.

Care plans were in place which were updated as people's needs changed. This meant that the care plans guided care staff to effectively meet people's needs.

Care staff were well supported by the provider. They received suitable induction, training and had the skills and experience necessary to support people safely and effectively.

People were supported with their dietary needs and to get medical attention when they needed it.

People had personalised plans of care which gave staff the knowledge and information to support them in a way that people preferred.

The registered manager worked in partnership with others to ensure people received safe care and support.

People had the choice to engage with a variety of activities including local community social groups.

People, and their relatives, told us that the registered manager was approachable, and that any concerns they raised had been dealt with effectively.

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.

The registered manager had a quality assurance system in place to monitor the safety and quality of the service.

Rating at last inspection: Requires Improvement: 11 June 2018

At the previous inspection we found that the service was in breach of Regulation 18; Registration Regulations 2009: Notifications of other incidents. The provider had failed to notify safeguarding incidents to CQC as is required by law.

Additionally, improvements were required in the handling of accidents and incidents. Care staff had not completed regular and effective training and improvements were required to the auditing of care plans and risk assessments to ensure they contained current information.

The provider had made the required improvements in all these areas.

Why we inspected: This was a planned inspection 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Melton Supported Living Service

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by an inspector and an assistant inspector.

Service and service type: The service provides care and support to people living in five 'supported living' settings, so they can live 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service five days' notice of the inspection. We provided the registered manager with an easy-read poster, including a photograph of the inspector, for use by care staff when reassuring the people who lived there, about the inspection.

What we did: Before the inspection the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and local health care professionals. We used all this information to plan our inspection.

During inspection: On the 28 May 2019 we spoke with eight relatives on the telephone. On 29 May 2019 we visited the service office where we spoke with four people who use the service, the registered manager, service improvement manager and four care workers. We visited two properties to observe staff interactions with people. We looked four people's care records as well as records relating to the management of the home. This included staff records and health and safety records.

After inspection: The registered manager provided us with some of the provider's policies and procedures, as well as their statement of purpose for our information.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we rated the service as requiring improvement because adequate systems were not in place to monitor incidents. Some incidents had not been notified to the Care Quality Commission (CQC). This could put people at potential risk of harm as the relevant authorities had not always been enabled to assess potential risks and take appropriate action to keep people safe. At this inspection we found that improvements had been made.
- A relative told us, "Yes, he is safe there. He can't communicate much verbally but I know from his body language if he is worried or isn't happy and he seems fine. He likes it there".
- All care staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults policies in place, which care staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured that people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans (PEEPS) were in place so that people could be supported to exit their property in an emergency.
- People's individual risks had been assessed and reviewed regularly, or as their needs changed, by the registered manager. That meant care staff knew how to support people safely.
- Routine health and safety checks had been carried out by the landlord and the findings shared with registered manager. This meant that the registered manager was assured that the buildings were safe for the people living in them.

Staffing and recruitment

- There were sufficient staff available to support people according to their needs. A relative told us, "There are always enough staff. Always someone around in the bungalow when they are needed. There are also staff in nearby buildings who can help if they need to."
- The provider had an effective recruitment policy and procedures in place, and the necessary staff pre-employment checks had been carried out. The registered manager told us that agency care staff were rarely required to cover unplanned absences.
- Relatives told us that they preferred it when regular staff work in each of the properties. A relative told us, "[Person] has some really good ways of telling people if she isn't happy with a particular staff member, so I know she is happy with her three regular staff. The key is consistency and for all the staff to work well as a

team."

Using medicines safely

- Medicine management systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medication audits were in place. Weekly checks were regularly carried out by support workers. However, monthly support officer audits were not carried out consistently.
- Care staff were trained in how to administer prescribed medications, when people required them. This was underpinned by the provider's comprehensive medication policy to which care staff had access.
- Medication errors were reported and investigated appropriately and any necessary action taken to ensure improvements and prevent recurrence.

Preventing and controlling infection

- All care staff had received training in infection control procedures and supported people to maintain good housekeeping standards in their home.
- The provider had an infection control policy and personal protective equipment such as disposable gloves and aprons were used to prevent the spread of infections.

Learning lessons when things go wrong

- There were effective processes for the review of incidents and accidents. The registered manager had identified trends and had taken any necessary action to minimise risks. The registered manager told us that there had been a reduction in the number of incidents since this new process had been introduced.
- The registered manager ensured that people's care plans and risk assessments were amended following incidents to ensure that people were supported safely.

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 and relatives were involved in care plan reviews. A relative told us, "They go through it all with us and explain everything, then [Person] says what they want to happen and they make changes to the plan as well. They do listen to us."
- The registered manager had created care plans which were updated as people's needs changed. This meant that the care plans guided care staff to effectively meet people's needs.
- Care plans contained summary guides to each person's day which were derived from the care plans and risk assessments. A care worker told us, "We use the day plans to get a quick overview". This meant that care staff were supplied with relevant information about how to effectively support people.
- Care plans were reviewed. However, records of actions carried out were not always recorded. This was brought to the registered manager's attention who assured us that care staff would be required to note specific actions taken on the care plan review form.
- Staff understood people's needs and preferences. Positive behavioural support plans were in place to guide care staff on how to support people experiencing distress or anxiety.
- Care staff reviewed people's support needs. A relative told us, "The staff got [Person] some extra support hours for the weekend so that he can go out and do more things now."
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New staff completed induction training, which included working alongside experienced care staff. Care workers told us that they received the training needed to meet people's individual needs. However, some care staff told us that it was sometimes difficult to find the time to complete the computer based training courses.
- A community learning disability nurse told us, "I assess staff delivering PEG feeds and all of the staff understand their responsibilities and update their training and skills regularly." PEG stands for percutaneous endoscopic gastrostomy, a procedure which allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.
- The provider had a training plan to identify when care staff required training, and arrangements were in place to ensure that care staff were kept up to date with essential training.
- Care staff told us that they have regular handover sessions, supervision meetings and an annual appraisal.
- Care staff received training in positive behaviour support (PBS) strategies. PBS is a behaviour management system used to understand what causes a person to display concerning behaviours and how to support people to reduce their levels of anxiety and aggression.

We observed care staff using their skills to support people effectively and sensitively.

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

- A relative told us, "[Person] likes their food. Staff try and help them to plan a menu, because they like to have food that everyone enjoys. But if [person] doesn't like it on the day they just choose to have something different."
- Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.
- Care staff supported people, who wanted to access additional support and advice about their weight, to attend weight loss groups in the local community.

Staff working with other agencies to provide consistent, effective, timely care

- Alternative day activities were available for people. These reflected people's interests and support needs. A relative told us, "He [family member] loves going to [Activity]. I helped to arrange that for him and he goes there several times a week now. He gets up each morning looking forward to going there".

Supporting people to live healthier lives, access healthcare services and support

- People went to community health services when they needed them. A relative told us, "The staff take him to GP appointments and are in the process of sorting out a new dentist for him."
- The registered manager ensured that people's mobility and healthcare needs were met, and people were supported to have annual health checks with their GP.
- Care staff were aware of each person's health support needs and how to enable them to live healthier lives. However, care plan records did not contain the dates of previous health checks because the information had been archived. This meant that it was difficult to determine when a person's next health check was due. This was brought to the attention of the registered manager who arranged for that information to be added back into the current care plan records.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA, and found that it was. Care staff received training in relation to MCA and DoLs and worked within the principles of MCA. Appropriate referrals to the Court of Protection had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.
- Care staff told us their understanding of the MCA had improved since the introduction of the provider's 'MCA toolkit'. A care staff told us that, "We don't override people's decisions unless we know for definite that they lack the capacity to make that particular decision"
- Accessible information was available at the office about the role of advocates and people had been supported to access advocacy support when needed.

Is the service caring?

Our findings

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

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

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

- Staff were attentive to people's needs and supported people with kindness. A relative said, "The staff are caring and kind. Lovely people. They are always caring to everyone and always nice enough to me when I visit too."
- Relatives told us that staffing was generally consistent. One told us that, "On the whole the staff are all good. If they have to use staff who are not regular to cover for staff sickness then I might not know who they are but [person] always seems to know who they are and likes them."
- People that we spoke with told us they were happy with their home and the care they received. They spoke positively about the staff and told us they, "would not change anything".
- A community learning disability nurse told us, "The team are very good at supporting individuals with complex needs and developing their skills in a required manner. They are compassionate and caring and support each other in the service."
- All staff had received equality and diversity training which was underpinned by the provider's equality and diversity policy which set out how the service operates to support people, and staff, from diverse backgrounds.

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

- People were involved in deciding their own care plans and choosing what activities they wanted to do. Care staff told us that they supported people to have 'house meetings' to discuss plans for leisure activities and transport.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to develop, and maintain, their independence skills.
- Care staff had enabled people to develop friendships with others in neighbouring properties and people made their own decisions about shared leisure interests.
- The registered manager understood the Accessible Information Standard, which requires that documents be provided in accessible formats, and appropriate languages. We saw documents in care plans and on notice boards, that were in an easy-read format.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that, "[Person] has a real life now. The staff are helping him to be much more independent than when he lived at home. He has his wings now."
- Care staff treated people with respect. A relative told us, "The staff know that it is the person's home and they treat it like that, they don't treat it like it is just a workplace"

- People's independence was encouraged. A care staff told us, "We have helped [person] to take more control over their own finances. We helped them to join [a weight loss group] and they are learning how to do their own medication".
- Care staff supported people to learn and practice new skills as part of their development towards more independent living. For example, learning domestic skills such as cooking and cleaning.

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

- People's care plans contained personalised information so care staff could meet people's support needs. Care plans were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities.
- People were involved in care planning and were informed of any changes. A relative told us, "I am always invited to any meetings or appointments that come up. They always ring and tell me, they are very good at that."
- Care workers were attentive to people's changing needs. A relative told us, "[Person] had some falls a while ago. This was looked into they found that [person] needed special shoes made. The staff also support him to wear an ankle support as well now."
- People's communication needs were identified and recorded in care plans. Those needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, using easy read care plan documents and activity posters.

Improving care quality in response to complaints or concerns

- An easy read complaints procedure was in place and displayed for people's information.
- People knew who to talk to if they had a concern or a complaint. A person told us, "If I had any concerns I would probably and tell [support officer]. But I would have no problem speaking with [registered manager]"
- The registered manager was approachable. A relative told us that, "I haven't had much reason to contact her, but when I have she has been good. She listens and sorts things out. Always helpful and willing to listen"
- Formal and verbal concerns had been received and had been investigated and responded to appropriately. Where necessary, action had been taken to improve the service.

End of life care and support

- Where appropriate, people's wishes for their end of life were included in their care plans.

Is the service well-led?

Our findings

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

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

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

- The registered manager provided supportive leadership. Care workers told us that the registered manager was approachable and that they felt supported by them.
- The registered manager and all the staff we spoke with and observed, were committed to providing person centred, high quality care.
- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.

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

- All the staff we spoke with understood their roles within the service and the registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place to monitor the quality of the service.
- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The provider carried out appropriate care staff pre-employment checks. This helps to ensure that care staff are suitable and safe to work with vulnerable people.

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

- People, care staff and relatives, told us that they could contribute their views on the service informally. People had been sent an accessible annual satisfaction survey which the registered manager reviewed and acted on.
- People's equality and diversity characteristics were identified during the initial assessment process, and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's equality and diversity policy.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support. For example, a medication error had been investigated

and found to be partly caused by medication record format. That resulted in a change to the layout of the medication records.

- The registered manager was supported by the provider's service improvement officer in developing a continuous improvement plan. We saw evidence of that plan being implemented.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs, community health services, adult education and local social activity groups, to ensure that people received the care and support they needed.
- However, a community learning disability nurse told us that the service needs to, "get better at problem solving for themselves as they can be over reliant on professionals instead of looking at why problems occur, especially with cases of challenging behaviour."
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.