

Supported Independence Limited

Kelly House

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

Kelly House is registered to provide personal care for people. There were nine people using the service on the day of our visit.

The inspection took place on 5 July 2016 and was unannounced. The service was last inspected in February 2014 when it was compliant with the regulations at that time.

There was a registered manager for the service. 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 felt safe with the staff that supported them. Staff were knowledgeable in their understanding of the subject of abuse. Staff were able to tell us what to do if they were concerned about someone. They had attended training to help them understand what abuse was and knew who to report concerns if they had them.

People felt they were well supported with their mental health needs and they understood the aims of the service. They told us they were there to gain confidence and to recover from their mental health issues. They also said they were achieving these aims at the service. People's right to privacy was maintained. Health and safety room checks were completed in agreement with people in advance.

There was enough staff to support people with their mental health needs as well as to provide a caring and effective service. People told us they were treated with care and kindness by the staff. The staff engaged people in social activities, household tasks and other activities of daily living. Staff had a caring and attentive approach. Staff knew people well and provided them with a service that met their needs.

There were systems in place to ensure that people's rights were protected if they did not have the mental capacity. There was guidance in place for staff to follow about the Mental Capacity Act 2005.

People were supported by staff that had a good understanding of their needs and the care they required. The staff were trained and knew how to provide them with effective support.

People knew how to make their views known and there was an effective system in place to receive and address complaints and concerns. Care records showed how people wanted to be supported by the staff with their mental health needs and other support needs. Staff helped people to make choices in their daily life and encouraged them to be independent.

The provider's visions and values around promoting independence and providing person centred care were understood by staff and the people who used the service. The staff put these values into practice when they

assisted peoples with their needs.

Audits to check and monitor the care and service were completed on a regular basis. People were asked for their views of the service as part of this process.

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 ●

Staff knew how to keep people safe and how to recognise and report abuse.

People felt safe with the staff who assisted them with their range of mental health needs. There was enough staff to meet the needs of people using the service.

The provider had recruitment systems in place to protect people from the risks from unsuitable staff being employed

Is the service effective?

Good ●

People were supported to have enough to eat and drink.

People were assisted by staff with a good understanding of their mental health needs and they were provided with effective support.

People were assisted to see their specialist health care professionals who supported them with their health care needs.

The staff understood about the Mental Capacity Act 2005 and how to protect the rights of the people they supported

Is the service caring?

Good ●

The service was caring.

People were treated with respect and were encouraged and supported to gain independence.

People felt supported by the staff team and the registered manager and people said the staff were caring in their approach.

People were involved in how their care was planned. The staff were knowledgeable and knew how to support people in the ways they preferred.

Is the service responsive?

Good ●

People's needs were planned flexibly and support was being

provided as agreed in their care plans.

People who used the service made choices in their day-to-day lives and were able to do a range of social and therapeutic activities.

People knew how to make their views known and there was a system in place to receive and respond to complaints or concerns.

Is the service well-led?

Good ●

People and staff knew the aims of the service were to provide person centred care that focused on them as a unique individual.

The quality of the support and the service was checked to ensure it was of a good enough standard. People were asked for their views as part of this process.

The staff felt they were supported by the registered manager and day to day, manager of the service . The staff said they could speak to the registered manager at any time about anything.

Kelly House

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.

We reviewed notifications of incidents that the provider had sent us. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We visited the service on 5 July 2016. Our visit was unannounced and one inspector carried out the inspection.

We observed care and support in shared areas, spoke with six people in private and looked at the care records for two people. We also viewed a number of different records about how the service was being managed and run. We spoke with the registered manager, a manager in day-to-day charge of the service and four support workers.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service and with the staff. One person said, "As soon as I walked through the door here I felt safe here." Another person commented, "When I walk through the gate and shut it I feel that I am home and I feel safe."

The staff explained to us how they assisted people to remain safe and what they did if they felt someone was at risk of abuse. Staff told us that they would promptly report any concerns if they felt that someone was not being treated properly to the manager in day to day charge. The staff told us they felt confident to report poor practice or any concerns. They said they felt their concerns if they had them, would be taken very seriously by the managers. There was an up to date reporting procedure in place to support them to do this. We saw notices on display with the procedures they should follow if they were made aware of suspected abuse. Staff were aware of the people they would need to inform if they were dissatisfied with how a case of suspected abuse was being managed by the service.

Staff were able to explain to us how they assisted people to reduce risks whilst they promoted their independence. They told us some examples of how they supported people, for example when they felt vulnerable to go to the community. These included support with shopping and their finances.

Staff and the people we met said that some individuals were at risk from other people in the community. Some other people were on occasions at risk of harming themselves. The staff were observed providing one to one support to people. This was to help them go out into the community and feel safe. The records we viewed set out how people were assessed for risks to their health and wellbeing. These included people who were at risk of self-neglect. The risk assessments were updated on a regular basis and reviewed and changed when required. The staff knew what had been written in the risk assessments. We saw that they followed them when they supported people to leave the service.

One person told us that staff helped them with their medicines. Staff told us they felt knowledgeable to support people with their medicines. Some people were given medicines by visiting community nurses. Medicines were kept in individual secure cupboards in people's rooms. Medicine charts were accurate and up to date. The charts also confirmed when people were given their medicines or the reasons why they had not had them. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training so that they understood how to support people with their medicines safely.

When accidents and incidents occurred that involved people at the service these were recorded by staff. The manager checked and analysed these occurrences. When action was needed, this was put in place and any further follow up actions taken. For example, a person had left the service and not informed anyone. Actions taken to try to keep them safe had been clearly put in place. This helped protect people and keep them safe. This also helped to lower the risks of further occurrences.

The provider ensured that checks were undertaken on the suitability of all potential new staff before they

were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were taken on to work with people who were vulnerable.

Is the service effective?

Our findings

Every person we met spoke positively about how they were being encouraged and supported with their mental health and personal care needs. Examples of what people said included "The staff are absolutely brilliant and they are all supportive." Another comment was "The staff are ever so helpful, there is always someone to talk to they keep the morale up and see if I have any issues that I want to raise with them". Another person said, "The staff are more than okay they are very helpful, people appreciate being here and they have helped me in all sorts of ways."

People told us the staff were knowledgeable and understood what level of support and encouragement they required. One person said staff were "Brilliant"; another person told us staff had been, "Very understanding".

Staff were very friendly and calm in their approach. The staff talked with people sensitively about how they were feeling and how they wanted to spend their day. We also found that staff were knowledgeable about people's different mental health needs and how to support them. They said they had got to know people very well. They said they had built up trust with people and read the care records on a daily basis. This was to help them know how to provide people with effective care and assistance. For example, staff told us about one person who required staff support due to their mental health needs affecting their confidence to go out on their own.

Staff understood about the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider's policies available to staff.

People were being well supported to meet their physical health care needs. The registered manager told us whilst people used the service they were registered with a GP surgery nearby. We read information showing staff checked people's health and wellbeing and encouraged them to see their doctor if required.

People were offered sufficient food and drink to stay healthy. People were mainly self-catering. Staff gave them some skills support individually and in groups to prepare and cook communal meals. People's diets and fluid intake were monitored if required and their needs addressed when required. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people to offer guidance about eating a suitable and varied diet.

Care records clearly showed how staff should support people at meal times. Dietary information was kept in care records to assist staff to help people with their nutritional needs. Risk assessments were written in relation to how much people were eating and drinking. This information was used to help protect people who were encouraged in the most suitable way to eat and drink enough to stay healthy.

People were supported by a team of staff who were suitably trained and experienced to meet their needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses

included understanding mental health needs, infection control, and food hygiene, safe moving and handling and health and safety.

Staff told us that they had been provided with a comprehensive induction when they began employment. They said this had provided them with information about the service and people's needs. The staff induction programme included areas such as how to support people with complex mental health needs and safeguarding adults. Completed records showed that the registered manager had ensured staff had received a good range of training before they began work with people at the service. This meant people were supported with their needs by well trained staff.

Staff told us they were being properly supervised in their work. The registered manager told us that each member of the team had an annual appraisal of their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

Is the service caring?

Our findings

People were very positive in their views of staff and their caring attitude towards them. Examples of feedback included, "They are all so kind they are like my mum, if they were not like that I would not hesitate to tell you" and "They are all kindness itself they are always there for you when you need them". Another person said, "They help me with cooking and my finances form what I have seen of them so far they are great." Another comment was "They all help me and if I have a problem they will sort it out and they can bring it down to normal for me."

People told us how they were encouraged to express their views. They also told us they were actively involved in planning decisions about their care and what type of support they felt they needed. People said they were very familiar with their care records and said they were involved in writing them. They then signed the records to confirm they accurately represented their views about their care and support and how it was to be provided.

We saw the staff engage with people and interact with them in very way and caring way. Staff used a kind and friendly approach with everyone. We saw numerous warm and friendly interactions between people and the staff.

People's privacy and was respected by the staff at the service. People told us that carers checked their rooms by prior arrangement with them. This was to ensure rooms were safe and being properly maintained .This was also made clear to people in the service user guide about the services.

Independence was promoted in a number of ways while people lived at the service. Menu planning and cooking was encouraged for each person. People were encouraged to look after their own finances. If it was what they wanted, they were also supported to look for suitable employment or vocational work. Care records showed that staff encouraged people to be as independent as possible in these different areas of their daily lives.

The staff told us they were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was regularly raised with them at team meetings and supervision meetings.

Information about independent advocacy services was available for people to read about. These organisations offer independent support to people to make sure their views are properly represented. The diversity of people was respected by staff. We saw that care records included information about people's faith where they had religious beliefs. Care records also included information that explained why people would prefer care from staff of the same gender due to their beliefs. Information was also displayed about faiths and what they meant to people. People who had a particular faith were able to practise this either at the service or in the community.

Is the service responsive?

Our findings

People told us that their preferences were taken into account and they received care that was flexible to their needs. One person said, "I have a keyworker and if I have a problem they sort it out with me". Other comments people made included, "You can do what you want when you want and in the way that you want". People also told us "They take me shopping" and "I have a cracking key worker she's just a nice person I would describe her as person centred and yes I have a care plan."

Staff we spoke with knew people's preferences in their daily life very well. Staff were able to describe how people liked to be encouraged to maintain their independence. For example, what time they got up, how they spent their day and what food they wanted to buy and cook.

Staff also understood different people's complex mental health needs and how they preferred to be approached by staff. The care records we viewed contained people's preferences such as; working towards having goals like having new friends and a relationship. A detailed summary of the care plan was shared with the person who it belonged to. The care records explained how to support people and what challenges to their wellbeing they may face. Care records also included what people hoped to achieve and what to do to support them. The care records showed people were able to make their views known about how they wanted to be supported.

People told us they were involved in the reviews of their care and changes were made to their care as their needs changed. The care records showed that people were being well supported with their needs. The care records set out how to promote independence and how to help people achieve this.

Care records also explained how to support people to take more responsibility for their own lives. The support records made people aware of the potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk. For example, one person who was not eating healthily had a care plan in place to ensure that staff knew how to support them.

People told us they knew how to complain and that they would approach the staff or the registered manager if they had any concerns. People we spoke with said they felt confident they could make a complaint to the manager or any of the staff. There had been one complaint made about the service over the last year. The complaints procedure had been followed. A letter was sent to the person and this set out what actions were taken to resolve their complaint.

People told us they were given their own copy of provider's complaints procedure when they first started using the service. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

As part of the review of the service, the management sent out survey forms to people on a regular basis. This was to find out if their views of the service and any suggestions for how it could be improved. If people were to raise concerns in the survey, form actions was taken by the management to address them. The last survey forms had been universally very positive about how the service was run, and about the care and support people received.

People told us they had been given a folder that contained information about the services provided. This was to help them decide if they felt it was suitable for their needs. The information given to people was clear and it fully set out the services offered. This information meant people were able to make an informed choice about whether the service was suitable for their needs.

Is the service well-led?

Our findings

The staff and the people who used the service knew what the visions and values of the organisation were. They included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. The people we spoke with also told us staff followed these values and treated them in a person-centred way and as unique individuals.

Both managers were open and accessible in their approach with people and the staff. People had positive views to share with us about them. One person told us, "They are helpful". Another comment was "They are a very nice person who I like a lot". Another person told us that the manager was "Very sound and very trustworthy."

The staff and some of the people we spoke with told us a senior manager met with them on a regular basis. They told us they came to see them and spent time with them to find out their views of the service they received. A report of their findings and any actions required was then sent to the service after the visit. For example, people had asked for certain improvements to the premises to be put in place. They told us this was now being addressed for them.

The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this.

Staff team meetings were held on a regular basis. The staff said they were able to make their views known about the way the service was run or anything that they wanted to raise. A number of topics were discussed at the meetings. These included the needs of people at the service, staffing levels health and safety issues, and staff training. We saw where required, actions resulting from these were put in place to follow up.

There were systems in place to ensure the quality of service was checked and standards maintained. The manager and registered manager carried out regular reviews of the care and quality of the service. Audits were completed on a regular basis to check on the overall experiences of people who lived at the service. They also checked on the training, support and management of the staff team. Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example, care records had recently been reviewed and a number of policies and procedures had been updated. This meant staff had up to date information to ensure they provided people with safe care.