Independent Supported Living and Disabilities Ltd

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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?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Independent Supported Living and Disabilities Ltd (ISLAD) provides support to up to 17 adults with learning disabilities or autistic spectrum disorder. People live in accommodation that contain a cluster of seven flats. Staff offices are located within close proximity which enables easy access for people who require support. On the day of our visit there were 16 people using the service.

The registered manager has been registered since May 2013. 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 and associated Regulations about how the service is run.

Summary of findings

People said they felt safe from abuse and were aware of what to do if they had concerns. This was because the service ensured information about how to report safeguarding concerns was in a format that people could easily understand. The service brought external agencies to talk to people about how they could keep safe both in their homes and out in the community. Staff demonstrated their understanding of the service's safeguarding policy and knew how to ensure people were protected from abuse. Where risks were identified appropriate measures were put in place to minimise them and they were regularly reviewed. There was sufficient staff to provide care and support to people; this was evidenced in the staff rota reviewed and observations during our visit. Safe recruitment practices were in place which ensured staff recruited was of good character. Appropriate measures were in place to ensure staff administered medicines to people safely. The service ensured a contingency plan was in place in the event of unforeseeable circumstances.

People received effective care from staff who had the knowledge and skills to carry out their job roles. This was because staff received effective induction, training, supervision and appraisal. Staff understood the relevant requirements of the Mental Capacity Act (2005) and the training matrix confirmed they had received appropriate training. Consent was sought before care and support was carried out and where people lacked capacity to give consent, agreements clearly documented who should be involved in the decision making process. People were supported to have enough to eat and drink. The service worked in partnership with other health professionals to ensure people received effective care and support. This was evidenced in people's health action plans.

People said staff were caring and treated them with respect and dignity. We observed people responding to people with respect and concern. Staff demonstrated a good understanding of people's needs, hobbies and interests. Care records evidenced how people were involved in their care, given choice and were encouraged to be independent. The service ensured people's communications needs were met. We have made a recommendation about staff training on the subject of end of life care.

People said the service was responsive to their needs. This was observed during our inspections and in the care records reviewed. We saw care plans and risk assessments were regularly reviewed and updated. Reviews of care were undertaken with people and those involved in their care. Care records clearly captured people's preferences and wishes and staff provided care and support in order to help people reach their desired outcomes. People said they were involved in decisions made about their care and support needs. This was evidenced in key worker meeting notes we reviewed. The service took a pro-active stance in encouraging people to participate in meaningful activities. During our visit people were either at work, on a social excursion, or involved in an activity of their choice. People knew how to make a complaint if they had concerns.

People, a relative and staff spoke positively about the service and said it was managed well. They told us management was supportive and listened to them. Systems were in place to manage, monitor and improve the quality of the service provided. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. Regular team meetings showed management highlighting the areas that required further improvement. Support was given to staff to enable to them know what to expect from an inspection from the Care Quality Commission and how to evidence the required standards. The service had a system to capture complaints; we noted all complaints were responded to appropriately. Positive feedback was received from people, staff and health care professionals however, we saw no documentary evidence to show what action was taken as result of negative feedback.

Summary of findings

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.

People said they felt safe from abuse and were aware of what to do if they had concerns.

There was sufficient staff to provide care to people.

Risk assessments were regularly reviewed to ensure people received safe and appropriate care.

Good

Is the service effective?
The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their job roles.

Staff had undertaken relevant training and could demonstrate their understanding of the Mental Capacity Act 2005 (MCA).

The service worked in partnership with other health professionals to ensure people received effective care and support.

Good

Is the service caring?
There were aspects of the service that was caring.

People said staff were caring and treated them with respect and dignity.

Care records evidenced how people were involved in their care, given choice and were encouraged to being independent.

We have made a recommendation about staff training on the subject of end of life care.

Requires improvement

Is the service responsive?
The service was responsive.

People said the service was responsive to their needs.

People were involved in decisions made about their care and support needs.

The service took a pro-active stance in encouraging people to participate in meaningful activities.

Good

Is the service well-led?
The service was well-led.

People, a relative and staff spoke positively about the service and said it was managed well.

Good

Summary of findings

Systems were in place to manage, monitor and improve the quality of the service provided.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

Independent Supported Living and Disabilities Ltd

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 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.

This inspection took place on 25 & 26 June 2015. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise related to people with learning disabilities.

The provider was given 48 hours' notice to inform them the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During this inspection we observed how staff interacted with people. We spoke with six people, five staff members and one relative. We spoke with the registered manager, service manager, looked at four care records, two staff records and records relating to management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and knew what to do if they had concerns. For example, one staff member told us, "A person raised a safeguarding issue and felt comfortable doing so." A relative commented, "I believe X is safe. This is because X is verbal and tells me everything." Communal areas had easy read posters that clearly displayed what people should do if they felt unsafe. These were in pictorial format and showed contact details for staff and the local safeguarding adult's team. We observed easy read pictorial versions of the local safeguarding policy and procedures were also available in people's flats. This meant people were given information on how to report concerns in a format they could understand.

People were informed how to keep safe within their homes and outside the community. This was evidenced in a minutes of tenants meeting dated 5 June 2015. We noted discussions were held between staff and people on what safeguarding meant and what people should do if they had any concerns. Other minutes of tenants meetings showed safeguarding was a regular item on the agenda. On the second day of our visit, we attended the weekly tenants' meeting held in the communal area of one of the flats. A community police officer for the local area came to speak with people about how they could keep themselves safe in the community and listened to any safety concerns people had. This showed the service took pro-active steps to ensure people were aware of how to keep safe within their homes and how to keep safe in the local community.

People were protected from abuse because staff undertook relevant training, knew how to identify abuse and report any concerns in order to protect people from harm. One staff member commented, "I ensure I follow safeguarding policies and procedures and report any concerns to my team leader or manager." Another staff member commented, "We don't keep secrets, everything is reported to my manager." The staff training matrix showed all staff had attended relevant training. A schedule of refresher training showed the names of staff booked and the dates to attend. We noted the service's safeguarding policy complied with local authority's safeguarding procedures.

The service undertook safe recruitment procedures. Staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were completed. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

The service ensured there was enough staff to provide care and support to people. A review of the staff rota showed shifts were appropriately covered. The service manager told us the rota was covered over a three week period and regularly reviewed. Where there was a need for shifts to be covered, this was clearly documented with dates, shift types and names of staff members assigned to cover the shifts with their contact numbers. One relative commented, "X never says there's not enough staff. When I visit here there is usually enough staff."

Risk assessments were undertaken and in place to ensure people's safety. Care records showed where people were identified at risk appropriate measures were put in place. For example, one person was identified at high risk in the area of personal care of being scalded with hot water. A plan was put in place to support the person when this task was being carried out. With this measure the risk was re-assessed as low.

The service employed a behavioural support co-ordinator to provide additional support to people who presented behaviour which challenged the service. The behavioural support co-ordinator told us about behavioural management plans they had put in place for people whose behaviour could be presented as challenging. A review of these plans showed they were person centred and gave staff clear guidance on the types of behaviours people displayed and appropriate staff response. This was supported by a relative who commented, "Staff are very good, they understand what things trigger X's anxiety and will deal with it very quickly. This helped to ensure that staff supported people in a safe and consistent way.

People received support from staff with their medicines to ensure they were managed safely. One person commented, "They (staff) always make sure we take our medication on time." A staff member commented, "We ensure two members of staff always administer medicines." This was in line with the service's medicines policy. There were suitable facilities in place for the safekeeping of medicines. There was a separate office where people's medicines were stored. Management informed us no medicines were kept in people's flat, however where people chose to keep their medicines in their flats risk assessments were in place.

Good

Is the service safe?

During our visit we observed people arriving at the office throughout the day in order to take their medicines. All medicines were kept in a secure and locked cupboard. Medicines were recorded and signed for using a Medicine Administration Record (MAR) when they had been administered. When medicines had not been administered for specific reasons, the reason why was clearly recorded. A stock record was kept which helped to ensure any discrepancies in the quantity of medicines being kept would be promptly identified. We found the records were accurate and the system for recording protected people who relied on staff to help them with their medicines.

The service's contingency plan contained procedures for staff to follow in the event of a full evacuation. This included what staff should do if there was fire or power cut. Relevant contact numbers for senior management, local authorities and emergency services were available, with a list of all the people who lived in the service and their personal information. This meant the service had arrangements in place in the event of unforeseeable circumstances.

Good

Is the service effective?

Our findings

People and their relatives told us staff effectively supported them. One person commented, “They (staff) help me to find work and things and we practiced little interviews and one to ones.” A relative commented, “If I tell staff something has happened and what I have told X, staff would ensure the message given to X is consistent with what I had said.”

People received care from staff that was knowledgeable and had the necessary skills to meet their care and support needs. This was because the service gave staff effective induction, training, supervision and appraisal. One staff member when discussing their induction commented, “When I started my job, I shadowed a team leader, they showed me how to carry out personal care, move and handle people correctly and record information accurately.” A review of staff records showed as part of the recruitment process all new staff had to undertake numeracy and literacy tests. This ensured people were supported by competent staff.

Staff spoke positively about their training experience. A staff member told us they were supported by the service to gain further qualifications and felt confident to let management know if they required further training. The staff member commented, “We have people living here who have autism and the training received has helped me to support them.” This was supported by the staff training matrix which showed that as well as undertaking essential training, all staff had under taken specialist training in areas such as autism; dealing with challenging behaviour and epilepsy. A relative commented, “I think autism is a difficult medical condition to understand. I think the staff manage X well.” Another staff member explained how the training and support given had helped them to engage with a person who was non-verbal. The staff member showed us some of the signs the person would give if they did not want to eat their food or if they were in pain. This meant staff received training that was specific to people’s individual needs.

Staff told us they had received supervision, a review of staff records confirmed this occurred on a regular basis. For example, one staff commented, ”I can talk about any issue, the way work is going; the people I support; how I am getting on with work colleagues and my career development.” We noted annual appraisals were undertaken.

Staff was aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people’s right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Staff demonstrated a good understanding of the act and explained competently how they would support people who did not have the capacity to make certain decisions. For example, one person’s care record showed a person did not want to attend key work sessions, it noted the person had capacity to make this decision. As a result of this, it was agreed the person could instead talk to staff as and when they wanted. This meant the service ensured staff who obtained consent from people were familiar with the principles of the MCA and codes of conduct, so they could apply them appropriately.

Staff told us there was a ‘no restraint’ policy in relation to how people’s behaviour was managed. Where people were not able to make specific decisions there was evidence to show those who made decisions on people’s behalf had the legal power to do so. For example, a relative commented, “I have legal power of attorney over X’s finances and ensure the service have enough money to cover X’s expenses.” A review of the person’s care record supported this.

The service sought consent before care was delivered. This was evidenced in ‘consent agreements’ which recorded what staff sought consent for; how they obtained it and the date consent was given. Where people did not have the capacity to consent, care records clearly identified the persons who should be involved in decision making.

People were supported to have enough to eat and drink. One person commented, “The food’s good you can eat healthy if you want.” Care records captured people’s food dietary requirements and preferences and gave staff clear directions on how to support them. Care records showed how people were supported to maintain a healthy diet. Where risks were identified, appropriate measures were put in place. For example, we noted a support plan was in place for a person who was assessed as high risk due to their tendency to consume a large amount of fatty foods. Staff supported the person to plan a menu on a weekly basis, and educated the person about diet and exercise. With this intervention the risk was assessed to medium.

Good

Is the service effective?

The service ensured detailed health action plans were in place for people. This enabled people's health needs to be taken into account when developing their care plans and included a record of visits to health practitioners including GP, chiropodist and optician.

Requires improvement

Is the service caring?

Our findings

People and their relatives said they with happy with the care provided. One person commented, “Yeah I feel cared for, they (staff) always ask you, are you ok? I wasn’t in a very happy place a year ago” but in regards to the service they commented, “It’s not bad at all.” A relative commented, “I have seen the way staff have interacted with X when they are in an anxious state. Staff are very calm and reassure X which is what X really needs.”

People told us staff treated them with respect and dignity. One person told us staff were respectful and would knock on the door before entering. They went on to say that, “Sometimes they’re (staff) on your case and that.” This was supported by staff who gave various comments such as, “We shut curtains, close doors when carrying out personal care and knock doors before entering” and “I would remove myself if X wants to go to the toilet.”

People were comfortable in approaching staff at any time and staff were respectful and caring in their response. We observed positive interaction between staff and the people they supported and heard laughter and friendly exchanges even when staff were obviously busy and had tasks to complete.

Staff demonstrated they had a good understanding of the care needs for people they supported. Staff spoke about people’s preferences, personal histories and the care they delivered to them. We noted this was supported by information in the care records we reviewed. We heard them speak with people politely and respectfully and calling them by their preferred names.

Care records ensured people’s communication needs were met because staff were aware of people’s individual communication skills, abilities and preferences. For example, in one care record we noted a person was able to communicate verbally but was very limited. The person’s preferred method of communication was for staff to use a Picture Exchange Communication System (PECS), as well as two to three words to assist the person to complete a sentence. All care records, information displayed in people’s flats and communal areas were in easy read pictorial format. This meant information was given to people in way they could understand.

People were supported to exercise choice and encouraged to be independent. A staff member commented, “X chooses what they want to wear. When I take X shopping, I encourage X to pay for the items bought.” Care records indicated people’s preferences and choices about how care and support was to be delivered.

At the time of our visit, there was no one in the service that received end of life care. We noted care records did not capture people’s preference and choices in regards to end of life care. The staff training matrix evidenced staff had not undertaken the relevant training. This meant people could not be confident their wishes and preference in regards to end of life care would be met. The registered manager showed us a list of courses the service had arranged for staff to attend. We noted end of life care was not on the list.

We recommend the service finds out more about training staff, based upon current best practice, in relation to end of life care.

Good

Is the service responsive?

Our findings

Care plans and risk assessments were up to date and regularly reviewed to reflect changes in people's care needs. This was clearly evidenced in the care records we looked at and was supported by a relative who commented, "X and I attend reviews annually. We get invited by management and other professionals such as the psychologist and social worker also attend."

Care plans had taken into account people's individual wishes and preferences in the way they wanted their care and support to be provided. They were individualised and person centred. For example, under the title 'understanding me and my life', we noted information was recorded that related to people's social life; cultural needs; money management; hobbies; employment and education. This helped staff to understand what was important people now and in the future. We noted care records were signed and dated by staff to confirm they had read people's care plans and understood their needs.

People and their relatives said the service was responsive to their care needs. For example, one person told us staff had helped them to get in touch with their family who they had lost contact with. During our visit we observed staff responded promptly to people's request for assistance.

People met regularly with their key workers to discuss and review their care and support needs. For example, one key worker meeting notes dated 8 May 2015, covered how a person was getting on, the activities they were involved with and if they had any concerns. The key work session captured the person's feedback, it recorded the person had said, "Staff is handling my money and ensures I get what I need." This meant people had the opportunity to be involved in the delivery of care and support being offered.

People were supported to follow their interests and take part in social activities. The service was pro-active in supporting people to make meaningful use of their time. There were a wide variety of activities on offer for people who wanted to participate. Where people had specific hobbies, staff carried out the necessary research to find out how they could be supported. For example, one person had a keen interest in gardening. The manager told us how they were trying to find a gardening course at a local college for the person to attend. Another person told us they were on their way to the day centre where they worked Mondays, Tuesdays and Thursdays. During our visit we observed a group of people being taken out by staff for the day on a social excursion.

People knew how and who to make a complaint to, if they felt it was necessary to do so. We heard various comments such as, "I would go to the manager and complain"; "I would go to staff or the manager if I had a problem or complaint." A staff member commented, "Complaints would be listened to and referred to a team leader or manager." A relative commented, "I have heard staff explain to X how to make a complaint. There's a notice up in the communal area." This was supported by our observations of the communal areas where an easy read pictorial version of the complaints procedure was clearly visible. Minutes of tenants meetings showed people were informed of how to make complaints.

Good

Is the service well-led?

Our findings

Most of the people we spoke with gave positive comments about the service. One person commented, "Staff Fantastic. The guys look after you." A relative told us staff were very approachable and kept them well informed. They went on to say, "This is the best service I have known since X has been in the care system. X (the service manager) is the best manager I have ever worked with."

Staff spoke positively about the management. We heard comments such as, "I feel very comfortable here, and everyone is approachable. Having a good relationship with your team helps to support people effectively", "We all talk and management listen. It's very open. I think this place is run very well. The managers always support us." and "Yeah, they're quite good, very supportive."

The registered manager was aware of their responsibilities and all notifications were submitted to the Care Quality Commission (CQC) in a timely manner. They ensured staff were aware of the service's mission, vision and aims. This was evidenced in a minutes of team meeting dated 23 April 2014.

Staff told us they knew how to raise concerns and felt comfortable doing so. This was supported by a team meeting minutes dated 21 May 2015 where staff were given the whistle blowing and complaints policies and procedures to read and sign to confirm they understood them.

There were effective quality assurance systems in place to monitor care and other issues. We saw a system of internal audits in key areas of care. These included audits in medication, care documentation, health and safety procedures such as weekly fire alarm drills. The minutes of team meeting dated 21 May 2015 documented management had instructed staff to ensure quality assurance systems were completed with proposed actions. Staff were advised to monitor people's progress, carry out audits and the importance of record keeping, how, why and what to record. Staff we spoke with supported this and told us what areas of quality assurance they were responsible for. One staff commented, "I am the activity co-ordinator, I check risk assessments are completed and up to date before people could be taken out into the community." This meant the service had systems in place to ensure people were protected from the risk of receiving unsafe care and support.

The service devised document to help staff to prepare for CQC inspections. This covered the key lines of enquiries (KLOE) inspectors use to assess whether the service is safe, effective, caring, responsive and well-led. The document informed staff of the types of questions an inspector may ask and the responses they could give to evidence the required standards. This showed the service ensured all staff were informed what was needed to have a service that provided high quality, person centred care and provided them with the necessary tools to help staff evidence they provided it.

The service had systems in place to capture complaints. A review of the complaints log showed all complaints received were responded to appropriately.

The service continually sought feedback from people. These were gained through the use of surveys, during people's reviews of care and meeting with their key workers. Feedback was also sought from staff and health care professionals. Although the majority of the feedback received was positive, we noted there was no documents based upon the evaluation received to show what actions had been taken in response to feedback received.