Care Quality Commission

Support for Living Limited

Floor 3, Westgate House

Inspection report

Floor 3, Westgate House
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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

Overall summary

This inspection took place on 28, 29 October and 4 November 2015 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service to people in supported living services and we needed to be sure that someone would be available. At the last inspection of the service on 29 November 2013 we found the provider was meeting the regulations we checked.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Support for Living is registered to provide personal care to people with learning disabilities, living in their own homes. Some people lived in individual flats and others in shared accommodation where they shared communal areas with other people. People had a tenancy

Summary of findings

agreement and rented their accommodation. The support hours varied from a few hours per day/week or 24 hour support. With this support people were able to live in their own homes as independently as possible.

People using the service told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely. Staff had been trained to recognise and report any incidents of harm to people.

Safe arrangements were in place for the management of medicines and staff had been trained and assessed as competent in medicines administration.

There were sufficient numbers of staff to support people to live a full, active and independent life as possible in the home and community. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported to maintain good health and wellbeing, and to access health and social care support as required. The Mental Capacity Act (2005) had been appropriately applied and the best interest decision making process followed to ensure decisions about people's care were made collectively by more than one person.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People's individuality and diversity was taken into account. People were supported to access their local community, take part in social, recreational and educational activities of their choice. People were supported to build and maintain social relationships so they led fulfilling lives.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There were systems in place to monitor the quality of service people experienced. Checks and audits were carried out and took appropriate action if any shortfalls or issues with the quality of service were identified.

The service promoted a positive and inclusive culture in which people and their carers felt able to share their views and experiences of the service and how it could be improved.

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?

Good

The service was safe

The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. People using the service behaved in a way which showed they felt safe.

Safe arrangements were in place for the management of medicines and staff had been trained and assessed as competent in medicines administration.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People received individualised care that met their needs. Staff were qualified, skilled and knowledgeable for their roles, and received appropriate support through supervision meetings and appraisal of their work.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People were supported with their food and drink to maintain a balanced diet and had access to appropriate services in relation to their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and were being met in a personalised way. People were involved in the development and review of their support needs.

People took part in meaningful activities and were encouraged to build and maintain links with the local community.

Summary of findings

People knew how to complain if they needed to and they were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

Feedback from people, their relatives and staff were sought on an on-going basis and used to continually develop and improve the service. The service took action to reflect and learn from incidents to ensure that improvements were made.

The provider had effective systems in place to monitor the quality of the service so areas for improvement were identified and addressed.

Floor 3, Westgate 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 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 28, 29 October and 4 November 2015 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service to people in supported living services and we needed to be sure that someone would be available.

We visited four supported living schemes with people's permission and the registered location. The inspection was carried out by one inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We met with eight people who lived at four supported living schemes where the service provided personal care to people. We spoke with three people and spent time observing how people were cared for in communal areas. Some people had complex needs and were not able, or chose not to talk to us. We spoke with two managers, six support staff and the registered manager. We reviewed three people's care records. We reviewed records relating to the management of the service including medicines management, staff records, audit findings and incident records. After the inspection we contacted five relatives but only managed to speak with one and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People who were able to tell us said they felt safe and staff supported them to stay safe within their home and out in the community. A relative we spoke with told us their family member was "completely safe".

All the staff we spoke with had been trained in safeguarding adults. We spoke with staff about their knowledge and understanding of forms of abuse. They had a good understanding of what safeguarding adults entailed their safeguarding responsibilities, could identify types of abuse and knew what to do if they witnessed incidents of abuse. They knew how to raise their concerns and felt confident that if they did raise concerns they would be listened to and action taken. All staff told us they had access to the safeguarding and whistleblowing procedures, which were available on the intranet. Staff told us there was a dedicated whistleblowing telephone number they could access if they needed to. This meant that arrangements were in place, and being used, to keep people safe from abuse and avoidable harm.

Risks associated with people's support were assessed, and guidelines were in place to ensure staff knew what to do to support them safely while encouraging independence. For example, a person told us about the fire safety procedures they would follow in the event of a fire. Another person told us how they checked the dates of food in their fridge to make sure that it was safe to eat. Both people told us they had been involved in discussions about any risks, and the care and support put in place relating to these risks. Records we looked at detailed that potential risks had been identified and detailed guidance was available for staff to follow to ensure care was provided safely. For example, where a person had mobility difficulties the risk assessment identified the type of equipment they needed to ensure there moving and handling needs were met safely. All the staff we spoke with said they followed a person centred risk management approach, had undertaken training in this area and were aware of and followed the guidelines in place to keep people safe. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

People were supported to take their prescribed medicines safely. Where possible people were supported to manage their own medicines. Two people told us they were able to administer their medicines independently and staff provided the support they needed. One person described the process the staff followed to ensure they were taking their medicine such as carrying out random checks on the stock balances with their permission. The level of assistance that people needed with their medicine was recorded in their support plan, for example a person's care plan recorded they had their medicine administered with yogurt because they had swallowing difficulties. Staff who administered medicines had undertaken medicines management training which involved competency assessments.

Medicines were obtained, stored and administered appropriately and safely. A record of all medicines received, carried forward from the previous medicine cycle and disposal records were maintained. Where medicines had been administered these had been signed for. Written guidance was available for all medicines which were to be administered 'as required' (PRN). Daily, weekly and monthly stock checks were carried out and records maintained. This helped staff to identify any issues which could then be addressed.

People's safety was promoted because staff recruitment procedures were robust. We looked at three staff recruitment records and spoke with one new member of staff about their own recruitment. We found recruitment practices were robust and that the relevant checks had been completed before staff worked unsupervised. The staff member we spoke with confirmed that all the required checks had been carried out before they commenced employment.

People told us there were enough staff on duty to support them safely. Comments we received included "There is always a member of staff here, I do not need to worry." And "I work closely with my keyworker so that I get the most out of my support." There were sufficient numbers of suitably skilled staff to support people and meet their needs. The level of support and the number of support hours were discussed and agreed prior to people using the service. Each care package was individualised and we saw that people had varied hours of support in place ranging from a few hours per day to 24 hour support. Where people's needs had changed we saw that staff support had been increased. For example, additional support hours had been agreed to support a person with their personal care each morning.

Good

Is the service safe?

Throughout our inspection we observed staff attending to people, meeting their needs and being with them. For example, one member of staff accompanied a person to do their banking and shopping. There were a number of staff vacancies across the supported living services and the provider had an active recruitment programme in place. Any shortfalls in the staffing levels, due to annual leave or sickness, were covered by other members of the staff team or care staff from the provider's own bank staff or agency staff.

Good

Is the service effective?

Our findings

People said staff had the right skills, knowledge and attitude needed to meet people's needs. Comments we received included "Staff are great", "very good", "helpful" and "kind". A relative we spoke with told us the staff knew how to meet the support needs of their family member very well.

People received care from staff who were appropriately trained as staff received effective induction, training and support. The provider had well developed systems to ensure people received support from staff with appropriate skills, knowledge and experience. Arrangements were in place so that each member of staff's training was monitored and they received regular updates in training relevant to their role. Training information showed that staff had completed core training and specialist training such as epilepsy and dementia care where required to meet people's specific needs. Staff confirmed there was good access to training opportunities and personal development was encouraged.

Staff we spoke with told us they felt well supported and they had regular team meetings and handovers. A new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role. The manager showed us the plans that were in place to implement the Care Certificate (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support) for all new staff. Staff we spoke with confirmed they regularly met with their line manager for one to one supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

People were cared for by staff who were possible sought their consent. People and others that were important to them were involved in making decisions about their care and support. Our discussions with staff showed that they had a good understanding of the Mental Capacity Act (2005) and Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Comments we received from staff included "We cannot do anything to a person unless we have their consent, you have to be patient, know how they communicate and offer them choices." And "We would work with families and other healthcare professionals if the person was unable to make a decision in their best interest." They told us they had undertaken training on this topic, records we viewed confirmed this.

Our observations showed us that people, wherever possible were enabled to make choices and decisions about their support. For example, a person showed us that they used their electronic tablet to communicate some of their decisions to staff. Another person told us that staff always rang the doorbell and waited to be let in to the service. This meant that there were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service.

Some people using the service required one to one support when they accessed the community. This meant there was a restriction on their freedom. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. We saw that DoLS applications had been made so that any restrictions in place were authorised by the Court of Protection as people were living in their own homes. A relative confirmed they had been involved in the discussions about the DoLS application for their family member.

People were appropriately supported by staff with their healthcare needs. Staff worked with other healthcare professionals to monitor people's conditions. One person told us they visited their GP independently, another told us the staff supported them to make their appointments and accompanied them. Care plans included details of how people needed to be supported to keep well. For example, staff told us they worked closely with the epilepsy nurse and followed epilepsy guidelines to support a person that had frequent seizures. A person told us their keyworker was supporting them a healthy eating and weight reduction diet.

Various health and social care professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentist, optician, district nurses and speech and language therapists. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care

Good

Is the service effective?

plans. Each person had a hospital passport, which was used to provide information to health staff if a person required a hospital admission, so that their needs could be met safely.

People were supported to eat appropriate food and drink that met their needs. Three people told us they were supported to prepare a budget, menu and shopping for their meals. We observed one person preparing their own supper; they told us they liked to cook and were independent in this area. Another person communicated to us that staff helped them to prepare food and respected the choices they made. Staff prepared meals and drinks for those people that had been assessed as being unable to prepare their own food. People's nutritional needs were monitored through assessment and care planning, and guidelines had been developed for some people for staff to follow by a speech and language therapist and dietician. For example, one person's records showed that they had trouble swallowing, and they had a plan for staff to support them to eat developed by a speech and language therapist. People were weighed regularly and if staff had concerns about a person's weight they sought advice from medical professionals.

Good

Is the service caring?

Our findings

People who were able to told us they were very happy with the care and support they received. People who were unable to tell us about their care and support because they had complex needs indicated to us through their smiles and gestures they were happy. A relative we spoke with told us the staff were kind, caring and had a positive relationship with their family member.

Staff supported people with kindness, caring and compassion. We saw that they had developed valuable relationships with people using the service and had a very good understanding of people's needs, preferences and aspirations. For example, staff described how they had supported a person to move from a supported living service to their own flat. They told us how they continued to support the person so that they led a fulfilling and independent life.

One member of staff said "It is amazing the difference the move has made, [person] is engaged in the local community, working and living just like you and me." Another staff member told us "I love this job, I am so proud to work for an organisation where the people we support are at the centre of everything we do."

All staff we spoke with were respectful of people's needs and described a sensitive and empathic approach to their role. They told us they enjoyed their work because everyone cared about the people they were supporting. We spent time with people in their homes and saw that the interactions between people and staff were caring, respectful and there was an understanding from the staff of people's individual needs and ways of communicating. Staff gave people time to express themselves. For example, a person showed us photographs of a comedy night they had attended; another showed us photographs of a recent holiday they had been supported with. People responded in a positive manner to staff interaction, including laughing and chatting to them. People were clearly comfortable with the staff.

The service had a strong, visible person centred culture, providing care to people to meet their individual needs. Staff told us they had received training in person-centred planning and we saw that care was person-centred. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way, for example the care plan for a person detailed that staff needed to be 'happy, bright, confident in their manner and did not show signs of anxiety' when providing support. For another person we saw that staff ensured that the person's radio had a working battery as a working radio was important to the person.

Staff supported each person with their social and cultural diversity, values and beliefs. For example, staff ensured that a prayer mat, recorded prayers and halal food was available for a person who followed the Muslim faith. For another person we saw that staff supported them to attend the local Hindu temple and participate in various Hindu festivals such as Navratri.

Staff supported people to maintain relationships with their families and friends, one person told us they were in the process of planning a holiday to Kenya to visit their family. For another person we saw they had weekend breaks with their parents. A relative told us "I visit regularly, I know that [family member is happy], if they were not they would soon let me know. I honestly think that [family member] has more of an active life than I do".

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. For example, a relative told us that their family member had advocacy support to ensure that they were getting the care they wanted at the supported living service.

Good

Is the service responsive?

Our findings

People received individualised support that met their needs. People told us they were involved in all aspects of their care and support and that staff worked with them to determine the support they needed. “This is the best move that I made, I like being independent but feel secure knowing that staff support is available.”

People’s needs were assessed before they began using the service and care was planned in response to their needs. A person who had recently started using the service told us they and the people important to them had been fully involved in their assessment. They told us they had visited the service, talked to the staff and met the other person who was at the service. Staff described the transition plan that had been put in place so that the person moved into their new home safely. Care records we viewed confirmed the information that had been provided by the person and the staff supporting them.

Staff told us they worked closely with people and their families in developing and reviewing people’s support plans so care and support was provided in line with their wishes. Staff spoke about people confidently, were knowledgeable about people’s individual needs, which enabled them to provide a personalised service.

People and their relatives were appropriately supported to make decisions about their care. We saw that information was presented to people in ways they could understand, and provisions were made to use a number of methods and communication tools depending on people’s needs. For example, staff supported people to use communication aids when they needed to, such as using Picture Exchange Communication System (PECS) and other pictorial communication aids, including communication passports. Staff also used objects to assist people to make choices and express their decisions, and some people used Makaton, a type of sign language. People also used their electronic tablets to communicate and staff had also supported some people to open face book accounts so that they could stay in touch with their families.

Staff supported people to choose and undertake a wide range of activities, and to find new things to do. People had their individualised activity programmes, with people doing a range of regular activities according to their preferences, for example a person was actively involved in a drama group and told us about the production they were involved in. We saw that another person played in a band and went on tours. Where people required support to connect with their local community in finding employment, voluntary work and education opportunities they were supported by the providers ‘Community Connectors’ team.

People told us they knew how to make a complaint and that staff responded well if they expressed any concerns or complaints. A person told us they had been supported to make a complaint by their keyworker, they felt listened to and we saw that this had been investigated and the outcome communicated to the person in an accessible format. Another person showed us the complaints procedure that was available. They told us they were encouraged to raise any concerns they had so that staff could address them. The provider told us about the improvements they had made following complaints they had received, such as reviewing the shift pattern and the individual’s decision making agreement. This showed us that people’s concerns were listened to, acted upon and improvements to their care and support made.

Good

Is the service well-led?

Our findings

The service had a culture that was open, empowering, transparent, and encouraged good practice. People told us the service was well managed spoke positively about the managers and staff that supported them.

The service had a registered manager in post who was registered with the Care Quality Commission (CQC). They were responsible for overseeing the regulated activity they were registered for. There was a clear management structure in place which included, managers for each scheme and three service managers that reported directly to the registered manager. The manager had extensive experience of working with people that had learning difficulties and was also the Director of Learning Disabilities for the organisation. From our interactions with the manager it was clear that they had a good overview of the service and worked closely with the staff team to ensure people received the care and support they needed and wished for.

Staff spoke highly of the registered manager and the support they received. They told us she was approachable, supportive and listened to what they had to say. Comments from staff included "She is great, very approachable and wants to hear what you have to say." And "We get a lot of support, she wants us to develop, they have started a leadership and staff programme called succeeding at Certitude. They invest a lot in the staff so that they can give the best care and support to people."

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff we spoke with described the vision and values of the organisation, which were to ensure people, received person centred care which focused on the whole person and other people that were important to them. They told us they received extensive training and were kept informed of changes to the service through team meetings, the intranet and quarterly quality briefings. They said they were encouraged to discuss ideas for improvement and they felt listened to.

Systems were in place to assess and monitor the quality of the service. These included a comprehensive audit programme to check the safety of the building, equipment, medicines management, care records, health and safety and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service. For example, the quality dashboard had identified that details of the goals and objectives achieved by people was not always reported and managers had been asked to complete this. We saw records were kept of safeguarding concerns, complaints and accidents and incidents. These were monitored by the registered manager and the provider to identify any trends or patterns. The staff told us they discussed any incident and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations. The provider shared learning from CQC inspections that were carried out for other services they were registered to provide. For example, changes had been made to the guidance around the use of 'as required' medicine. This showed us that quality assurance systems were used to drive continuous improvement.

The provider worked with other organisations to carry out quality checks of their services. For example, we saw 'Quality Checkers' reports for two supported living schemes one of which we visited. The reports included information on people's experience, quality of staff, activities and their environment.

People and their families were asked for their views about their care and support and they were acted on. For example, regular care reviews were held and review records detailed people's feedback on the service they were provided with and suggestions to improve the service and raise any concerns or complaints. The provider's annual review included the views of people and families using the service. A satisfaction survey had been carried out in September 2015 and the provider was in the process of collating the results. This showed us that the provider valued the views of people and the people that were important to them.