

Central Bedfordshire Council High Street Sandy

Inspection report

87 High Street
Sandy
Bedfordshire
SG19 1AL

Tel: 01767680325

Date of inspection visit:
13 June 2019
14 June 2019

Date of publication:
10 July 2019

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

87 High Street Sandy is a supported living service providing personal care and support to six people in their own flats at the time of the inspection. Staff support was available 24 hours a day. Staff were based in a flat within the main block.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was within a block of flats. The flats were situated in the centre of a small town. The building design enabled individual and domestic flats for each person with their own separate entry. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate a supported living service.

People's experience of using this service and what we found

People were very happy with the care and the staff who provided their care and felt safe. Staff knew how to keep people safe and how to report any concerns. There were enough staff to meet people's needs. The manager ensured they obtained key recruitment checks before new staff started work. Where possible, staff encouraged people to self-administer medicines safely. Staff completed medicine records accurately and with enough detail to ensure clear guidance.

Staff followed advice from health care professionals and made sure they asked people's consent before caring for them. Staff supported people to manage their meals and drinks and how to reduce the risks of spreading infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff that cared for them. People told us that staff were "caring", and "kind". They went on to tell us that staff supported them to live as they wanted. Staff involved people in their care planning and made sure they respected people's privacy. Staff worked well together, they understood the services' aim to deliver high quality care, which helped people to continue to live in their own homes.

People told us the staff managed past complaints and concerns quickly and they were happy with the outcomes. Staff supported people to communicate and express their views using a variety of tools.

The manager carried out checks well in relation to how well the service was running. People, relatives and staff all felt supported and valued and told us the provider consulted with them on the care. The manager and team worked well with other organisations to ensure good care outcomes and consistent approaches. The manager actively encouraged staff to reflect on learning outcomes with a view to further develop the quality.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

High Street Sandy

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that 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.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 June 2019 and ended on 14 June 2019. We visited the office location on 13 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew how and where to access an emergency call system if needed. One person said, "I have an emergency pendant and there is an emergency button in the bathroom whenever I am in trouble." Relatives also confirmed their family members were safe.
- The provider had good systems in place to ensure people were safe. Staff received regular training on how to keep people safe and knew how to report concerns. Staff had a good understanding of how to protect people from harm without restricting their rights to live independently.

Assessing risk, safety monitoring and management

- The staff team had written detailed risk assessments which provided staff with clear instruction and people's preferences incorporated throughout. They regularly reviewed and updated the risk assessments with people.
- The provider encouraged people to take new risks where safe to do so, to develop their skills and widen their life experiences. Risks related to known safety concerns were managed in conjunction with other health and social care professionals. One social care professional told us, "Communication in the service is really good. Risk assessments are updated within a week or even before I have asked. Sometimes staff send me additional information too if useful. Staff put the right risk assessments in place. Restrictions are balanced with rights and advice while promoting independence."

Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs. Staff absence was covered by either permanent staff or agency staff people knew well. On the day of the inspection there was a staff shortage but this was well managed and had no negative impact on meetings people's needs or their safety.
- The provider carried out all pre-employment checks before staff started working at the service. Staff told us they had to complete this process before starting their induction.

Using medicines safely

- People administered their own medicines where safe to do so. Staff adapted a medicine administration record to suit the needs of one person who had learnt to self-administer. The person was now also going into the doctors to order and collect their own medicines. The person told us, "I self-administer but the staff are here when I do just in case I need help as it is a new thing."
- Staff completed full training in both theory and practice of medicines including five observed practices before administering medicines. The manager or senior staff completed competency checks regularly to make sure staff understood best practice and were administering medicines safely. Each person's file listed

the medicine prescribed for that person and how they preferred them administered.

Preventing and controlling infection

- Staff encouraged people to keep a good standard of hygiene in their own flats. Staff supported people to develop their skills in relation to cleaning and preventing and controlling infection. Staff received training on how to reduce the risk of infection and had access to one use disposable gloves and aprons when needed.

Learning lessons when things go wrong

- The manager and senior staff members reviewed and managed incidents and accidents safely. Staff recorded these appropriately, acted to follow up and reviewed risk assessments in order to reduce the risk of the incident reoccurring. The manager shared lessons learnt from positive and negative events at staff meetings and staff supervisions.

- Staff told us how they had recently attended training on self-reflection and were sharing the techniques with the rest of the team. These formal self-reflection sessions enable staff to fully review situations that have gone wrong as well as positive events. Staff then use this information to inform care plans and practice with a view of improving quality of the support and having a positive impact on people's lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The provider assessed people's needs prior to them moving into the service. Staff ensured they identified people's choices and wishes and used their life history to build thorough picture of peoples interests and wishes. Staff also used a form about significant life events to assess possible reasons for any anxieties as well as a 'mapping diversity' from which included wider family history and information of cultural importance. This information then informed care plans and risk assessments to guide staff practice ensuring staff supported people in ways that maximised their choice, rights and independence.

Staff support: induction, training, skills and experience

- The manager provided access to all training for staff to enable them to successfully achieve their roles. This training was updated regularly and reviewed in supervisions. All staff new to care completed the care certificate and worked to achieve a diploma in health and social care.
- Staff members told us they received a thorough induction closely checked when first starting, which included working through a detailed induction programme workbook, mentoring and shadowing of more experienced staff members. Staff told us they felt supported.

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

- People needed varied levels of support to eat and drink and manage meals. Where people were at risk of malnutrition or dehydration, the staff had involved health professionals. Staff recorded amounts eaten and drank and people's weight in these circumstances. Staff recorded and reviewed outcomes to ensure people were healthy.
- Staff received training in safe food practices and encouraged people to be as independent as possible by verbal and physical prompts as appropriate. One person told us, "I do meal plans and when I go shopping by myself and have choice of what to eat. I look around in my kitchen cupboard and what I need I collect shopping stamps and I can then save up to get big bags of shopping at Christmas."
- The service used agreed protocols to guide people on safe food storage and when to dispose of food no longer safe to eat. This meant risks around poor food hygiene were minimised.

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

- Some people were supported by more than one agency to supply their care. Staff worked closely with a number of different providers and centres to co-ordinate timely care while ensuring all agencies used a consistent approach that met people's preferences.

- Staff supported people to access health professionals when needed and encouraged them to communicate their needs using a variety of communication tools. Each person had a one-page profile and communication passport which detailed how the person communicated and what specific sounds, words and gestures might mean. This meant emergency health professionals could understand people's needs if they were unable to communicate and alone.
- Staff encouraged people to use a variety of forms of communication and some people preferred to email, other to telephone and used video chat to access care and treatment. Staff supported people to follow the advice of health care professionals.

Adapting service, design, decoration to meet people's needs

- The provider was not responsible for the building and related maintenance needs. However, they still supported people to ensure their property owner was doing the right safety checks and repairs.
- People and staff told us how they had supported each person with their families to choose and completely redecorate and refurbish their flats in their own personal tastes. Peoples flats were tastefully decorated and well kept and reflected individual personalities and interests such as favourite sports teams and art.

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed a good understanding of people's rights and how to support people to make informed decisions. The staff team supported people to always be at the centre and in control of any decision making. Consent forms were in place for care and support to show people agreed.
- Applications where appropriate had been made to the court of protection and any restrictions were implemented using the least restrictive method. For example, discreet use of agreed electronic monitoring for people entering and leaving the premises rather than preventing entry or in person monitoring.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were comfortable in the presence of staff and enjoyed relaxed interactions. People and relatives both told us staff treated them with kindness and were very caring. One person told us, "The staff are helpful and they understand my problems and my ideas. Staff help me with those. They speak to me nicely." A relative said, "The staff are all so accommodating no matter which staff you meet. You can ask them anything. My family member is happy and knows where we are and how to contact us."

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

- Staff encouraged people to make choices and to understand more complex choices through different communication tools, experience and guidance. One person told us how they type their care plan themselves and updated it after reviews to ensure staff knew what they needed and wanted.
- No-one was currently using an advocate but staff confirmed they offered this and discussed and advocacy services which they recorded in the persons care plan. One person told us how they used to have an advocate when they first moved in to the service but no longer needed them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff never come into the flats without permission and always respect their privacy including not sharing information. Staff understood how to uphold people's dignity in terms of support, language and activities being respectful.
- Staff supported people to be as independent as possible. Some people needed physical support to do so such as placing their hand over staffs' hand to guide and other people needed only verbal reminders as guidance.
- People were encouraged to try new things for themselves to build their confidence such as learning to travel on public transport to be able to visit friends and family independently. Staff also supported people to develop household skills such as cooking. One person had taken this to the next stage and was baking to raise money for their preferred local charity supporting dementia awareness.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had introduced a personal vision for each person, written by them about what they liked, disliked and hoped to achieve. This was at the front of care files and in some cases, people had chosen to put it up on the wall in their flat. This ensured people were able to express their views and be at the centre of all decisions about their care.
- Staff supported people to receive excellent individual person-centred support. Care plans and risk assessments supported people to achieve their goals and dreams using the vision and values tool. One relative told us about their family member who liked to eat out and can now do so without getting frustrated in social environments. One person told us how they go to bingo, social and music clubs, dances and sports activities and events.
- Staff have supported people to develop skills to stay safe and independent. Examples included going away independently on holiday with friends and family, learning how to cook, clean, do their own ironing, plan their meals and shop. People and their relatives told us they were very happy with the support they received. One relative told us, "Carers are good and everything there is fantastic." Another relative said, "I am well pleased with everything the staff are brilliant there. We couldn't have better carers."
- Staff told us about winning group and individual awards for supporting people with minimal disruption to their routines and activities when the local area had a gas leak. Staff arranged for local accommodation, more staff support and negotiated vouchers for accommodation, meals and drinks. People had been able to get on with their lives without causing distress at a change in routine.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had placed information about the accessible information standard at the front of each person's communication file. People used a variety of communication tools to support them to be able to express their wishes and views. Staff learnt to use Makaton which was a language system that uses signs and symbols alongside spoken language to reinforce understanding.
- The service also used pictures, observations of gestures and body language and written communication. People chose to use mobile telephones to video chat and others preferred to email or keep personal diaries. These tools have developed people's confidence to speak up and people previously too shy to speak were now confident in expressing their views.

Supporting people to develop and keep relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to keep and build on relationships with family and friends. People had been supported to explore romantic relationships where they wished it including understanding about boundaries and how to express consent. Staff had a very good knowledge of people's needs and preferences and how to support them to reduce any anxieties. A staff member explained how they put on special transport at Christmas for one person, so they could spend the day with family who would not have otherwise been able to see them.
- Staff also encouraged people to build relationships within the local community such as with local shop keepers, banks, shops, gyms, colleges and cafes. One person has had a gallery evening opening as a result at one of the local cafes for their artwork. They also told us how they now work part time at a local shop. The person told us, "I would like to earn a fortune with my art I show them to people at galleries and sell them at the local craft fair."

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak to if they had a concern. No one had any complaints at the time of the inspection and everyone gave extremely positive feedback about the service, the staff team and how it was managed. Relatives and staff confirmed when they had complained in the past it was quickly acted upon and resolved to their satisfaction.

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, issues around death and illness had been discussed with people and was regularly reviewed. Those people who chose not of have an end of life care plan had written a statement around this which staff placed in the persons care file.
- Relatives and staff told us should this be needed they would consult with each other and the relevant health professionals to support people in line with their choices and best practice.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to developing a person-centred culture within the service in line with people's own vision and values. One relative told us they felt the new manager was approachable and understood the concerns of a relative. Staff described how they provided person-centred care and wrote care and support plans with this in mind.
- Staff were happy working at the service and as committed to providing high-quality care and support. One staff member told us about an idea they heard about on training and shared with the rest of the staff team. This involved developing a 'culture tree' where all staff and people added a leaf with a word that stands for their values and ideas for the service. They went on to explain how a person with artistic skills living at the service drew the tree for everyone.
- The provider had developed values in 'easy English' and used photographs to provide feedback to people who could not easily communicate. One person told us why they liked living at the service. They said, "Staff care because they cook food I like with me and support me to go to the bingo, which I also like. Staff support me to understand cooking instructions in an easy way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager actively encouraged reflection when things went wrong and staff then came up with ideas together on how to improve services and minimise the likelihood of repeated incidents. People and their families knew of any significant events which the provider reported to the appropriate regulatory bodies and reviewed openly with multi agency support. The manager also displayed their rating at the location.

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

- The previous registered manager had recently left the service within the last week and the current manager was new to their post. However, they had worked as an assistant manager at the service for many years. The manager was not yet registered with the commission but had started the process of applying. The manager knew people and staff well and had a good understanding of the latest best practice guidance and government initiatives.
- The manager and staff team understood their responsibilities to ensure people received the care they needed and the manager supported staff to fulfil their roles. Staff felt valued and enjoyed their jobs.

- The manager had a clear oversight of the running of the business and a clear vision for the future of areas they would like to develop. The manager had a good knowledge of current legislation and best practice guidance that supported best outcomes for people. Systems were regularly audited and reviewed with actions for improvement and sharing of achievements.

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

- People and their relatives had completed annual surveys which showed positive comments about the service. Comments from people included, 'Staff treat me with respect'. And, 'Staff make me happy and recognise when I am sad. They are kind and helpful'. One relative commented, 'I think the quality and standard of support my family member gets is excellent '.
- Staff completed reviews of people's care, which provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended team meetings and individual supervisions regularly, which gave them opportunity to express their views and supported and informed practice.
- The manager spoke to us about their plan to involve people in the recruitment process for new staff. They will support people to develop questions and for those who wish to, be on the interview panel to express their view of the applicant's appropriateness.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services or continuing healthcare team. The manager and staff team contacted other organisations appropriately to make referrals for additional or specialised support when needed.