

Guardian Supported Living Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Guardian Supported Living Ltd is a supported living service providing personal care to people with learning disabilities, autistic spectrum disorders, physical disabilities, mental health difficulties and sensory impairments. At the time of the inspection one person was receiving personal care.

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 people don't receive personal care 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. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

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

The provider had failed to ensure risk assessments were put in place following allegations of abuse and the providers audit systems had not identified the risk assessment was missing. Care plan reviews did not identify where information was conflicting. Staff's health conditions were not discussed as part of the recruitment process. The previous CQC inspection ratings were not displayed in line with legal requirements.

There was one person living at the service on the day of the inspection who received personal care. Because of this and the fact we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

The person felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support the person safely. The person received their medicines as prescribed.

The person was supported to have maximum choice and control of their life 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.

The person was treated with kindness and compassion. They were encouraged to express their views and make decisions. Their privacy and dignity was maintained.

The person was involved in decisions about their care. Their communication needs were met. They were supported to follow interests, build and develop social skills and take part in activities.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure the person using 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 the person using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. The person'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 requires improvement (published 4 January 2019)

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Guardian Supported Living Ltd

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

The inspection was carried out by two inspectors.

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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 December 2019 and ended on 17 December 2019. We visited the office location on 16 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 spoke with one person who used the service and their relative about their experience of the care provided. We spoke with four members of staff including the provider, nominated individual, senior care worker and care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments for staff.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had failed to ensure risk assessments were in place following an allegation of abuse. There had been an allegation of abuse, made against a member of the management team. The allegation had been upheld but the staff member remained working for the service. There was no risk assessment in place to show what considerations had been made and actions the provider had taken to assure themselves that people would not be exposed to risk from further incidents. There had been no further documented incidents and the member of staff had undertaken additional training to upskill themselves on how to deal with incidents in the future. The provider sent us a risk assessment after the inspection that provided this assurance.
- The person being supported and their relative told us they felt safe. Their relative said, "I will tell you now, [person] is definitely safe there, definitely."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Safeguarding is about protecting people from harm, abuse and neglect. If a person disclosed something that was a concern, I would have to report it straight away to managers. If it was managers the concern was about, I would go to the local authorities, inform the police, CQC, CPN and social workers." A CPN is a mental health nurse who works in the community.

Staffing and recruitment

- Recruitment checks took place however information about staffs physical or mental health conditions had not been recorded. This meant there was no evidence to show if staffs capability, after reasonable adjustments were made, had been considered. We discussed this with the nominated individual who told us they asked staff at interview stage but did not record where staff had no health conditions. They told us they would update their paperwork to include a health questionnaire.
- There were no concerns raised about staffing levels, the person being supported told us, "I always have staff."

Assessing risk, safety monitoring and management

- Care plans and risk assessments contained information about current support needs and what was in place to keep the person safe. We found some information was conflicting in the care plan and risk assessments, this included information in relation to medicines and professionals involved in the persons care. However, staff demonstrated a good understanding of the persons needs and associated risks. The nominated individual said they would amend the persons records.

Using medicines safely

- The person being supported, and their relative told us staff supported them to take their medicines safely and in a way that suited them. Their relative said, "Medication is never missed."
- Medicines were managed safely to ensure the person being supported received them in accordance with their health needs and the prescriber's instructions.
- Staff told us, and records confirmed, they were trained in medicines management and competency checks were carried out to ensure safe practice.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment, such as gloves and aprons, were available to them.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The nominated individual told us the person being supported was not being deprived of their liberty so did not require an application to be made to the Court of Protection.
- The person being supported and their relative, told us they were able to make choices about their day to day care. The person said, "I get to choose what I do."
- Staff had a good knowledge and understanding of the MCA. One staff member told us, "You should not presume someone cannot make a decision unless it has been deemed they can't. [Person] is able to make their own decisions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental and social needs were assessed and documented in the persons care plan and risk assessments.
- The persons needs were assessed prior to support commencing. Protected characteristics, as identified in the Equality Act 2010, were considered as part of the assessments process. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- The person was supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs.
- Staff told us they received training that was relevant to their roles and had access to Qualifications and

Credit Framework (QCF). A QCF is a work-based way of learning and involves a range of on-the-job tasks and activities that are designed to test you on your ability to do a job effectively.

- Staff told us they received an induction prior to working with people. One staff member said, "It [the induction] covered everything I needed."

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

- Staff supported and encouraged the person to maintain a healthy balanced diet. Staff and people meetings showed healthy eating was regularly discussed with the person and staff. This enabled the person to have information about healthy foods, so they could make informed choices.

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

- Staff supported the person to manage their health needs and supported them to access the necessary healthcare services. This ensured the persons day to day health and wellbeing needs were met.
- The provider told us, in the provider information return (PIR), they worked with outside agencies to ensure the person had access to a variety of services. We saw involvement from external team and reviews that evidenced professional input.

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 now 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

- The person was treated with kindness and compassion by staff who knew them well. We observed positive interactions between staff and the person. The person told us, "I get on with everyone."
- The relative of the person felt their loved one was well treated and supported. They said, "We haven't got a bad word to say about them [staff]. [Person] is happy, really really happy." They also said, "We ask [person] every time we see them if they are happy and [person] says yes."
- The persons records included details of life histories, religious beliefs and wishes and preferences. This gave staff the opportunity to use this information to provide personalised care.

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

- The person was encouraged to express their views and make day to day decisions, for example, what they ate, what they wore and what they did. The person's relative told us, "Yes definitely, they [staff] involve [person] in everything and they ask them what they want."
- Care plans contained details of external people who were involved in the person care, for example; advocates, appointees and family. This enabled the person to have access to support outside of the home if they needed it.

Respecting and promoting people's privacy, dignity and independence

- The person privacy and dignity was maintained by staff. The person told us, "I don't like staff to go into my room unless they ask, they always ask." A staff member said, "We always knock the door to people's flats and bedrooms before entering. We ask permission before doing anything, even throwing things in the bin. It's their flat."
- The person being supported and their relative felt staff encouraged them with their independence. Their relative told us, "Yes, [person] bakes, the staff help [person] to do a lot but when they do parties [person] helps do sandwiches or anything. They get [person] involved in a lot of stuff." A staff member said, "We work hard as a team to support people and to promote independence."
- The persons care records were kept securely in the office, and their confidentiality respected.

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 meet people's needs, preferences, interests and give them choice and control

- The person being supported told us, "I am involved in my care planning and reviews." Records confirmed this, and we saw review meetings had been held and the person had been involved.
- Care plans contained detailed information about how the person liked to be supported. A relative said, "[Person] gets all the support they need. They [staff] are just really really good with [person]."
- The persons aspirations and goals were reflected in their care plan. Staff understand what the person wanted to achieve and supported them to do so. This had had a positive effect on the persons wellbeing. The persons relative said, "Staff have got [person] settled [since moving in], a proper routine and friends."

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 nominated individual understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available in different formats including easy read documents if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. The person and their relative could tell us how they would complain. There had been no formal complaints since the last inspection. The relative of the person being supported said, "If I had any concerns believe you me I'd raise it with them, but I have no concerns at all."

End of life care and support

- The person was not receiving end of life care at the time of the inspection. The persons end of life wishes, and preferences were not recorded in their care plans, the nominated individual said they would include this for the person if they wanted and consider it as part of any future assessments.

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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers systems to monitor the safety of the service, did not identify a risk assessment had not been completed for a member of the management team, following an upheld allegation of abuse.
- Care plans had been reviewed on a regular basis but did not identify that some information was inconsistently recorded. This meant the person care plan contained out of date information.
- The providers systems to monitor recruitment, had not identified there were no checks on staff health conditions prior to their employment.
- The provider was not displaying their previous CQC ratings in an easily accessible place for people and members of the public to see. The providers website did not meet requirements for ratings to be displayed. On the day of inspection, the nominated individual displayed the ratings in the foyer of the service. The provider confirmed they had updated their website, we checked, and they had.
- There was no registered manager in post at the time of inspection. There was a manager who was applying for registration but was unavailable on the day of inspection.
- The provider had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- Staff understood what was expected of them. They told us they received supervision and appraisal. This gave staff the opportunity for learning and development.

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

- The staff and management team demonstrated a person-centred approach for the person they supported. We saw the person had choice and control and was involved in day to day decisions.
- Staff felt well supported and staff, the person and their relative expressed confidence in the management team. The persons relative said, "Do you want to know, we cannot praise them [staff and management] enough. They are absolutely brilliant."
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.
- Staff practice, culture and attitudes were monitored. The management team undertook regular spot checks on the staff. This enabled the management team to monitor the staff team and ensure the delivery of good care.

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

- The nominated individual understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Where the person requested, the staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for the person.

Continuous learning and improving care

- The nominated individual told us they were always looking at ways to develop the service and continuously improve. For example, they were considering a paperless system, and considering either digital or voice recordings. They felt this would be more a more effective system for staff to use and be more user friendly for people.