

Independence Matters C.I.C.

Long Stratton Supported Living

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Long Stratton Supported Living is registered to provide personal care to people living in their own homes and in supported living premises. There were three people receiving personal care from the service when we visited. The inspection took place on 9 November 2016. We gave the provider 48 hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were knowledgeable and understood their responsibilities in reporting any suspicions or incidents of harm to people. There were sufficient numbers of staff to meet people's needs and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place for people deemed to be at risk and actions were taken to reduce any identified risks.

There were effective procedures in place to ensure that people were safely assisted with their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff we met were able to demonstrate an understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Staff were supported and trained to undertake their job and additional training was provided for specific care needs to be fully met. The team leaders and support staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated.

People's privacy and dignity was respected and their support was provided in a caring and a patient way.

People were supported to ensure they ate and drank sufficient quantities. People had the choice to eat the food they preferred and healthy eating was promoted by care staff.

Care and support was provided based on people's individual personal and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make changes to the support and care provided to them by the service.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were appropriately supported with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the principles of the MCA. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

Staff were supported by the management team to carry out the expected care and support for people.

People were assisted with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were able to express their views about their needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing their care needs and this was carried out on a regular basis.

Staff were knowledgeable about people's care and support requirements and responded to their individual needs.

There was a complaints procedure and people knew who to speak to about their concerns.

Is the service well-led?

Good ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say

Long Stratton Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was an announced inspection and took place on 9 November 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office and we needed to be sure that they would be in.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the 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 any improvements they plan to make.

During the inspection we visited the service's office and looked at two people's care and support records and met three people supported by the service. We also spoke with the registered manager, two team leaders, three care staff and two relatives. We saw records in relation to people's support, the management of the service, the management of staff, and recruitment and training records. We also spoke with a speech and language therapist and two care managers from the local authority who had contact with the service

Is the service safe?

Our findings

Due to their complex needs, people did not verbally communicate with us about whether they felt safe. However observations showed that people were receiving consistent and attentive care and support from care staff to meet their needs. One relative said, "The staff help [family member] throughout the day with their personal care and to go out in the local community – they are very safe at the service." Another relative told us that they had no concerns about their family member's safety and the support being provided to their family member.

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and told us that they would not hesitate in raising any incidents or concerns with their team leader and registered manager. Staff were aware of the contact details for reporting safeguarding incidents to the local authority which were available in the service's office. The staff we spoke with displayed a good knowledge of the safeguarding reporting procedures. One member of staff said, "I would always report any incidents or allegations of harm to my manager. I know where the local authority contact details are and I would use them whenever I needed to." The registered manager was aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of people's risk assessments included behaviours that challenged others, supporting people in the community and supporting people with their medicines. Staff we spoke with confirmed that they had read and understood people's support plans and were aware of the actions to take and the guidelines in place regarding people's assessed risks.

Staff told us and training records confirmed that they had attended training in administering medicines. There was clear guidance in place regarding the administration of medicines and when to administer medicines prescribed as when necessary [PRN] such as for pain relief. The team leaders carried out competency tests to check the staff's understanding and ensure safe practice when they were administering medicines. We saw a sample of records which confirmed this to be the case. The team leaders told us that additional training and support would be given to staff if their competency needed to be improved before they continued to administer medicines.

We observed that people knew the care staff well and were comfortable with them whilst being assisted with their care and support needs. There were sufficient numbers of staff available to meet people's support needs. This was confirmed by staff we spoke with. One staff member said, "There are always enough staff and the team leaders provide support whenever needed too." This showed that the provider ensured that sufficient numbers of staff were available to provide the required care and support for people who used the service. The provider also told us that staffing levels were regularly monitored and additional staff would be recruited before further care packages commenced. This was to ensure that people's needs could be safely met by sufficient numbers of staff.

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to

work with people who used the service were employed. We saw that satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory references, proof of identity, and a satisfactory disclosure and barring service check (DBS) which is a service to check criminal records. The registered manager confirmed that all recruitment checks were completed before care staff commenced working on their own with people and providing them with care and support.

One recently appointed member of staff told us that their recruitment had been efficiently dealt with. They told us that they had supplied the required documents including a satisfactory DBS, two references, an application form and proof of identity. They also confirmed that they had received an induction which included a variety of mandatory training sessions along with a number of 'shadow shifts' where they worked alongside more experienced staff. Shadow shifts provide support for new staff so that they can feel confident prior to working on their own and to safely provide care and support to people. Staff we spoke with told us that they were well supported by the management team and their staff colleagues.

There were personal fire and emergency evacuation plans (PEEPS) in place for each person and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency.

Is the service effective?

Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. One relative told us, "The staff help my [family member] with their shopping and cooking and going for walks and being able to go on holiday." We saw that one person was able to communicate their wishes through the use of pictorial aids so that staff were aware of their wishes and needs. We saw staff effectively using these pictorial aids whilst assisting the person.

The registered manager confirmed there was an induction process and programme in place to ensure that staff training was kept up to date. Training records showed, and staff confirmed that they received regular training throughout the year. Examples of subjects covered included; safeguarding, mental health awareness, MCA, infection control, moving and handling, fire safety, de-escalation of challenging behaviours, equality and diversity, moving and handling, health and safety, first aid and administration of medicines. Staff we spoke with had found the training regarding de-escalation of challenging behaviour to have been useful when working with some people using the service. We saw that new staff were completing training modules regarding the Care Certificate (a nationally recognised qualification in care). One member of staff told us that they had now completed the Care Certificate and they had found it to be very useful and interesting.

Training was monitored by the registered manager and team leaders in conjunction with the organisation's training department. Staff received regular updates throughout the year to ensure their training remained up to date. This was confirmed by staff and in the training records we were shown. Staff told us they had received regular three monthly supervision sessions with a team leader and had also received an annual appraisal. Records we saw showed this to be the case.

Staff said that they could contact their managers at any time if they needed advice or to report any events/changes regarding people's care needs. Staff told us that they felt well supported by their team leaders and the registered manager and also by their staff colleagues. One member of staff said, "It's a really good team and we work very well together. I regularly speak to the team leaders and manager [registered manager] if I need to discuss any issues or care practice." This demonstrated that there was an effective system of training and support for staff.

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.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about the MCA and Court of Protection and how this may affect people using the service when their mental capacity to make certain decisions changed. Staff we spoke with confirmed

that they had received MCA training and demonstrated knowledge of the MCA principles. One member of staff said "We assume everyone has capacity to make their own decisions but if this changed a meeting would be held – some people's capacity can change depending on the situation and the person's ability but this does not mean they lack capacity at all times."

The registered manager and team leaders were knowledgeable about the situation where an assessment of people's mental capacity could be required. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves either with, or without, support from staff. The registered manager was also aware of the relevant contact details and reporting procedures regarding this area and would contact the relevant authorities when people's needs changed.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their care and support needs. We saw that staff assisted them with their meals, daily routines and shopping. In one care plan we saw guidelines for staff regarding how a person with limited communication was able to make their food choices. This also included how they would choose food items with assistance from staff when shopping in the local supermarket.

The staff also encouraged people with healthy eating choices as much as possible. One relative said, "The staff have tried to help [family member] with eating more healthily as much as possible." We observed during our inspection that staff assisted people to choose their meals during the day. We saw that people were often involved in having meals in local cafes, day trips and when on holiday. This meant that people's nutritional and eating and drinking preferences were being met.

People were assisted, where necessary, to access health care appointments including visits to their local GP surgery and dentists. The health care professionals we spoke with who had contact with the service told us that they found the service to be responsive to any advice given and that communication had been consistent and professional.

Is the service caring?

Our findings

Relatives that we spoke with confirmed that the staff were kind and caring. For example, one relative said, "They [the staff] are kind and help [family member] with what they need." Another relative told us, "The staff are fantastic and really kind to my [family member] and they are happy – they [staff] are kind, caring and do a good job." We observed that there were friendly, respectful and supportive relationships in place between staff and people using the service.

Each person had a key worker and could discuss any issues regarding their support needs. A keyworker is an assigned member of care staff that helps coordinate and review care with a person receiving support from the service. We saw that people met with their key worker to discuss forthcoming events and any issues they were concerned about. Examples included going shopping, holidays and day trips and attending forthcoming healthcare appointments.

The staff we spoke with displayed a great deal of warmth and enthusiasm about their work and the care and support they provided for people. One member of staff said, "I love my job and we work well as a team to provide good care." One member of staff told us about support they were providing for one person so that they were able to visit their family. This involved supporting them with an overnight stay.

Observations we made showed us that care staff respected people's privacy and dignity to meet their care and support needs. Members of staff described the aims of people's support in enabling them to live as independently as possible and have a good quality of life. One member of staff said, "It is good to help people fulfil things they want to and to meet their needs in the way that they want." One member of staff told us how a person using the service had felt more able to regularly go swimming and feel more confident following assistance from staff. Another member of staff said, "I love supporting people and I enjoy my job - it is really good to see people progressing, improving their independence and getting out and about."

Care and support plans reflected people's wishes and preferences and how staff should support them. People's support and care plans detailed how many care staff should support each person both in and outside of the person's home. We saw detailed guidelines regarding how one person was to be assisted with attending a religious service and how the staff should provide the required support. We also saw that one person had been assisted to go to a theme park in Paris as part of their holiday. This showed that the service was proactive in meeting people's particular activities and events that had importance in their life.

Records showed that staff received training and guidance during their induction. Induction training included promoting and maintaining people's dignity and respect and their equality and diversity. This was confirmed by staff we spoke with. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. People's preferred names were also used by staff supporting them. This showed us that people's equality and diversity was considered and acted upon. We observed conversations between staff and people using the service and there was a positive rapport and a caring attitude shown by staff towards people they were supporting.

Discussions with staff during the inspection showed that they had a good and detailed understanding about individual's care and support needs. It was also evident from discussions with healthcare professionals that they felt staff knew and understood people's needs. Care professionals commented that they had a good contact with the service and saw that people were treated with respect and dignity. They confirmed there was a close and proactive contact with the service to ensure that people's care and support was well coordinated.

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. We saw that relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.

Is the service responsive?

Our findings

Our observations and discussions with people's relatives, confirmed they were involved in planning their care and support and were able to make changes when necessary. For example, one relative said, "They [the staff] always let me know of any changes to my [family member's] care and support." They went on to say, "My [family member] is becoming more independent and I am really grateful to the staff for the support they give [family member]."

We saw that staff held regular recorded reviews of the support plan with people and their relatives where necessary to ensure support was kept up to date and met the person's needs. We saw samples of reviews completed regarding the care and support that was being provided. However, in the care plans we saw it was noted that more detail was needed in the review section to show what changes had taken place. We raised this with the registered manager and team leaders and they told us that this would be included at the next reviews. The registered manager told us that a new care planning process was being implemented which would improve the reviewing of care and support.

People's preferences were recorded in their care plan. This included their likes and dislikes such as the meals they preferred and assistance with their daily routines and access to facilities in the community. This was confirmed by healthcare professionals we spoke with who were in contact with the service.

We found that assessments of people's needs had been carried out by the registered manager or senior management staff before they used the service. People's preferences were recorded regarding their health care and support needs, likes and dislikes, contact with family and friends, meal choices and their life history to aid staff's understanding of each person. These were used to formulate the support plan and outline the care which was to be provided.

We looked at three support plans during our inspection. There were person centred guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered. We observed that the staff checked with people about their individual preferences and examples included where they wished to go during the day and meal choices. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided.

Examples of care and support that people received included assistance and prompting and assisting with personal care, preparation of meals, assistance with medicines and attending a variety of social activities. We saw that each person had an activities programme in place. However, this programme was open to change should the person decide to do another activity. Examples included assisting people with their financial budgeting, cooking, accessing day services in the local community, going for walks and swimming. We also saw that guidelines regarding prompting and assisting people with their personal care, and assisting with medicines were in place.

Detailed daily notes were completed by care staff which detailed the care and support that they had

provided. We saw samples of these notes and saw that they contained information regarding the support that had been given.

We observed that people were able to raise any their concerns at any time with their keyworkers and with the registered manager. We saw staff in conversation with people they were supporting in an attentive manner and were providing reassurance and answering any queries the person raised.

A copy of the service's complaints procedure was made available to people. A pictorial version was available to assist people's understanding of the complaints process where required. The team leaders told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. Team leaders were in daily contact with people using the service and were able to discuss and resolve any concerns or issues that were raised. All complaints were recorded and we saw the complaints log. No complaints had been received in the last twelve months. Relatives told us that they knew who to speak with if they had any concerns about the care and services being provided. No one we spoke with raised any concerns about the service.

Is the service well-led?

Our findings

Our observations showed that people had regular contact with members of staff, the team leaders and the registered manager. They knew who to contact if they wished to discuss any issues about the care and support being provided. People were encouraged to make suggestions and comments during their individual meetings with staff. Actions were taken in response to these, which included being flexible in changes to weekly routines or exploring new activities or interests.

We saw that there was regular contact with people to gauge their satisfaction with the services being provided. Quality assurance satisfaction surveys were sent to people who used the service to gain their opinions regarding the care provided. However, the registered manager told us that the response to surveys had been poor. The registered manager said that they and the organisation's quality and compliance director were reviewing this process to improve how the surveys were presented. This would hopefully encourage more participation from people using the service.

The registered manager demonstrated that they understood their roles and responsibilities well and the staff we spoke with told us that they felt the service was well managed. They said they felt supported and that they were able to raise issues and concerns at any time, including outside of business hours. One member of staff told us, "The staff work well together as a team and I feel that I am supported." Another staff member told us that, "My colleagues are helpful and very supportive and ensure important information is passed on." We saw a sample of minutes from recent staff meetings where a range of care and support issues and service developments had been discussed.

Staff we spoke with told us that there was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and helping people to make choices and be as independent as possible." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I am confident that any concerns that I might have would be taken seriously by my manager [registered] and I would be protected if I did so."

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

We saw that there were regular meetings held with the team leaders and the registered manager and their operational manager to monitor and ensure audits of key areas of the service were made. These audits included observations of support being provided, care and support records, reviews of care, discussions with people who used the service and their relatives, complaints and concerns, staff recruitment, training and health and safety arrangements.

The registered manager had an understanding of their role and responsibilities. The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required.

The registered manager and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from care managers and care professionals who had contact with service. Comments we received were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and any queries with the service were responded to promptly and professionally.