Diverse Abilities Plus Ltd

Diverse Abilities Plus - 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

This inspection was announced and took place on 7,8,10 and 11 March 2016. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Diverse Abilities Plus Limited provides a supported living service for people with a learning disability, autistic spectrum disorder, older people, physical disability and younger adults. The service was supporting 38 people in 21 supported living properties. This is where people receive personal care and support in their own properties, some of which are shared with other people.

There was a registered manager in place and they had worked at the service since February 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our last inspection in July 2014 we identified some areas for improvement. This was because staff had made some decisions on behalf of people because they were not able to make these themselves. Some people did not have their mental capacity assessed, and decisions made in their best interests were not recorded as they should have been as directed by the Mental Capacity Act. There were safe systems in place to safely manage and administer medicines for most people. However, we found that one person did not receive one of their medicines as prescribed on two occasions. In addition we found one person's dietary plan was not being followed and there was no system for recording or monitoring their weight. This was important because the person was at risk because they had complex health and dietary needs.

At this inspection we found the improvements identified at the last inspection had been made.

Some of the people we visited had complex needs and were not able to tell us about their experiences. We saw that those people and two people who spoke with us were happy and relaxed with staff. Relatives told us they were satisfied with the service their family members received and overall they did not raise any major concerns with us.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

People's medicines were managed safely and people received their medicines as prescribed.

Two people told us they felt safe and other people were relaxed with staff which indicated they were comfortable with staff. Staff knew how to recognise any signs of abuse and how they could report any allegations. Learning from any safeguarding investigations was shared with staff and actions taken to minimise any further incidents.

Any risks to people's safety were assessed and managed to minimise risks. We saw people were supported to take part and try new activities and experiences in their homes and in the community.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided. People's important relationships with their relatives were supported and maintained.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff felt they were well supported by the management team.

People knew how to raise concerns or complaints. People and relatives were regularly consulted.

The culture within the service was personalised and open. There was a clear management structure and staff and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

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.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before support was given to them.

People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Family and friends were made welcome and continued to play a part in their family member's care and support.

Is the service responsive?

Good

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People's needs were fully assessed before they stared using the service.

People were supported to pursue activities and interests that were important to them.

People knew how to complain or raise concerns about the service. Staff knew how to support people to do this.

Is the service well-led?

Good

The service was well-led. Observations and feedback from people, staff and professionals showed us the service had a positive and open culture.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

Diverse Abilities Plus - 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 was 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.

One inspector carried out the inspection on 2015. We told the provider two days before our visit that we would be coming to ensure that the people we needed to talk to would be available.

We visited four different supported living services run by the provider. We spoke with and met five people in their own homes. We spoke with six staff, two deputy managers and the registered manager.

Some of the people we met had complex ways of communicating and were not able to tell us their experiences of the service. All of the people we visited had 24 hour personal care and support packages from Diverse Abilities Plus supported living service. We observed the way staff supported people in their homes.

We spoke with six parents of people who use the service at a 'Family and Friends' meeting that was held at the office.

We looked at four people's care and support records and records about how the service was managed. This included four staffing recruitment records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider completed 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 also looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Good

Is the service safe?

Our findings

Parents we spoke with felt their family members were safe. One person told us they felt safe with staff. We saw people were relaxed and smiled and laughed with staff. One person repeatedly approached and gestured to staff and another person sought staff out and used single words to interact with them. This indicated people felt relaxed and safe with staff.

At our last inspection in July 2014 we identified an area for improvement in relation to medicines administration.

At this inspection, we looked at the medicines plans, administration and monitoring systems in place for people. There was a written handover between each change of staff that checked whether each person's medicines had been administered and signed for. Where any errors or omissions were identified an error log was completed. The staff member responsible for the error was taken off medicines administration until they had been reassessed as competent by a manager or team leader. In addition the registered manager audited and checked the medicines errors and actions taken. Staff told us there was an open culture about reporting errors and cations were taken to address any shortfalls.

One person told us, "Staff help with my tablets, they sort it all out for me".

Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines. Staff we spoke with were knowledgeable about each person's medicines and how and when to administer them.

All four people's medicines were administered as prescribed. There were PRN 'as needed' medicines plans in place for people. These plans included the circumstances they should administer these medicines, the dose, frequency and the maximum amount in 24 hours. Where these had been administered the reasons for administration was recorded. Staff were able to describe the circumstances when they administered any 'as needed' medicines. This reflected what was written in people's medicine plans.

All of the staff had received training in safeguarding vulnerable adults from abuse as part of their induction and on going training. All of the staff we spoke with knew the different types of the abuse and were confident about how they could report any allegations.

The registered manager had reported any allegations of abuse to both the local authority and CQC. They had cooperated fully with any safeguarding investigations. We saw they had taken action following any investigations to make sure that any learning was shared with staff. For example, at the previous month's team leader meeting information had been shared about the outcome of a recent safeguarding alert.

People had effective risk assessments and plans in place for; their home environment, pressure areas, nutrition, medicines, falls, access to the community, behaviours the required a response from others and epilepsy management. For example, one person had complex health needs and there was a risk

management plan in place that included open access to a specialist ward at the local hospital.

The staffing levels for each person were based on their assessed needs and determined by their funding authority. All of the people we visited had one to one staffing and 24 hour care packages.

The registered manager, staff and relatives told us that most of the time people were supported by regular staff teams who knew their needs well. One person told us they knew all of the staff that supported them and was able to name them. Staff supporting the people we visited confirmed there were regular staff teams in place. However, one parent raised concerns about the lack of stable staff team and team leader to support their family member. The registered manager acknowledged there had been a high turnover of staff at the person's service. They said a new team leader and staff had been appointed to work with the person and they anticipated a period of stability for the person. There was a rolling programme of recruitment and people were involved in the recruitment events and the selection of staff.

There was an 'on call' team who provided out of hours cover and staffing support to people at short notice. Staff spoke highly of the support of the 'on call' team and the support they provided.

We looked at four staff recruitment records and spoke with one member of staff about their recruitment. We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Good

Is the service effective?

Our findings

Staff told us they had one to one support and annual development meetings and felt well supported by managers to fulfil their roles. We saw records of these meetings and annual development plans in staff files. Staff spoke highly of the support they received from their line managers. Staff told us they could speak and approach the deputy and registered managers whenever they wanted.

The registered manager showed us the new induction programme and workbook for staff. This included the Care Certificate which is a nationally recognised induction standard. Staff we spoke with had a good understanding of their roles and three staff told us the induction had prepared them for working at the service. The induction also included the staff's roles and responsibilities, information about the provider, key policies and procedures, information about the people they would be working with and their homes.

Staff told us and records showed there was a comprehensive training programme in place. This included core training such as person centred approaches, effective communication, infection control, moving, assisting and positioning, food safety and nutrition, medicines management and emergency aid. Staff were also provided with specialist training to meet people's specific needs. For example, staff had been trained in providing nutrition and medicines through one person's Percutaneous Endoscopic Gastrostomy (PEG) which is a feeding tube.

One parent raised with us that they had not been able to deliver some training for their family member. They acknowledged the training needed to be provided by a health professional. However, they said they would have valued being involved in the training when it was delivered because as a parent they had many years' experience undertaking a specific procedure. They told us this would assist the staff in their understanding of their family member's condition and how they needed to be positioned. We fed this back to the deputy manager responsible for the person's service.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decision were in place for people in relation to specific decisions. For example, there was a best interest decision in place for one person in relation to ongoing medical treatment and an advanced care decision. This had been agreed by the person's family members, staff and health and social care professionals involved with them.

People's nutritional needs were assessed, monitored and planned for. Each person had a plan that detailed the person's likes, dislikes, types and consistency of food and drink and the type of equipment people needed. For example, one person's plan detailed the guidance from the Speech and Language Therapist (SALT). This included they needed to have soft foods and bite size portions. Staff we spoke with were knowledgeable about this. When we visited this person we observed them having drinks and snacks as detailed in their SALT plan.

Where people were identified as a being at risk of having poor nutrition they were weighed on a monthly basis. This was so staff could monitor and take action if people lost or do not maintain their weight. This had been identified as an area for improvement at our last inspection and action has been taken to address this shortfall.
People had access to specialist health care professionals, such as community mental health and learning disability nurses, dieticians, occupational therapists, speech and language therapists and specialist consultants.

We received feedback from community health professionals and they all commented on how proactive the staff were at identifying and reporting any changes in people's health. They told us staff followed any health plans and appointments that were put in place people.

Each person had a health plan that was supported by pictures to make it easier for them to understand and included important information about them if they went into to hospital. People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person had periodic bouts of sickness. There was a clear plan in place that had been written with the person's GP to manage their symptoms.

Good

Is the service caring?

Our findings

Two people told us they liked all the staff that supported them. Parents spoke positively about the caring attributes of the staff that supported their family members. Parents told us, "We're more than happy with the service and (staff member) is excellent".

During our visits to people's houses we observed staff providing supporting to people. They were respected by staff and treated with kindness and compassion. Staff showed genuine affection for people and recognised and knew them as individuals.

We saw that people who did not communicate verbally gave staff eye contact and were responsive to staff when staff spoke with them. One person mobilised by crawling on the floor, staff sat and lay on the floor with the person. The person crawled over and reached out for staff contact and to show them what they wanted to do.

From observations and speaking with staff we found they knew people and understood their preferences. We found that people's care plans included how people made their preferences and choices in their everyday lives. Where people did not communicate verbally, we observed staff giving some people simple verbal choices and using objects of reference (these are objects that represent the activity the person is being given information about, for example, one person was given an electronic tablet and a box of DVDs to choose what activity they wanted to do).

Care workers knew about keeping people's personal information confidential. Care plans were personalised and included details of how care workers could encourage people to maintain their independence.

People told us and we saw care workers provided care and support in ways that promoted people's independence in their own homes. One person told us they helped with keeping their flat tidy. They said they went shopping and, "I get the things off the shelves". Another person was working towards being more independent with their continence. We observed staff responding quickly when the person used a word that indicated they felt they needed to use the toilet. Staff told us they were confident that over time they would be able to support this person to achieve their independence in this area.

People and or their representatives had been consulted about their end of life wishes. These were recorded and plans were in place where needed. The plans were supported by photographs and pictures and used language that was easy for people to understand. We saw one person's plan had been developed in consultation with their parent, sibling, staff and the health and social care professionals involved.

Good

Is the service responsive?

Our findings

During our visits to people's homes, all of our observations showed us that staff were responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication.

All of the staff we met and spoke with understood people's complex ways of communicating. This reflected what was in people's communication plans or communication passports. These were documents that people kept with them to show other people how they communicated and what they liked and did not like. Staff were able to explain how people let them know if they wanted anything. For example, one person used single words to communicate different things and staff explained what these meant and responded appropriately. Another person used gestures and signs. All of this information about how the person communicated was also included their care plan.

We saw that people's care plans and records were supported by pictures and photographs to make it easier for people and staff to understand. Relatives told us they were involved in care planning where the person was not able to make those decisions themselves. We saw people and or their relatives had signed their care plans to show they agreed with them.

We looked at four people's assessments and care plans and saw that they had been reviewed when people's needs had changed. Staff we spoke with were very knowledgeable about people and were able to describe how they communicated and what support and care they needed. All of this information was included in the care plans.

One person had started using the service a month before the inspection. We saw that a comprehensive assessment had been completed. There had been a transition plan in place and Diverse Abilities Plus staff had worked alongside the person's parents and the staff at their school. Their parent and staff told us this worked very well and the person got to know the staff before they moved into their new home. This had meant the person had settled into their new home very quickly.

We saw from care records and speaking with people, staff and relatives that each person had the opportunity to be occupied both in their homes and in the community.

People had access to activities that were important to them and had individual activity plans. For example, one person had recently started playing wheelchair football. Other people went to pottery, swimming, Gateway club, sailing and one person worked at horticultural college. One person still attended school and had only recently started using the service. There were plans to try new experiences and activities for this person.

People and staff told us people had family and friends to visit them at their homes and they were supported to maintain important personal relationships. Relatives told us they were supported by staff to maintain their relationships. Staff collected one person's elderly relative each week so they could spend their day with their family member and maintain this important relationship. One person told us they were going with staff

to visit one of their relatives for the day. They said they phoned their relatives every week with staff support.

Relatives told us they knew how to complain. Those we spoke with told us they had not needed to complain as things were sorted out before they reached that stage. Two people said if they were worried about anything they spoke to staff and they sorted it out. Staff we spoke with also had a good understanding of how people communicated when they were upset and how to support people to make a complaint.

There was a written and pictorial complaints procedure and each person's communication plan included details as to how they would let staff know if they were unhappy or worried. We looked at the three complaints received by the service over the last twelve months. We found all had been investigated and responded to minimise the risk of reoccurrence.

Good

Is the service well-led?

Our findings

Observations and feedback from people, staff, relatives and professionals showed us the service had a positive and open culture. Staff and relatives told us the registered manager and management team were approachable and listened to them. They said whenever they suggested or raised anything action was taken.

Health and social care professionals told there was good communication between them and Diverse Abilities Plus. One professional commented on how well the staff worked with some people's relatives and built positive relationships in sometimes difficult circumstances.

There was a bi monthly friends and family meeting where relatives and friends could meet together for support. As part of these meetings they invited the registered manager in to raise and discuss any concerns or ideas. There was a friends and family meeting on the first day of the inspection and they agreed to meet with us. They told us they found the meetings useful and they had developed over time and they now use them to have workshops about different things as well as a consultation forum. For example, they were having a workshop on planning for the future. Relatives told us they had confidence in the registered manager. One relative said, "(registered manager) is very hands on and this has resulted in improvements in the service". In addition a newsletter was used to share information with people, staff and health and social care professionals.

The registered manager told us they were starting focus groups and was asking people to design questionnaires and surveys that they would be able to complete themselves with minimal staff support. This was because people often needed staff support to complete the current surveys/questionnaires in use.

The registered manager told us that the deputy managers undertook quality reviews in the supported living services every two months. We saw the records of these reviews for the people we visited. They covered areas such as; activities, medication, cleanliness, handover records, accident records and the care and support provided to people. From these quality reviews an action plan was produced for the team leader to complete and follow up.

There was a medicine error reporting and auditing system in place. Staff told us there was a positive no blame culture about reporting any medicine errors. There was a programme of medicine competency assessments in place for staff. Where any errors occurred staff were reassessed to ensure they were competent to administer medicines.

In addition to the quality reviews the registered manager had a planned programme of visits to people in their homes to check the quality of the service. At these visits the registered manager spent time with the people and the staff that supported them.

Financial audits were completed 12 monthly for each person to ensure their finances were managed safely. These included action plans that were then followed up by a different staff member.

We looked at the systems in place for monitoring and learning from incidents, accidents and safeguarding. We saw these were reviewed on a monthly basis and any actions and learning from incidents was shared with staff at team leader and team meetings and or at one to one support meetings. We saw following a safeguarding incident information and learning was shared in staff meetings.

There were written compliments from professionals, relatives and people's representatives. The registered manager said these were shared at team meetings so staff received the positive feedback.

All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

Diverse Abilities Plus had a programme of 'thank you' awards that recognised staff good practice. There was recent introduction of clustering a group people's services to reduce the amount of agency staff used by sharing staff across the services. There were incentives for the staff teams who reduced the amount of agency staff used. The first clusters of services to achieve this were very proud and keen to tell us about their achievement.

We found, from staff records and from speaking with staff, they understood their roles and responsibilities. All staff were issued with a staff handbook, code of conduct and a clear description of their responsibilities and who they were accountable to. We saw from staff records and from discussion with the registered manager that any issues with a staff members' performance was followed up in annual appraisals, one to one support meetings or through the disciplinary process.

The registered manager and management team kept their knowledge up to date and attended the local learning disability provider forum.