

Assisted Living South West Limited

# Assisted Living South West Limited

## 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 was a comprehensive inspection. The inspection took place on 7 and 9 November 2018 and was announced.

Assisted Living South West Limited is a supported living service for people living in supported living settings in Devon. Most people who use the service live in shared houses with other service users. This service provides care and support to people living in 'supported living' settings, 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.

At the time of this inspection there were 23 people with disabilities who received a range of support from the service, including personal care. Our inspection focussed on the support given to these 23 people. The service also provided support to people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

The provider, Assisted Living South West Limited is part of the Reability UK group. Reability UK provides community care and supported living services throughout the country, specialising in the provision of mental health, autism and learning disability care recovery pathways. Reability UK took over the service approximately one year ago from Eden Futures. The provider, Assisted Living South West Limited, remains the same and therefore no change of registration was necessary.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, people's independence and links with their community.

There was a new manager in post who had begun working in the service approximately two weeks before this inspection took place. They were in the process of submitting an application to CQC

### Rating at last inspection

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated Good

People told us they felt safe being care for by the service. They knew how to speak out and who to tell if they

had any concerns. Some people we met were unable to communicate verbally. They appeared happy and relaxed with the staff who were supporting them. The provider and registered manager had effective safeguarding systems in place. All staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. Care was taken before new staff were employed to make sure the applicants were entirely suitable for the job.

There were enough staff employed so that people received support when they needed it. There was a stable staff group, with many staff having worked in the service for a number of years. People received a consistent service from staff they knew and trusted.

There were good systems in place to assess risk and to ensure people received safe care and support. Support plans contained detailed risk assessments covering all anticipated risks. People were supported to manage their medicines safely.

People told us staff supported them effectively. People's needs were assessed before they began receiving support and a plan of their support needs was drawn up. The plans contained detailed information about all aspects of each person's support needs and had been discussed and agreed with each person, and with their families or representatives where appropriate. Staff worked closely with health and social care professionals from other organisations to deliver effective care, support and treatment. Comments included "Yes they do (support me well). They're good" and "I like all the staff".

The manager told us they strove to make the places people lived in feel like their homes, and not a workplace for the staff. Staff were passionate about supporting people to gain independence and learn new skills.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff received a comprehensive induction at the start of their employment and regular ongoing training and updates on topics relevant to people's needs. Staff told us the training was good. Comments included, "We've got a really good trainer now" and, "Brilliant. (The trainer is) very approachable. Interesting". Staff received regular supervision and told us the level of support they received was very good. Staff meetings were held monthly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A person told us, "I say what I want" and described how the staff supported them to achieve their goals and wishes.

People were supported to eat a healthy diet and keep hydrated. Staff understood each person's dietary needs and preferences. Records showed people were supported to attend health checks regularly. Staff had liaised with health and social care professionals to ensure people were supported, either with their consent or in their best interests, to receive the care and treatment they needed.

People told us they continued to receive a service that was caring. During our visit we saw people and staff smiling and laughing together. People told us the staff were always kind and they had lots of fun together. Comments from staff included, "I will always go out of my way for them. That's what I am here for" and "As a team we all try to make their lives as positive as possible".

People knew how to make a complaint and were confident any concerns or complaints would be listened to, investigated and addressed. The complaints procedure was in an easy to read format and staff told us they regularly reminded people about the complaints procedure and how to make a complaint.

People and staff told us the service was well-led. Since the last inspection there has been a change of provider and a new manager. There was a clear management structure in place and there were plans to improve and increase the management structure in the near future. Comments from staff included, "I respect this company a lot as they do strive to uphold their values" and "It is a very, very good company". Many of the staff and people we met told us they had already met the new manager and they spoke positively about him. Staff morale was good.

There were systems in place to monitor the service and ensure all areas were running smoothly and safely. The provider employed a Quality Manager who regularly visited the service and carried out a range of checks to ensure people were receiving a good service. People were consulted and involved and their views were welcomed.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Assisted Living South West Limited

## **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 was a comprehensive inspection. The inspection took place on 7 and 9 November 2018 and was announced. We gave the service 5 days' notice of the inspection visit because the location provides a supported living service for adults who are often out during the day. We needed to be sure that they would be in and people would be willing to speak with us. We also wanted to make sure the registered manager and/or members of their management team would be available at the time of the inspection.

The inspection was carried out by one adult social care inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since the last inspection, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals. Before the inspection we sent out questionnaires to people who used the service, relatives, staff and health and social care professionals. We received responses from five staff and three community professionals.

On the first day of the inspection we visited the agency office where we spoke with the new manager, the previous registered manager (who remained working for the provider in a different role), the provider's quality manager and the Nominated Individual. We looked at records held in the agency office including two staff recruitment files, staff supervision records, training records, four support plans and quality monitoring and improvement records.

On the second day of the inspection we visited two shared houses in Honiton and Axminster where we met five people who received a service. We also met seven members of staff. We looked at records of care held in each person's home including three support plans, risk assessments, daily reports, medicine administration records, and records of support given to help people manage their weekly household budgets.

## Is the service safe?

### Our findings

People told us they felt safe. For example, a person told us "Yes, I feel safe".

There were systems in place which protected people from abuse. Staff had received training on safeguarding adults from abuse, and they knew how to identify and report any suspicions of abuse. Safeguarding was discussed in team meetings. There was a poster in every shared house encouraging people to 'Speak out' and explained how to raise concerns. Staff told us they frequently reminded people of the importance of speaking out if they had any concerns. People we spoke with told us they were confident they knew who to speak with if they had any concerns. Some people we met were unable to communicate verbally. We saw they were relaxed and happy in the presence of staff. Staff knew them well and explained how they communicated with them and how they recognised signs of agitation or distress.

People were supported to manage their money safely. The service did not manage people's incomes. These were held by advocates or by deputies appointed by the Court of Protection. Where staff supported people to manage weekly cash budgets, receipts were retained where possible for all purchases. Cash flow sheets were completed with running balances maintained. The records were regularly checked by a senior member of staff to make sure they were correct.

Safe procedures were followed before new staff were confirmed in post. Application forms were completed with details of previous employment and qualifications. References were taken up and checks carried to ensure applicants did not have significant criminal records or any previous employment history that might indicate they were unsuitable for the post.

There were sufficient numbers of suitable staff to give people the support they needed. There was a stable staff team, and many of the staff we met had worked for the service for a number of years. Staff morale was good and staff talked about close teamwork. Where possible, staff tried to cover vacant shifts for example for annual leave or sickness, among their team. The use of agency staff was kept to a minimum. When agency staff were used they tried to make sure they only used agency staff who had worked for the service previously. This meant people received support from staff they knew and trusted. People could be confident they received individual support from staff when they needed it. Staff rotas identified staff who were assigned to work with people on a one-to-one basis.

Risks to people were assessed and managed and they were supported to stay safe. Support plans contained risk assessments and information to staff on how to support people to minimise the risks. Risks were clearly assessed and explained. For example, a person received their food through a PEG device. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall. The person was fed through this tube. The person's support plan contained detailed information about how to support the person with the PEG. Staff had received training from specialist health professionals before they were allowed to support the person with this procedure. The person could also eat some foods orally, although this presented a risk of choking. The support file contained copies of the assessment carried out by the speech and language therapy team (SALT) and the information they had provided on how to minimise the risk of choking.

People were supported to hold and manage their medicines safely. Each person held their medicines in their rooms and staff understood the level of support they needed to ensure they took the correct medicines at the prescribed times. Risk assessments had been carried out to identify the risks and the support needed. Records were maintained for all medicines administered by staff. All staff had received regular training on medicine administration. The records were audited weekly to ensure any errors were quickly identified and acted upon. Competency checks were carried out on staff to ensure they continued to have the skills needed to administer medicines safely.

People were protected from the risk of infection. Infection control training was covered in induction and staff received regular updates. Checks and observations were carried out by senior staff to make sure staff continued to follow good hygiene standards. Staff confirmed they had received training on infection control and understood the risks. There were good supplies of disposable gloves. A member of staff explained how they supported people to keep their rooms clean and hygienic. Shared facilities such as washing machines were regularly cleaned and disinfected. They told us "We are very thorough about hygiene".

Staff carried out regular health and safety checks and audits on the places people lived in. For example, fire precautions were checked weekly. Hot water temperatures were also checked weekly to reduce the risk of scalding.

Lessons were learned and improvements were made when things went wrong. For example, the Nominated Individual shared with us a 'serious incident learning' document which had been drawn up after an incident which resulted in a staff member being injured. They had identified ten areas of learning and actions to be taken across the organisation to reduce the risk of a similar incident happening again

## Is the service effective?

### Our findings

People told us the support they received was effective in meeting their needs. A person told us "Yes, they do (support me). They are good." They went on to say, "Staff support me with loads of stuff, like going for walks. I need help with shopping otherwise I spend too much!"

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us the quality of the training was very good, and had further improved since Reability UK took over the service in the last year. All new staff received a thorough induction lasting two weeks at the start of their employment. This led to staff gaining a qualification known as the Care Certificate which is normally completed within the first 12 weeks of employment. This is a nationally recognised qualification for staff new to the care industry which ensures they have the basic skills and knowledge to carry out their jobs effectively.

Since the new provider took over the service in the last year they had been trying to gather information about the training staff had already received. They were unable to find some certificates of training completed and they concluded that, without certificates as evidence, they could not be certain the training had been completed. They decided to retrain all staff in every topic they had identified as essential. The provider's training matrix showed some gaps in completed training for some staff. However, the new manager gave us evidence of training sessions planned for the near future. This will mean all staff will achieve training to the organisation's expected topics for training. All staff we met praised the quality of the training they had received. A member of staff told us, "Training is much better because it is face-to-face". Another member of staff said, "They are quite strong on training". The provider employed a training manager who was responsible for delivering training to all staff.

Staff told us they were well supported. They received supervision every three months and monthly staff meetings. The provider told us in their Provider Information Return (PIR) "Learning is shared in the service through group supervisions and individual supervisions with staff."

People's needs and choices were assessed and care, treatment and support delivered in line with current legislation. People were supported to maintain a balanced diet. Some people chose to eat their main meals with other people living in their house and, staff supported them to draw up weekly menus giving each person a choice of meals. Other people prepared and ate their meals individually. A person told us, "I say what I want and staff cook it". Where people were unable to communicate verbally picture cards were used to help them choose the meals they wanted to eat. People were given choices and could change their minds if they did not like the shared meal prepared. Staff supported people to do their own food shopping and to prepare meals.

Staff explained how they encouraged people to eat a healthy diet and maintain their preferred weight. Where people were at risk of weight loss or weight gain they had supported people to decide the measures they needed to take to maintain a healthy weight checks, for example through increased activity, and by helping people to adjust their diets. They had also supported people to seek advice from their doctor. Dietary preferences were recorded in support plans. Specific dietary needs and risks were also recorded.

Staff gave an example of a person who had previously been overweight, and who was now a very healthy weight. They told us, "This has had a very positive effect on him". Their mobility had improved as a result of the weight loss they had gained independence and were much happier as a result of the weight loss.

Staff worked effectively each person and with health and social care professionals involved in their care to make sure people received the support and treatment they needed. A professional told us, "The clients are always treated with respect and support is delivered in a person-centred way. The provider has brought to the care managers notice any issues which have arisen and sought to resolve them in a professional manner". Another professional told us about a person supported by the agency. They said, "It has always been a challenge for staff to engage successfully with him. Since this client moved to [the service] there has been a noticeable improvement in his physical and mental health.... [Team manager] and her team of staff have worked really hard with this client, [team manager] has attended all meetings and always responds quickly to any queries."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A person told us "I say what I want" and described how the staff supported them to achieve their goals and wishes. Staff were aware of their responsibility to support people to make choices and decisions about their lives, and met their legal responsibilities as set out in the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments had been completed for each person and this information had been transferred into the support plan to explain the decisions each person could, or could not make. Where people needed to be supported by staff, for example to go out into the community, or to manage behaviours which might put the person at risk, they had obtained Court of Protection agreements.

Staff understood the importance of treating every person as a valued individual. All staff received training at the start of their employment on equality, diversity and human rights. Policies and procedures were in place. Staff were encouraged to speak out about any doubts or questions about treating people equally during training and in staff meetings. Ethos, values and human rights have been discussed. The new manager also told us that when he had seen information that might be of interest on this topic he had passed it on to the staff team. During our inspection we saw all staff treating people in a respectful way, and treating them as equals regardless of their disabilities, beliefs or backgrounds. A person told us they liked to go to church sometimes, and said staff were always willing and available to support them to attend services.

## Is the service caring?

### Our findings

People continued to be supported by staff who were kind and caring. During our inspection we saw staff treating people with kindness, respect, caring and friendship. There was much friendly banter, smiles and laughter. People were given emotional support when needed. An agency member of staff told us, "It's lots of fun here. I would apply if any vacancies came up here. They make you feel loved and welcomed here." A member of staff told us "I will always go out of my way for them as that's what I am here for". Another staff told us "We will always go out of our way for them. The smiles on their faces say it all".

A person told us, "The staff are nice. I like them all". They talked about the places they liked to go to, and the things they liked doing. They were supported in all these activities by staff they liked, and who shared an interest in the things they wanted to do. A member of staff told us they sometimes used their own cars to take the person to some of the places they wanted to visit (with approval by the managers) because, "It would cost a fortune if he used taxis".

When people stayed in hospital, staff went with them to make sure they settled, and then visited them on their days off to make sure they had everything they needed. This meant they had regular visits from people they knew.

If people wanted to go on holiday and needed support, there were always staff willing to go with them. For example, some people liked to go to Butlins every year, and others liked to go abroad. They always had staff who were happy to go with them. Staff also supported people to visit family if they were unable to travel by themselves.

People were supported to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. A member of staff told us, "It can be very rewarding ...enabling them to get the most of their lives". They gave an example of a person who was unable to communicate verbally who had been very agitated and upset when they first moved to their shared house. The staff had spent time getting to know the person, understanding and reassuring them. They described how they had improved their communication skills with the person and as a result the person was much calmer and happier now. Staff now understood the things that mattered to the person, the things they wanted to do, and they had supported the person to make choices about their life. Communication training was available for staff who worked with people with communication needs.

Staff told us how they worked closely as a team to make sure people were supported by the right staff. People and staff were matched according to their interests and activities. Staff rotas were arranged to enable staff to support people with activities which they shared and interest in. Staff had amended their annual leave or worked overtime where needed to make sure people had the right support when they wanted it. A member of staff told us they had worked on their day off so that they could take a person to an activity they wanted to do. They told us "He loved it!" Another member of staff described how they had taken a person who loved music and singing to watch a film they both shared an interest in.

People and staff talked about their plans for Christmas this year. Those people who were not planning to spend the day with families and friends will spend the day with other people they shared a house with. Staff were supporting them to plan Christmas dinner, evening meals and Christmas activities to make it a special time. Staff encouraged people to say what they wanted to do. People were also supported to buy Christmas presents for their families and to wrap and post them if necessary.

People's privacy, dignity and independence was respected and promoted. Staff knew each person well and recognised when people became anxious. They knew how to support people to remain calm and happy. A member of staff explained how they respected a person's wishes to be left alone at times, and when the person wanted privacy. The person had limited verbal communications skills, but would tell them "Staff stay" or "Staff go". If the person wanted the staff to go they would sit outside until the person wanted their support again. They also knew the things the person liked doing, and offered activities such as going for a walk, or doing sports such as swimming to help the person remain calm and happy.

## Is the service responsive?

### Our findings

People continued to receive a service that was responsive to their changing needs. A member of staff told us, "Management do listen to staff when we have to change things to provide person centred care".

People received personalised care from staff who knew them well and understood their needs. Staff told us about the people they supported; their likes, dislikes, daily routines, health and personal care support needs. Support plans contained detailed information about all aspects of each person's needs. They were reviewed regularly and staff told us they were confident all support plans were up to date. People told us, and the support plans contained evidence to show that all documents had been discussed and agreed with each person, and with their families or representatives where appropriate. The new manager and the Nominated Individual told us the provider was in the process of trialling computerised support plans and they hoped to introduce a new system in the next year.

People were supported to learn new skills, gain independence and to improve their lives. Staff described how they had worked closely as a team to improve the way they supported people on a one-to-one basis. A member of staff described how they had helped a person manage their money better. In the past the person had no savings and had been unable to afford luxury items they wanted. They had supported the person to consider ways of saving money. They told us, "We went through the appropriate channels. We asked the person's agreement to talk to the Court of Protection at County Hall. When agreed we double checked with the person that he still wanted support to save money." The person was now able to afford to buy furniture and furnishings for their flat, holidays and a computer. This had made a positive difference to the person's life.

Staff were passionate about supporting people to gain independence and learn new skills. Another member of staff described how they supported a person to do their own laundry, washing up and cleaning their flat; including cleaning their oven. They told us how the person had initially been reluctant to do these tasks, but with gentle coaxing and friendly banter the person now happily carried out the tasks and took a pride in looking after their own home.

The manager told us they strove to make the places people lived in feel like their homes, and not a workplace for the staff. For example, People held their own support plans and daily records in their rooms along with their medicines.

People were given information in a format suited to their individual communication needs. Support plans, questionnaires and information about the service were drawn up using both text and symbols. Staff also read and explained documents to people who were unable to understand either text or picture format. A person who was blind told us the staff talked to them, explained things, and helped them resolve problems. They told us, "They help me sort it out". The person also told us they loved books being read to them, and loved going to the library with staff.

People's concerns and complaints were responded and listened to and used to improve the quality of care.

The complaints procedure was in an easy to read format. A member of staff explained how they made sure people understood how to make a complaint, including those people with limited communication skills. "We will remind them of how to make a complaint". Before this inspection a professional told us, they had raised some concerns a few weeks previously but they had not received a response or any reassurance the matters had been investigated or addressed. During the inspection we spoke with the new manager about the concerns and they agreed to treat them as a formal complaint, investigate and respond to the professional with the outcome and details of actions taken. A few days after the inspection we received a copy of their investigation and response which showed the matters had been taken seriously and acted upon.

Many of the people who used the service were younger Support plans did not contain information about people's end of life wishes. However, the new manager told us the provider was aware they need to implement end of life support plans and they expected these to be in place in the near future.

## Is the service well-led?

### Our findings

The service remains well-led.

There was a new manager in post who was in the process of applying for registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager had only been in post for a few weeks before this inspection took place. They had already visited all the shared houses and met with many of the people who used the service and staff. Staff spoke positively about the new manager. For example, a member of staff told us "Where there was a problem he sorted it quickly".

There had also been a change of provider in the last year, and staff also spoke positively about the new provider. Comments from staff included, "Rehability – things are being communicated now", "It is a very, very good company" and, "I respect this company a lot as they strive to uphold their values". The Nominated Individual told us that Rehability UK had taken over a number of different companies in the last year and they planned to streamline all the services to use the same systems and support plans. They told us "We are still in the consolidation process".

New computerised care planning systems were being piloted with a view to introduce them in the next year. The provider recognised recruitment and retainment of staff was important and planned to implement initiatives to improve staff morale and job satisfaction. They also planned to introduce new ways to demonstrate how they valued staff and recognised good practice, such as an 'employee of the month' and long service awards. They also planned to employ specialist staff such as speech and language specialists and occupational therapists to work with staff to improve the service people receive. The nominated individual told us, "The ultimate thing is to improve the lives of the people we support". This showed the provider was working in line with 'Registering the right support', ensuring people's care was personalised, and meeting their individual needs.

There was a clear management structure in place and there were plans to improve and increase the management structure in the near future. Many of the staff and people told us they had met the new manager and spoke positively about him. Staff told us morale was good. Staff received regular supervision and team meetings and felt they could always contact a member of the management team when they wanted advice or support. Staff told us, "We are an open culture here" and, "Best thing I've done (to work here). I have had lots of support from [team leader]".

There were systems in place to monitor the service and ensure all areas were running smoothly and safely. The provider employed a Quality Manager who regularly visited the service and carried out a range of checks to ensure people were receiving a good service. The management team also carried out regular checks and audits on all areas of the service to ensure the service was running smoothly. A member of staff told us, "All the paperwork and checks are in place".

There were plans in place to improve the way people were consulted and involved in the service. In 2017 the previous provider asked people who used the service and their families and friends to complete a questionnaire about the service. The responses were positive. The quality manager told us that Reability UK had not yet sent out questionnaires to people this year, but hoped to do so very soon.

Before this inspection took place, we found that the telephone line for the agency office was directed to the previous provider's head office. This meant that people who used the service, professionals and families who wanted to contact the agency office could only do so if they knew the mobile telephone number of individual staff working there. The nominated individual told us they had encountered problems transferring the landline over to Reability UK. A few days after the inspection the new manager confirmed that the problem had been resolved and the landline had been transferred to Reability UK. They also told us they were aware they needed to address the lack of website for the service. Staff assured us that families and professionals knew how to contact team leaders and senior staff. A member of staff told us, "We have good relationships with all the families. We are always approachable".

The provider had systems in place to ensure they continuously learnt from incidents and took action to improve the service. There had been a low number of incidents and concerns since the last inspection. Serious incidents were investigated, actions taken where necessary, and learning was shared with the staff team. Complaints and concerns were investigated and actions taken to address issues and learn from them. The provider understood their responsibility to notify the Commission and other relevant organisations of any significant incidents or concerns.

The service worked in partnership with other agencies. Professionals we contacted mainly spoke positively about the service. A professional told us, "To increase their understanding of Adult Social Care work I have recently arranged a day with local councillors to visit {name of shared house} as an example of good practice. The [...] house manager demonstrates good leadership skills and staff works positively with clients."