

M T Supported Living Ltd

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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

About the service

MT Supported Living is a 'supported living' service that provides support packages for people with a learning disability or autistic spectrum disorder. Supported living is the name given to support to people who either live in their own homes, either through a tenancy with a housing provider, or live in their own homes through ownership or shared ownership with a housing association.

Not everyone who uses the service receives the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection two people were receiving a regulated activity at two addresses.

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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management to perform their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in decisions about their care and supported to make choices about their day to day living. The culture of the service promoted independence, choices and empowerment for the people living in the service. Staff had a good understanding of how people communicated their needs and wishes and respected people's likes and dislikes. People's care was focused around their needs and staff supported people to engage in activities in the service and outside in the community. People's care plans were person-centred and focused on what was important to people. Care plans were

regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

The registered manager and staff demonstrated a commitment to people and displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Audit systems were in place to monitor the standard of support people received. Measures to assess improvements and continuous learning were in place.

The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service.

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

Rating at last inspection:

This service was registered with us on 10/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection as this new service had been registered since 2020.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

M T Supported Living Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in a number of '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from four professionals and received comments from two.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Relatives told us their family members were cared for in a safe way. A relative told us, "Staff are well trained in care environment to keep [person] safe."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager showed us evidence they referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments that contained detailed guidance for staff to manage the risks. These included risks associated with mobility, eating and drinking and environment.
- Staff understood what support people required to manage the risk of avoidable harm. Care plans contained explanations of the measures staff needed to follow to keep people safe.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider followed safe recruitment practices and the staff recruitment files that we viewed contained the necessary checks and references.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "The staffing levels are good, and I had plenty of opportunities during the induction to get to know the people we support well, and we can understand their needs."
- Staff told us about a strong and positive culture among the team to understand and support each other to meet the organisation's expectations and focus on safety for the people they support.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely.
- Staff were trained to administer medicines. Staff told us they had to undertake training before they could administer medicines and received regular checks by managers to ensure they followed correct procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's relatives were very complimentary about the care provided by the team and how people and their families were all involved. One relative said, "We talk more on a daily basis as [person] has a set routine. We do have care plan reviews with [staff], I remember we sat in the garden and discussed the review and involvement from other organisation and thinking about [person's] wider health needs."

Staff support: induction, training, skills and experience

- Staff had the necessary skills to carry out their roles. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction when I started, and it was good and prepared me for the job."
- Staff had received relevant training to support people's needs. Staff told us, "We have access to a training portal where we log in to complete mandatory training such as safeguarding, Mental Capacity Act (MCA) and medicine management."
- Staff had regular supervision and observations of their work performance. A member of staff said, "I get one to one supervisions with my manager and have opportunity to talk and reflect on my professional development."

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

- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The service worked in partnership with people, their relatives and other agencies to support people to access the healthcare they require. Staff told us, "We have good relationships with other professionals and coordinate with them to support people with attending health related appointments."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. A member of staff told us, "I never assume that someone does not have capacity. I always ask for their consent and permission and act in their best interests."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they formed good relationships with their regular staff. One person stated, "They are caring and respectful, they listen to me."
- We received positive comments from relatives about the staff and service; these included; "The staff are lovely. They are great at working with the family. They have a very caring approach and it doesn't feel like it's a job for [staff]."
- Staff and the registered manager were passionate about providing people with good quality care. One staff member commented, "I'm happy to be doing this work, and helping other people, to give independence to people. I'm trusted to do my job and it's built my confidence."
- A social care professional told us, "MT supported living provided a slowly, slowly approach in order to build up a good relationship with the family. They provided a core staff team and in no time at all the staff team had built great working relationships with the family. All the staff team treated [person] with dignity and respect at all times. I cannot find fault with the compassion, kindness and support that was provided to [person]."

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

- Staff demonstrated they followed a person-centred approach to the care they provided to people.
- Staff supported regular people therefore they built meaningful caring relationships and knew people's needs well. A staff member said, "I always ask people about their likes and dislikes. It's good to talk, show interest, to listen, to be able to support people to achieve their goals, and really paying attention to their interests."
- People's relatives, where applicable were involved and kept updated. One relative praised the registered manager and staff, "[Registered manager] and [Nominated individual] are both very approachable. They are good at asking for feedback. I know I could go to them if I had any concerns."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives.
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines.
- Staff told us the team worked hard to ensure people were treated as individuals and their unique wishes and circumstances were taken into account when formulating the level of support needed. A staff member said, "I respect people's beliefs and support people to express their preferences. For example, there are some holiday and festive periods that they like and some they don't so I support them to decorate the house when they want to."
- People's care plans were regularly reviewed. We saw samples of regular reviews taking place and these demonstrated people's feedback and input had been sought.

Meeting people's communication needs

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

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- The registered manager showed us how they developed documentation and policies such as service user guides, complaints and service user agreements following the Accessible Information Standard (AIS).

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

- People's care records outlined people's hobbies and interests. One person told us what was important in their life. They said, "They help me get out to get out and about, going for a walk and helping me with the shopping."
- The registered manager told us how staff worked with people and identified onward referrals to other organisations to promote activities to avoid social isolation.
- A social care professional told us "The staff team identified what activities [person] enjoyed both within and outside of the family home. They then proceeded to plan activities within the local community to ensure that this individual was living their best life. Their approach was person centred and engaging."

Improving care quality in response to complaints or concerns

- The registered manager and staff told us how complaints and concerns were discussed in team meetings and supervisions to develop and improve. A member of staff told us, "There is good open communication and I'm able to share my views, there is an openness to talk. Managers are willing to show me how to develop professionally beyond my day to day work."

End of life care and support

- No-one was receiving end of life care at the time of the inspection. People in the service had relatives that staff would liaise with in the event of someone requiring end of life support.
- The registered manager explained how people's wishes around end of life care were discussed and documented in their records.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had supported the staff team to ensure the culture of the service was positive and person centred. All staff spoke positively about the management of the service. Comments included, "Management do listen to what we say, if there is a problem, they support us to make things right and help us build relationships with people."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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

- The registered manager was aware of their responsibilities in relation to duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well run and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- The provider had their own internal auditing system which was effective. This included assessing all areas of the service including health and safety and support plans. We saw actions were recorded. For example, the registered manager used an electronic dashboard to capture and monitor developments within the service to identify trends and improve quality.
- Staff praised the registered manager and wider management team, and they felt supported in their roles.
- Audit systems were in place to monitor the standard of support people received. Regular audits of people's support plans took place. Audits also took place to review health and safety matters in each house such as medicines, smoke alarms and staff risk assessments.

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

characteristics

- People's and relative's views had been sought through regular support plan reviews, where relatives had opportunities to meet staff and discuss concerns.
- Staff were involved in providing feedback and their views and input was valued.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were regularly praised for their hard work and commitment. Staff told us, "[Managers] share compliments, it's good to know and get feedback from people and other professionals, it makes us feel very proud about the work we do."

Continuous learning and improving care

- We found the service had processes in place to continually learn from both negative and positive experiences, such as complaints and compliments.
- The registered manager demonstrated they promoted a continuous learning approach and shared with us the details of the amended governance processes they were in a process of implementing.
- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.

Working in partnership with others

- The service worked well in partnership with various local health and social care professionals. A professional told us, "The management of this organisation ensured that the care provided was of high quality, focussed around individual needs and is very well led. Nothing was ever too much trouble."
- The staff involved people's families and multidisciplinary teams to ensure people's outcome were met. One person's professional advocate told us, "I professionally feel that MT Supported Living tried their best effectively to support an individual to engage with others and to actively engage in various forms of activities and exercise to access the wider community, make my client feel more self-belief/self-worth and try/offer new things in a person centred/led approach."