UK Supported Living Services Limited

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Inspection report

Unit 33, Aviation Park West
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 9 and 13 December 2016 and was announced. When we last inspected the service in June 2015 we found that the service was not deploying sufficient numbers of suitably skilled and experienced staff to meet people's needs. We asked the provider to take action which they had completed.

The service is registered to provide personal care. At the time of our inspection seven people living with a learning disability were receiving 24 hour support with personal care in their own supported living accommodation.

The service had a registered manager. 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.

People's medicine was not stored and administered in line with best practice guidance which increased the risk of people not receiving their medicines safely. Best practice was not being followed for storage of medicines that needed to be kept in a fridge, safekeeping of medicine cupboard keys and protocols for the administration of medicines prescribed as and when required. Staff had completed medicine administration training and were aware of the actions they needed to take should an error occur.

People were supported by staff who had received training in how to recognise abuse and the actions they would need to take if they felt a person was at risk. Some staff were not aware of agencies outside the service that they could report concerns too. Staff had been recruited safely which included checks with the disclosure and baring service to ensure they were suitable to work with vulnerable people. There were enough staff with the right skill mix to meet people's needs. Staff received regular supervision and were supported to carry out their roles effectively. The service provided a 24 hour on-call facility for staff, people and their families.

Risks to people were assessed and staff understood their role in minimising risk whilst ensuring people's choices and freedoms were respected. Risks were regularly reviewed and when changes happened actions were carried out in a timely way. When appropriate this had involved the expertise of other professionals such as physiotherapists, occupational therapists and dieticians.

People were involved in decisions about their care. When they were unable to do this the principles of the mental capacity act were being followed. Advocacy services were available to people if needed. People had access to healthcare which included GP's, specialist learning disability nurses, dieticians and dentists.

Staff were caring and had warm friendly relationships with the people they supported. Staff attitudes were positive and they were described as respectful, patient and friendly. People's communication needs were

understood by staff and this enabled people to be involved in decisions about their day. Staff had a good understanding of people's interests, likes and dislikes which meant they could interact in a meaningful way with people. People's dignity and privacy was respected and staff encouraged and supported people to be as independent as possible.

People experienced care that was responsive to their needs and regularly reviewed. Staff understood peoples care needs and how they liked to be supported. How people spent their time was linked to their interests and included activities both at home and in the community. Daily records were completed by staff that reflected the care and support plans. Communication passports were in place to for occasions when the person needed to be supported by another service such as a hospital admission.

The service had an open, friendly atmosphere and staff were positive about the organisation, their roles and the teamwork. Staff felt informed and appreciated and described communication as good.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. Audits had been completed by the management team and had been effective in providing data about practice and used to improve outcomes for people. Systems were in place that gave stakeholders an opportunity to share feedback about the quality of the service. A complaints procedure was in place that families were aware of and felt that when they had raised concerns they had been dealt with appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at an increased risk of harm because medicine was not stored and administered in line with best practice guidance.

People were supported by staff who knew how to recognise signs of abuse and the actions they needed to take if abuse was suspected. However, not all staff were aware of external agencies outside of their organisation they could contact to raise concerns.

Staff understood the risks people lived with and their role in minimising risk whilst respecting people's choices and freedoms.

People were supported by enough staff to meet their needs and they had been recruited safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing training that enabled them to carry out their roles effectively.

People are supported to make choices in line with the principles of the Mental Capacity Act.

People were supported by staff who understood their eating and drinking requirements.

People had timely and appropriate access to healthcare.

Is the service caring?

Good

The service was caring.

Staff had a good knowledge of people, their families and important events in their lives.

Staff attitudes were positive and they were described as

respectful, patient and friendly.

People were being offered choices and being involved in decisions about their day to day lives.

People had their dignity and privacy respected. Staff supported people to maximise their level of independence.

Is the service responsive?

Good

The service was responsive.

Staff understood peoples care needs and how they liked to be supported.

Care plans and risk assessments were reviewed regularly and when appropriate involved input from health specialists.

Activities took place both in the service and the community and reflected people's interests.

A complaints procedure was in place. Relatives felt listened to and their concerns acted upon.

Is the service well-led?

Good

The service was well led.

Staff were positive about the service, felt appreciated and understood their roles and responsibilities.

Staff described an open, empowering culture in the management of the supported living homes and the wider management of the service.

Audits and quality assurance surveys were carried out that provided data about service quality and was used to improve outcomes for people.

Statutory notifications had been sent to CQC which meant that we received information to support our monitoring of the service.

UK Supported Living Services

Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 13 December 2016 and was announced. The provider was given 24 hours' notice because the location is a supported living service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we looked at notifications we had received about the service and we spoke with a social care commissioner to get information on their experience of the service. We looked at information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with one director, a quality partner and the registered manager, the HR and recruitment administrator, a quality and delivery analyst, a senior support worker and four support workers. After our inspection we spoke with two families a social worker and a speech and language therapist who had experience of the service.
We reviewed seven peoples care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, medication records, personal finance records, management audits, staff meeting records, and records of feedback from families and others.
We visited four people in their homes and observed the safety and suitability of the environment and staff practice.

Requires Improvement

Is the service safe?

Our findings

When we last inspected the service in June 2015 we found that the service was not deploying sufficient numbers of suitably skilled and experienced staff to meet people's needs. We asked the provider to take action which they had completed.

People's medicine was not stored and administered in line with best practice guidance. Some medicine needed to be stored in a fridge. Staff explained the medicine would be stored in a separate locked box in the main kitchen fridge. Daily recordings of fridge temperatures had not been taking place. This meant that storage temperatures may not be at a suitable level and would reduce the effectiveness of medicines stored. Medicines were stored in locked cupboards in people's homes. Staff had the responsibility for safekeeping of the cupboard keys. We visited three properties and each service had different arrangements for key safety. One service kept the keys on a wall hook in a communal part of the home, another kept them locked in a staff only area and the third had a system whereby the medicine key was kept on the staff member's person at all times. This meant that where keys were potentially accessible to people other than trained staff safe storage was compromised.

Some people had been prescribed medicine for as and when required (PRN). Examples included analgesics for pain, anxiety reducing medicines, inhalers for wheeziness and creams for skin conditions. Staff were able to tell us why people had been prescribed these medicines. However medicine records did not contain information about what the medicine had been prescribed for or indicators of when staff should consider administering the medicine. One person had an inhaler but a support worker told us this wasn't taken out when they went into the community. They told us this was because they rarely needed it and when they did it was usually in the evening. There was no risk assessment or PRN plan to determine if this was best practice. This meant that people were at an increased risk of PRN medicines not being administered appropriately.

We discussed this with the director and registered manager who told us they would immediately review medicine practices with the staff team.

Staff had received training in medicine administration. We looked at medicine administration records (MAR) and staff had signed to confirm medicines had been offered and whether they had been taken. We spoke to a relative who told us "Staff control (relatives) medicines and when I take them out we get the MAR sheets to ensure records are kept straight". MAR sheets clearly identified any allergies a person had to any medicines such as penicillin or brufen. Staff were able to explain to us the actions they would take if a medicine error occurred. A support worker told us "I would ring 111 for advice, seek medical help, report to the on-call and put on a report".

Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. Not all staff however were able to tell us who they would report concerns to outside of the service. We discussed this with the director who told us "There is a safeguarding flow chart provided by Poole and Dorset safeguarding teams that forms part

of our policy and procedures and it is also covered in induction along with whistleblowing. We will remind staff again".

One relative told us "I feel the care is safe. (Relative) needs 24/7 care. The regular staff are trained and understand (relatives) needs. They are open and happy to discuss their needs, they're never defensive". Another told us "Definitely safe, we wish we had moved (relative) here years ago. They love the one to one support".

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk. Risks had been assessed for home safety, mobility, accessing the community and eating and drinking. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk. One person had risks associated with going up and down stairs. A support worker told us "The risk is greater when they're coming down so we encourage them to go up the stairs but use the lift when coming down so that (name) retains skills and independence". Another support worker told us about risks to a person when out in the community. They explained "I have to think of (name) health and safety. There are risks when taking (name) for a walk. A lot depends on their mood and so sometimes we go out later in the day; it's very dependent on mood". This demonstrated that risks were managed with the minimum of restrictions.

One person had been regularly weighed. Their weight was consistent and then they suddenly lost seven pounds. The support worker told us "I've never experienced (name) of their food but keep a weight chart. When they suddenly lost weight I set up a food and fluid chart to check what they were actually eating and drinking. The next week their weight had returned to its normal level. It may have been an inaccurate reading but I wanted to be sure". This meant that people had risks regularly reviewed and when necessary timely actions were taken.

People had a small amount of money kept in their home that was used as petty cash for day to day expenditures. A support worker told us "Each week we go with (name) and get their money out of the bank. We take identification and the bank have a list of our names. Anything purchased we get a receipt and at every shift change the receipts and balance are checked by both staff".

The service provided a 24 hour on-call facility for staff, people and their families. A support worker told us "The emergency on call works brilliantly. We have had issues with the iPad over the weekend. We had to ring on call to log in and log out etc".

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults. A senior support worker told us "We always have the same staff; the rota is just for this house. To cover sickness and holidays we work with the Blandford staff and they also know the people living here well. Staff are really good, very supportive team, they are brilliant". Procedures were in place to manage unsafe practice and we were aware of an example where these had been used appropriately.

We recommended the service consider guidance in the 'Royal Pharmaceutical Society - Handling Meds in Social Care Settings or similar professional guidance to review the storage and administration of medicines.

Good

Is the service effective?

Our findings

People were supported by staff that had completed induction and on-going training that enabled them to carry out their roles effectively. A relative told us "Staff know (name) needs; they seem well trained". Training had included health and safety, equality and diversity, medicine administration and safeguarding. Training had also been completed that was specific to individual people's changing care and support needs. This had included end of life and also dementia awareness training. The registered manager told us about training that had been carried out with the SALT team. They said "The SALT team sent out a questionnaire to the staff team to establish their level of knowledge and then carried out a training session. The feedback was really positive and staff are more confident".

Staff received regular supervision and told us they felt supported. They had opportunities for professional development. One senior support worker said "I'm working towards my Diploma Level 5 in Health and Social Care. They (organisation) have given me the confidence to do it and they recognised my experience".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. Best interest decisions had been made for people which included input from staff, families and other professionals. Staff had a good understanding of the legislation and how to put it into practice when supporting people. People living at the service were not all able to express their consent verbally. Staff told us of how some people used different non-verbal ways to express themselves and make choices. One support worker explained "When dressing I offer (name) choices and if you get the look under the eyebrow you know they're not keen. In (local town) there are two cafes, I ask which one and they pull me towards the one they want to go too". This ensured that people were not at risk of decisions being made which may not be in their best interest.

People were supported by staff that understood their eating and drinking requirements. Where people were on SALT plans we saw that menu choices reflected the foods that were safe for them to eat. One person's care plan explained how they at times would not eat. It detailed the actions staff needed to take which

included offering food supplement drinks and if it continued for more than two days to contact the dietician. Records confirmed that when the person didn't eat the appropriate actions had been taken. People had their meals at the times they chose and were supported at a pace that was comfortable to them.

Records showed us that people had access to healthcare when it was needed. One relative told us "The staff have shared concerns with the dentist re all the sugar (name) eats; they are very mindful of (name) health needs". Another relative told us "Staff are very aware of (name) to be protected from chest infections and will take (name) to the GP".

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. One said "The staff are very good, they are tolerant and patient. They go over and above". Another told us "The carers (name) they really enjoy working with (name). They care and are reliable". We observed staff and people relaxed with one another, sharing their time, smiling and being respectful of one another. Staff spoke positively and with warmth about the people they were supporting.

A support worker had been specifically employed to work with a person who was from the same culture. This had ensured that aspects of the person's culture were understood and respected and helped with communication. We spoke with staff who had a good knowledge of people, their interests and people who were important to them. This meant that staff could interact with people in a meaningful way about issues and people that were important and of interest to them. People's homes were personalised and contained evidence of their interests. One support worker told us "I'm taking (name) Christmas shopping next week. (Name) is really close to his parents and they telephone often. The family are coming over to the house and having Christmas dinner and I'm doing the cooking".

People were supported by staff who had an understanding of how each person was able to communicate. They explained how one person goes and gets their coat if they want to go for a walk or shakes their cup if they would like a drink.

We observed staff involving people in decisions. This included how a person wanted to spend their time and choosing what they would like to eat. Staff supported in an unhurried way at the persons' pace. Staff's knowledge of people enabled them to offer relevant choices and communicate effectively. People's homes were personalised and contained evidence of their interests.

People who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their dignity respected. We observed interactions between staff and people that were respectful and maintained a persons' dignity. Some people needed staff to observe them most of the time. We saw staff achieving this in the least restrictive way respecting people's rights to having freedom and independence around their home. One person only wanted to be supported by females and this had been respected.

People were supported and encouraged to be as independent as they were able. Staff explained that some people had specialist equipment to help them manage their drinks and meals independently. A support worker said "(Name) has meals cut into small pieces. It's important to help (name) with independence. He has a special beaker to support his independence when having a drink".

Good

Is the service responsive?

Our findings

People experienced care that was responsive to their needs. Assessments had been completed and this information had been used to form their care and support plans. How a person needed staff to support them had been described step by step. Information about people was stored electronically and accessed by the staff team. It included risk assessments, care and support plans and daily records.

How people spent their time was linked to their interests and included activities both at home and in the community. A relative told us "(Name) tells me they've been to the market or a trip to the theatre. (Name) does respond to well to targeted places linked to things they enjoy". A support worker told us "(Name) loves going out for a curry and the car boot sales". Other activities people had been involved in included hydrotherapy, trips out for coffee or lunch, attending sports events and spending time with family.

People were not always able to express verbally things they would like to do. A senior support worker told us "We get new ideas sometimes by a person's reaction to things on the TV. Their reaction, body language, you know if it's something they would like or not". One person really enjoyed busy places and people watching and staff had organised a pass to a local activity park. The registered manager told us about a person who had been registered blind and didn't enjoy over stimulating environments. A support worker had been taking them on sensory walks in fields where there was very little stimulation. We read positive feedback in the daily notes.

People had communication passports that went with them if they had hospital appointments or were going to be supported by another service. A support worker said "It's really needed with (name). It explains that he doesn't like to be rushed or being told when to go to bed".

Daily records were completed that detailed how people had been supported and spent their time. They included information about a person's physical, emotional and social support and reflected information we read in peoples care records.

Care and support plans were reviewed regularly. A support worker told us "We had a staff meeting yesterday and there were risk assessments that needed changing. (Name) had changes in their mobility and the occupational therapist supported with the care plan". We spoke with a speech and language therapist who told us "(Name) had some teeth removed and so they initiated contact about reviewing his diet". This demonstrated that peoples changing care and support needs were identified and actioned.

A complaints procedure was in place and had been shared with families. When a complaint had been received it had been investigated and the appropriate actions taken. A complaints policy had also been sent which explained the process including contact information for external agencies if not satisfied with the outcome. One relative told us about a complaint they had made. They said "UKSLS had a meeting with us and put it right. We had emergency numbers and they didn't work but this has changed. Can get people now even on a Sunday".

Good

Is the service well-led?

Our findings

Staff spoke positively about the service, the teams they were part of and understood their roles and responsibilities. One support worker described their manager as "Approachable and lovely". Staff told us they felt listened to and able to share ideas or concerns with the management team. One support worker told us "I asked if I could be involved in (Name) journey as they had been diagnosed with (mental health condition). I felt my previous background gave me the skills to support them. I had an email back from the registered manager . They felt it would be really helpful to have my expertise and it's happened". This demonstrated that staff felt empowered in their roles.

Staff described communication as effective. A support worker told us "Communication is good and we have regular staff meetings with house teams". A senior support worker explained how they attended a weekly operational meeting in the central office which helped them keep in touch with what was happening in the organisation.

Staff told us they felt appreciated. A senior support worker told us "Feel very appreciated. Yesterday the team were given a food hamper at our team meeting. We were the most improved team. It's because there has been an improvement of activities; we've become more spontaneous".

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits had been completed by the management team and had been effective in providing data about practice. Audits had included health and safety, care and welfare and staffing. Audit findings were discussed both with staff working in people's homes and at the weekly operational meeting. In addition a daily risk management report had been produced from information inputted from each service onto the electronic care and support data base. This included the oversight of any accidents or incidents. We read on one report that a person had fallen in the community. Action had included a referral to the persons GP who confirmed no health concerns. This demonstrated that when issues were identified actions had been taken in a timely and appropriate way.

A quality assurance survey had been completed annually and captured the views of people's families, professionals and staff. The response from families had been good but none of the professional questionnaires had been returned and only three staff had completed the survey. However this demonstrated the organisation had systems in place that gave stakeholders an opportunity to share feedback which could lead to improved outcomes for people.