Care Quality Commission

Havencare (South West) Limited

Supported Living

Inspection report

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Ratings

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

Overall summary

Supported Living (Cornwall) is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing 24 hour supported living services to four people. A supported living service is one where people live in their own home and receive care and support to enable people to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We carried out this inspection on 12 October 2015 and this was the first inspection for the service since starting to operate in December 2014.

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People said about the service, "It's [the service] alright" and "I am OK".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. People were supported by dedicated teams who were employed to work specifically with each person using the service. People told us they were never supported by someone they did not know.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. One person told us, "They [staff] look after me well". Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to be as independent as possible. One said, "It is great seeing people improve and become more independent".

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. During visits to people's homes we were told people had been out for various parts of the day to college, day centres, walks, and shopping

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. Staff told us, "Management are very supportive", "There are good structures in place and good communication" and "I have always been able to make contact with management easily when I have needed any support".

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Summary of findings

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported. There were systems in place to help ensure staff were up to date about people's needs.

Staff supported people to access the community and extend their social networks.

There was a complaints policy in place which people had access to.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

Summary of findings

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Supported Living

Detailed findings

Background to this inspection

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

The inspection of Supported Living (Cornwall) took place on 12 October 2015. The service was given 24 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we went to the provider's office and spoke with the registered manager and the service manager. We looked at two records relating to the care of individuals, staff records and records relating to the running of the service. We visited two people in their own homes and met two staff who were supporting the people we visited. We spoke with two people, three members of staff and one healthcare professional over the telephone.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People said about the service, "It's [the service] alright" and "I am OK".

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were available for staff to either access in the office or on-line. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held, were audited weekly by staff and the service manager.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. Risk assessments were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. For example one person had started to use buses on their own. Staff explained how this activity had been carefully planned with the person. This was to help ensure the person knew how to deal with any unforeseen changes to the learnt routine, such as the bus not arriving.

People were supported by dedicated teams who were employed to work specifically with each person using the service. People told us they were never supported by someone they did not know. Everyone using the service received 24 hour care and staff shift patterns were individually designed for each person. Staff could work continuous shifts with people for anything up to 2 days. However, the length of the shift each staff member worked depended on the needs and wishes of the individual person being supported. For example some people liked to have the same person for as long as possible and other people benefitted from staff working shorter shifts. People were told the names of staff working with them each week. Staff had access to the electronic rotas so they could check any changes as they occurred and inform the person.

There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible, as they believed having a dedicated team of staff to support the person was in their best interests. The organisation was in the process of forming a team of 'relief workers' who covered staff absences. Relief workers told us they divided their work between particular houses as this allowed them to get to know the people they supported well. The registered manager and the service manager covered for staff absence in an emergency. They were familiar with the needs of people using the service and regularly visited them to ensure people knew them well. People told us the managers sometimes supported them and they were happy with this arrangement.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out. People and their relatives were involved in the recruitment of their staff and told us they were able to decide if they did not want a particular member of staff working with them.

The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them. Records kept of when people took their medicines were completed appropriately and checked weekly by the service manager.

Accidents and incidents were recorded appropriately. These were reviewed regularly both at service level and organisationally so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. One person told us, "They [staff] look after me well".

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. Staff were recruited to work with specific people and any training needed to support the individual was provided for staff. The service also checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff said, "We do a lot of training" and "I have all the training I need". Most care staff had either attained or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager and service manager. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "we have regular individual and group supervision meetings".

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. One person told us "I am very happy in my house. I like to do my own housework and staff cook my meals and we clear up together". People's choices of the foods they wished to purchase were respected. One person told us how they had decided they wanted to lose some weight and therefore purchased salad items when they went shopping.

The service worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. One person told us about regular hospital appointments they attended, to manage an on-going health condition and how they decided which worker they wanted to go with them. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records detailed the type of decisions people had the capacity to make when they might require support to make decisions and understand the consequences of those decisions. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. People told us, "Staff are alright" and "I get on with all the staff".

The service provided to each person was person-centred and based upon their specific needs. We observed staff treated people with kindness and compassion. Care and support was provided in line with people's wishes and at a pace suitable for their needs. One person's support plan stated, "I don't like to be rushed. If I am unwell staff will explain to me that it is alright not to go out".

Staff had a good knowledge and in-depth understanding of people's needs. People were supported by a team of staff of their choosing and who had been introduced to them prior to starting to work with them. Staff were motivated and clearly passionate about making a difference to people's lives. One member of staff told us, "All the staff I have come across to date are so enthusiastic that it rubs off on us". A relative said, "[Person's name] is very happy with his team".

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to be as independent as possible. One said, "It is great seeing people improve and become more independent".

Staff told us how they had worked with one person, to promote their independence, since moving into a supporting living environment from a residential care home. Staff had worked with the person to support them to access the community by taking bus journeys on their own. This had been achieved over a period of time and by staff going with them to explain the routes and where the bus stops were. The person had also started taking driving lessons. A member of the person's staff team said, "It is amazing how [person's name] has developed since living in their own home. They have been given more independence and they have responded to this".

Staff helped people to have experiences that were important to them. One person had a particular interest in the police service. Together with their key worker a visit to the local police station had been arranged. The person spoke with great enthusiasm about this visit and proudly showed us photographs of the day. They said, "I enjoyed going to the police station and I went into a cell. It is something I have always wanted to do". Another person wanted staff to eat meals with them because they had always eaten meals with their family and they did not like eating on their own. An agreement had been reached whereby staff paid for the cost of their meal to enable the person's wishes to be met. The person told us about how they planned meals with staff and eat together and this clearly gave them a lot of pleasure.

Staff involved people in their daily care and support. One person's support plan detailed how the person was involved in many of the daily tasks of running their home. For example, they told us they helped staff to carry out weekly fire alarm tests, shopping, putting out the rubbish and general cleaning around the home. They said, "I love to help staff".

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The service arranged regular days called 'service design days' where the person, their staff team and their family met together to discuss how the person wanted to be supported. Although this was an opportunity to review the person's care the main purpose was to ask the person, with the support of their staff team and family, how they wanted their care and support to be provided. This meant people had the opportunity to develop their own care and support and be at the centre of how their support plan was devised.

The service manager visited each person on a weekly basis to give them the opportunity to share their views of the service. People told us about these visits and clearly enjoyed meeting the service manager. Paper versions of people's support plans were held in their home and these were also stored electronically. The service had arranged for internet access, with people's permission, in their home. This meant that people could access, some independently and others with staff support, their electronic support plan and their staff rota.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Every person had a support plan which detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One support record stated in detail what the person was able to do for themselves. Also, where they needed physical assistance from staff to ensure their personal care needs were fully met. Another support plan detailed the daily tasks the person could complete themselves and the tasks they needed staff to support them with.

Three people who used the service had transferred from another service provider. Most of the staff who worked with each individual transferred with the people from the previous providers. We were told that the service had spent 4-6 weeks working with each person and their team to manage the transition from the previous service. Either the registered manager or the service manager met with each person, their family and staff on several occasions to understand their needs and built up a trust with the person. We spoke with staff who had moved their employment to this service when the people they supported changed provider. They explained how the service manager had involved them at every step of the transition. One member of staff explained that the service valued the knowledge they had of the person and the relationship they had built with them. The staff member told us, "the transition was very smooth because this provider listened to what the person wanted and to the regular staff who knew their needs".

People we spoke with were aware that the service provider had changed but seemed unfazed by the transition and they were happy with the way their support needs were being met. This indicated that the service had achieved the change in a way that had not caused any distress to people. The relative of one person told us, "We have seen [person's name] improve greatly since we changed providers. His days are as full as they can be thanks to the team. I feel [person's name] is in good hands".

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. During visits to people's homes we were told they had been out for various parts of the day to college, day centres, walks, and shopping. One person told us, "I like going out in the car with my carer and playing music while we are driving around". Another person told us about their plans for the weekend and how they were going to go shopping and have a cup of tea and cake while they were out.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

The service had been registered with the Care Quality Commission since September 2013 and started to operate in December 2014 when the first supporting living package commenced. Other packages started between March and July 2015. This meant that the service had grown slowly and changes to the management structure and staffing had been made as the service grew. There had been a registered manager in post since the service was first registered and they were still in overall charge of this location. The registered manager worked between this location in Cornwall and another supported living service in Plymouth. A service manager was appointed in February 2015 and they managed the day to day running of the service, reporting directly to the registered manager. The registered manager worked in Cornwall at least once a week and spoke daily to the service manager for updates on the service.

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager and the service manager were visible in the service and known to staff and all the people using the service. Staff were positive about the how the service was run. Staff told us, "Management are very supportive", "There are good structures in place and good communication" and "I have always been able to make contact with management easily when I have needed any support".

While the service was still developing, and new staff were being recruited, both managers regularly worked shifts with people. This enabled them to maintain a consistent service ensuring people only receive support from staff they knew and to give new staff time to integrate into the team. People told us they knew who to speak to in the office and had confidence in the management team. One person said, "[Service manager's name] visits me regularly and comes and works with me. A relative told us, "We are very pleased with the service Havencare provide".

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new supporting living packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people's needs.

There were robust corporate structures in place to monitor the quality of the service provided. Senior managers carried out at least quarterly quality assurance visits to the service's office and to the houses of people using the service. The registered manager also completed regular visits to ask people about their views of the service being provided. Staff in the service completed weekly checks at each person's home. These included checks on health and safety, medicines, people's money and care records. The service "the service manager visits us regularly at the houses where we work". Where the need for any improvements had been identified from any of these monitoring visits these were actioned in a timely manner.

The service had an open culture that welcomed feedback to improve and develop quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. This could do this through regular group and one-to-one supervisions, staff meetings, on-line staff forums and through regular informal contact with managers. One member of staff told us how they had suggested that the daily diary format should be amended for one person. This was because this person was very independent and self-caring and some of the headings were not appropriate for their needs. The staff member had developed a new format with the service manager specifically to meet that