

Leading Lives Limited

# South East Supported Living and Domiciliary

## 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

The inspection took place on 16 and 17 June 2016. South East Supported Living and Domiciliary is a service that provides personal care and support to people who either maintain a tenancy in supported living accommodation or who live in their own homes.

This was an announced inspection. The provider was given up to 48 hours' notice because the service provides care and support in people's homes we needed to be sure someone would be available at the time of our inspection.

At the time of the inspection the service provided care, including 24 hour support, to a group of ten people in two supported living accommodations plus six people in their own homes. The service is registered for the provision of personal care. This includes assistance or prompting with washing, dressing, toileting, medicines, and eating and drinking. The service also provided other forms of support such as shopping and assistance to access the community.

There were three registered managers in post to cover the two aspects of the service; supported living and domiciliary. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People who used the service had a wide range of support needs. This included physical disabilities, and mild to severe learning disabilities. Some of the people had very complex support needs and required support from the service 24 hours a day. Several people were more independent and received support for just a few hours a day to help with their daily routines.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences.

People received care from a consistent staff team who were recruited safely, supported and trained. Support workers understood the need to obtain consent when providing care. People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Support workers listened to people and acted on what they said.

The provider had systems in place to support people to take their prescribed medicines safely. Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where support workers had identified concerns in people's wellbeing there were effective systems in

place to contact health and social care professionals to make sure they received appropriate care and treatment.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

## 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.

Staff knew how to keep people safe from abuse. There were systems in place to keep people safe from harm.

There were sufficient staff who had been recruited safely and who had the skills to meet people's needs.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Support workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People were asked for their consent before any care and support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People who used the service had developed positive, caring relationships with the support workers.

People and their relatives were involved in making decisions about their care and these were respected.

People's independence, privacy and dignity was promoted and respected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's references and what was important to them was known and understood by the care staff.

People received opportunities to share their experience about the service including how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture at the service. People and staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

# South East Supported Living and Domiciliary

## **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 16 and 17 June, was announced, and undertaken by two inspectors. The provider was given up to 48 hours' notice because the service provides care and support within the community and we needed to be sure that a senior member of staff would be available on our arrival.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we met with seven people who used the service and spoke with two of them. This included people who were in supported living accommodations' and with their permission visiting one person who received care in their own home. Some of the people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way people interacted with their support workers and received feedback from three people's relatives.

We spoke with the three registered managers, three team leaders, and five support workers. In addition we received electronic feedback from three community professionals.

To help us assess how people's care needs were being met we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

We observed the way people interacted with their support workers and how they responded to their environment and the staff who were supporting them. People presented as relaxed and at ease in their environment and with their support workers. Two people nodded and smiled when asked if they felt safe and comfortable with the care and support they were being provided with. One person said, "I feel safe and trust them [support workers]."

Systems were in place to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Support workers knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Two people's relatives told us that they felt people were cared for safely by the support workers due to how risks were assessed and managed. One relative said, "It is a good service. I am very happy with the arrangements in place. People are safe and the staff [support workers and team leader] are always checking and assessing [person who used the service's] needs to maintain their safety, and support them to lead a full and active life." Another person's relative described how they were involved in decisions about how risks were managed. They said, "I'm informed about any changes and included in discussions about how best to manage the risks and ensure [person's] safety."

We received complementary feedback from a healthcare professional who had recently visited one of the supported living accommodations. They described how they were, "Pleased that I was asked to record my interventions and comments. I found you [team leader] to be professional and informed; you clearly take responsibility to ensure the safety of those living and working at [supported living accommodation]."

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Support workers were aware of people's complex needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions, such as epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned.

From the sample of care records we looked at we found support workers had clear and detailed information about how to manage risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Support workers were



knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and regularly updated.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. There were rotas in place to provide 24 hour support to the ten people in the supported living accommodations and also for the people who received scheduled visits as part of the home care service. One person's relative said, "The visits are known well in advance, a rota is made available so we always know the time and the names of the support workers who are due to visit." Our conversations with people, relatives, support workers and records seen confirmed there were enough staff to meet people's needs.

People's relatives gave positive comments about the suitability of support workers. All confirmed that people's individual needs were met by a regular team of support workers who were competent and knowledgeable about meeting people's needs safely. One person's relative said, "There is a consistent team of people [support workers] who care and support [person who used the service]. They know [person] well and understand [their] complex needs. Continuity of care is important." Another person's relative described how they and the person who used the service had been part of the selection and recruitment process; choosing their support workers. They explained how this had alleviated any anxiety that may have had. They said, "Because [person using the service] and myself were involved from the start at deciding who was going to come into [person's] home on a daily basis to support them, we maintained a sense of control over what was happening. We worked with the service to determine who would be suitable and this provided us with reassurance and confidence that [person] would be in safe hands."

Safe recruitment procedures were followed. Support workers employed at the service had relevant pre-employment checks before they commenced work to check their suitability to work with people. One of the registered managers' described how they matched and linked support workers to people that used the service and described how support workers were introduced to people. This included support workers shadowing experienced colleagues for weeks or months dependent on the person's needs, before they provided care and support. This was to ensure the support workers felt confident and risks were minimised.

There were safe arrangements for the management of medicines. Support workers were provided with medicines training. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support.

People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide support workers on when to offer these. We noted that in some cases these could be more descriptive, for example, describing more clearly the symptoms a person may display if they were in pain. This would provide support workers with clear guidance on when to offer medicines. We brought this to the attention of the management team, who assured us they would act promptly to address this.

Any medication errors were followed up by competency checks. This ensured that further training was implemented when needed, and support workers improved their practice. The service had developed a comprehensive medicine policy and procedures manual. The procedures manual was available in both of

the supported living accommodations' so support workers could refer to this for guidance when needed.

## Is the service effective?

### Our findings

We met and spoke with two people that used the service. They told us that they were happy with their support workers who understood them and knew how to meet their needs. Another person nodded and gave us 'thumbs up' to indicate they were satisfied with their support workers. Additionally, relatives we spoke with were positive about the approach of the support workers and said they were knowledgeable and skilled in supporting their relative. One person's relative said, "They [support workers] understand [person] very well." Another person's relative said, "I know they [support workers] have lots of training; they're competent and knowledgeable. [Person] has complex needs which doesn't faze them [support workers]. They have developed a great relationship and understanding of what needs to be done. Can't fault them."

We observed positive interactions between the support workers and people that we met with. People presented as comfortable and at ease with their support workers. Support workers demonstrated they were knowledgeable about people's needs and clear about their role and responsibilities.

The provider had systems in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided support workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Discussions and records showed that support workers were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example support workers received training in Autism, dementia, Epilepsy and Mental Capacity Act 2005 (MCA), Deprivation of Liberty (DoLS). In addition the diabetic nurse had trained support workers to administer insulin and to do blood tests where required. These measures meant that support workers were provided with up to date training on how to meet people's needs in a safe and effective manner.

Feedback from support workers about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. One support worker said, "I have only been here a short time, but my induction was very good as was my training." Another support worker told us, "I am very satisfied with the training provided. The support here is excellent. I have regular supervisions and feel supported by my team leader, managers and colleagues. People's [care] records contain all the relevant information I need to offer person centred care." A team leader commented, "Any suggestions for further training to improve practice and meet people's needs are considered and usually acted on. Everyone is encouraged to learn and develop their skills. Supervisions are constructive and supportive. My manager is always available if I need them and I try to replicate that with my team." Another team leader described how staff were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best

practice and supported staff with their continued learning and development.

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.

The registered managers, team leaders and support workers we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on best interest decisions in line with MCA was available to support workers in the office.

People were asked for their consent before support staff supported them with their care needs, for example, to mobilise or assisting them with personal care. Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of staff told us how they had noticed a change in the person's condition and their reluctance to join in activities they usually liked to do. They had respected this but were concerned and reported this to their team leader to make them aware of the situation. This action triggered a care review with the person and their family to explore how staff could best support the person to ensure their safety and wellbeing.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person's relative said, "They [support workers] help to get [person's] meals ready and to eat healthy. They remind [person] to eat or drink and encourage them". People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

Support workers monitored people's health and well-being to ensure they maintained good health and identified any problems. One person's relative said, "The team leader or manager will contact us [family] straight away if they have a concern and inform us if they have rung the doctor." People's care records reflected where the support workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken to mitigate the risk. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing. People's care records contained where required health action plans and records of hospital and other health care appointments. Support workers prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner. service caring?

## Is the service caring?

### Our findings

People told us their support workers were kind and caring. One person said, "I keep them [support workers] in check; they are good though." Another person when asked about the approach of the support workers smiled and gave us the thumbs up to indicate they were satisfied. Relatives described how the support workers were compassionate and considerate. One person's relative said, "The staff are all very good and understand [person] to know what needs doing without having to be reminded. They are well trained and very capable. I know [person] is happy as when they come to visit us [family] they are equally as happy to be returning home. That is a good sign to me."

We saw that support workers were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Support workers spoke with people in an affectionate and compassionate manner which people responded positively to, such as smiling and laughing. They engaged with people in a kind manner, treating them with respect and dignity. When they spoke with us it was clear that support workers knew people well; demonstrating an understanding of people's preferred routines, likes and dislikes and what mattered to them.

Support workers described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One support worker said, "I love my job, the people become like family; we really care about them."

People's independence and privacy was promoted and respected. People's relatives shared examples with us about how the support workers respected people's privacy and dignity. This included closing curtains and shutting doors before supporting them with personal care. This was confirmed in our observations within the supported living environment. In addition support workers when they spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. People's records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Staff knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to support workers on people's preferences regarding how their support and care was delivered.

People told us they felt that the support workers listened to what they said and acted upon their comments. One person said, "I tell them what I want help with and they help me." Records showed that people, and where appropriate their relatives had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to maintain on-going relationships with their families. If needed, people were supported to visit their families and people's relatives were encouraged to visit them. For example, one person's relative described how they worked with the service to ensure minimal disruption to the person's routine. They said, "I always check with the staff that there are no upcoming appointments or anything I need to be aware of when I visit or [person] comes to visit us [family]."

## Is the service responsive?

### Our findings

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. Some people required full support with all their personal care needs whereas others were more independent and only needed a few hours support each day. We found that detailed assessments had been carried out before people received support from the service to help ensure their needs could be met. People's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that support workers were patient and respectful of people's necessity to take their time to achieve things for themselves.

Comments received from people and their relatives indicated they were satisfied with the care and support provided and that the service was responsive to individual's needs. One person's relative said, "I am very happy with the arrangements in place. [Person] has grown fond of their support workers and has become more independent with their encouragement and attention. They understand [person] really well and know how to adapt to suit [Person's moods]."

People had support plans and risk assessments that were person centred plans and identified their individual's aspirations. Records showed that people had set personal goals with their support workers and these were regularly reviewed. This included supporting people with activities they wanted to try and with going on holiday. People's interests were incorporated into the planning; paying attention to things people had said they had always wanted to do.

People's records included details of the support that people required and their preferences for how they wanted their needs met. Support workers told us that these records were accurate and provided them with the information that they needed to support people in the way that respected their choices. Changes to people's health and well-being were reported to team leaders, triggering where required an assessment of their needs and review of their care and support arrangements. Comments received from people were incorporated into their support plans and the assessment process where their preferences and needs had changed.

Regular care reviews and risk assessments were undertaken and included feedback from family members, support workers, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

People and their relatives told us they had been provided with information that advised them of what they could expect from the service. They told us that they knew how to make a complaint and that concerns were listened to and addressed. One person's relative said, "Whenever I call them [support workers and management] are always polite and well-mannered. Wherever possible they try to accommodate my requests. No complaints everything is as it should be."

There had been numerous compliments received about the service within the last 12 months. Themes

included providing a 'person centred care approach' and 'caring support workers'. The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service and kept in their homes. It explained clearly in an accessible format how people could make a complaint or raise a concern about the service they received. There had been no formal complaints received about the service in the last 12 months. One of the registered managers described how they took immediate action if people indicated when they were not happy with the care and support received which prevented the need for formal complaints. Records seen identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing support workers visiting people, additional training and disciplinary action where required. They advised us they were developing their systems for capturing this information so they could reflect the actions taken to further improve the service.



## Is the service well-led?

### Our findings

Feedback from people and the relatives we spoke with about the support workers and management team were positive. People told us that they knew who to contact if they needed to. One person said, "I would speak to [team leader] if something was wrong." One person's relative said, "The management team are quick to accommodate any feedback or changes to daily routines. Very flexible and supportive."

People and their relatives were regularly asked for their views about the service. Their feedback was used to make improvements in the service. This included opportunities through regular care reviews, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with. The questionnaire form was in accessible format to increase participation and could be completed anonymously if people chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. This was in line with one person's relative who told us, "I have no suggestions to make as I am very satisfied with everything."

Support workers and team leaders told us the service was well-led and that the management team were approachable and listened to them. One team leader said, "I love my job. There is a supportive 'can do' culture here led by the management. Good team that work hard for one another." A support worker commented, "Managers are very pro-active, they always act on any concerns."

Support workers and team leaders were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. They were encouraged and supported by the management team, were clear on their roles and responsibilities, and committed to providing a good quality service. One support worker described their experience of working at the service saying, "I feel valued, it's a very interesting job. Very good provider." Another support worker said, "We are entering the Suffolk Care Awards this year; we are proud of what we do."

People received care and support from a competent and committed care staff team because the management team encouraged them to learn and develop new skills and ideas. For example, support workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that support workers were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Support staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, clinical commissioning groups, district nurses, local GP services and mental health services, to ensure they were following correct practice and providing a high quality service.

The management of the service worked to deliver high quality care to people. Audits to assess the safety of the service were regularly carried out. These included health and safety checks and competency assessments on support workers. There were quality assurance peer reviews linked to Care Quality Commission regulations that the management team reported on with supporting action plans where shortfalls had been identified. For example, inconsistent recording of incident report forms had led to a review of the process and recommendations made which were communicated at the following staff meeting.

As part of the provider's commitment towards continual improvement and to improve transparency amongst the workforce, the service was developing a profile folder for all their members' of staff. This initiative was led by the senior management team such as the director of Leading Lives (Provider). These profiles would be accessible to people using the service and their family members' providing key information about the organisation and the staff who would be supporting them.

One of the registered managers shared with us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management and staff development. In addition there were plans to implement the provider's new care documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.