

Supported Lives Services Ltd

Supported Lives

Inspection report

Rebecca House
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West Yorkshire
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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

Rebecca House is registered with the Care Quality Commission (CQC) to provide personal care and support to people within their own homes and in their local community. The service provided includes personal care, cooking meals and daily activities. These services are mainly provided to people with learning disabilities. The agency is situated in Bradford town centre.

This inspection took place on 27 October 2016 and was announced. The service was last inspected February 2014 and was found to be compliant with the regulations inspected at that time.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were not always provided in enough numbers to meet the needs of the people who used the service. This meant people had not received the support they needed to pursue their chosen activities, and had created unnecessary distress for one person and their family. We have made a recommendation about this.

Staff knew how to report any safeguarding issues they may become aware of or witness. They knew they had a duty to protect people and had received training in how to recognise abuse and how to report this to the proper authorities. Staff had been recruited safely and checks had been done to ensure people who used the service were not exposed to staff who had been banned from working with vulnerable people.

People who used the service were cared for by staff who had received training in how to effectively meet their needs; this training was updated as required. Staff were supported to gain further qualifications and experience. Legislation was used when people needed support to make informed decisions; actions were taken to protect people and to make sure decisions made on their behalf were in their best interest.

People were cared for by staff who were kind and caring. Staff understood people's needs and supported them to lead a fulfilling life. People were involved with their care planning and staff respected their dignity and rights to lead a lifestyle of their choosing. Staff understood the importance of maintaining confidentiality and respecting people's right to privacy.

The registered provider had a complaints procedure in place, which people who used the service could access and all complaints were investigated. Any learning from the investigation of complaints was shared with the staff. On the whole people were supported to undertake activities which maintained their independence and develop their life skills. People were also supported to undertake leisure activities as well.

The registered manager undertook audits of the service and put in place action plans to rectify any

shortfalls. People and other health care professionals were consulted about the service and their responses were collated and published. Staff meetings were held to disseminate knowledge and to pass on information about any recent changes to the service.

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

Staff were not always provided in enough numbers to meet people's needs.

Staff understood they had duty to report any safeguarding issues to the proper authorities.

Staff had been recruited safely.

Assessments had been undertaken to inform staff when people needed support in their daily lives to keep them safe.

Is the service effective?

Good ●

The service was effective

Staff received training in how to meet the needs of the people who used the service.

Staff were supported to gain qualifications and further experience.

People were supported to make informed decisions, when needed.

People were supported to prepare and eat a healthy diet.

Is the service caring?

Good ●

The service was caring

People were cared for and supported by staff who understood their needs.

People were involved with their care planning and reviews.

Staff understood the importance of respecting people privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to undertake activities

The registered provider had an accessible complaints procedure.

Complaints were investigated, recorded and any learning shared.

Is the service well-led?

Good ●

The service was well-led.

People were consulted about the running of the service.

The registered manager undertook audits and action plans were put in place to address any shortfalls.

The registered manager held staff meeting to share knowledge and any changes to practise or procedures.

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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 registered 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 27 October 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

We spoke with six people who used the service and with two of their relatives. We spoke with three staff and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service, such as incident and accident records. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation and as they applied to a community service.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of staff meetings, safeguarding records and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us staff generally turned up on time and stayed for the duration of the call. Comments included, "They always let me know if the staff are going to be late, but this doesn't happen very often" and "They [the staff] always come on time, they stay with me all day." They also told us they trusted the staff and felt safe. Comments included, "Oh yes, the staff are really good I trust them all" and "They [the staff] make sure I'm safe while we are out and about shopping."

We found the staffing levels were not sufficient to meet the needs of the people who used the service. We found that one person had raised a concern about staff not attending their call on Friday 23 September and they were told it was because the agency was short staffed. There was also another incident earlier in the year whereby someone who used the service was informed that the member of staff due to work with them would not be coming. This placed the person at risk because they had an adverse reaction to this news and began to display behaviour which put themselves and others at risk of harm which resulted in damaged property. The fact that staff could not be provided to attend the planned calls showed a lack of planning, it diminished people's rights and compromised their ability to make choices or undertake chosen activities. It is recommended the registered provider ensures there are enough staff on duty at all times to meet the needs of the people who use the service based on their needs and risks.

Staff told us they had received training in how to recognise the signs of abuse and how to report this to the proper authorities, we saw records which confirmed this. They felt confident if they approached the registered manager with any concerns these would be dealt with effectively. Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service to ensure their safety. They were also aware they would be protected by the registered provider's whistleblowing policy and all information would be treated as confidential and their identity protected. We saw records which showed the registered manager had responded to staff concerns and taken the appropriate action.

The registered provider had policies in place, which reminded the staff about their responsibility to respect people's ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst out in the community. Staff had received training about human rights and how these should be upheld and protected, whenever possible.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, road safety while out in the community, behaviours which put the person and others at risk and mobility. The assessments outlined what the risks were and how staff should support the person to alleviate them. For example, redirect the person if they showed any sign they were feeling threatened or were not comfortable with the situation they found themselves in.

All accidents which occurred were recorded and action taken to involve other health care agencies when required, for example, people attending the local accident and emergency department. The registered

manager audited all the accidents and incidents which occurred. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS). This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any convictions showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. We saw all their decisions were recorded.

Due to the needs of the people who used the service the staff were involved with supporting people to take their medicines safely. Staff were responsible for the ordering, administration and the maintaining of records with regard to people's medicines. Staff had received training in this area. The systems we saw which were used by the staff were robust and ensured people's medicines were handled safely. These were audited and any mistakes or discrepancies were quickly identified and rectified.

Is the service effective?

Our findings

People told us they thought the staff had the skills to meet their needs. Comments included, "The staff are brilliant they know just what support I need" and "They [the staff] are really good you just can't fault them." People also told us staff supported them to maintain skills and go out in the community. Comments included, "They [the staff] help to make meals and I can go shopping for the things I need" and "I go out shopping with the staff they help me no end."

Relatives we spoke with told us they thought the staff supported their family well and had the skills to meet their needs. Comments included, "They [the agency] send staff who know him well, and he needs this due to his complex needs."

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example how to support people who displayed behaviours which challenged the service and autism. Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Staff kept detailed records about how they supported people in the community. These were kept with their care plans and showed people were supported to lead a life style of their choosing and undertake activities in the community.

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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. Currently the registered manager was liaising with the local authority to ensure people's

rights were maintained and protected, and their liberty was not being curtailed illegally.

Care plans we looked at showed people were supported with the preparation of food as part of their overall care package. Staff supported them to prepare food which was healthy and to their liking. This was to maintain their independence and to develop life skills.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from their GPs and where people's needs had changed following a hospital admission.

Is the service caring?

Our findings

People who used the service told us they thought the staff were kind and caring. Comments included, "They [the staff] just can't do enough for you, they are so kind" and "They [the staff] are really kind, I really enjoy being with them, they are my friends."

Relatives we spoke with told us they thought the staff were kind and caring. Comments included, "The staff know [name of person] well and give him all the support he needs, and they are all very caring staff."

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these. One member of staff said "I like to make sure [name of person] is safe, then we can get on with things they like to do."

People's care plans showed they had been involved with its formulation. And where possible people had signed to confirm they understood its contents. Staff made daily entries in people's care plans about their wellbeing and how the person had spent their day, for example, what activities the person had undertaken and what care had been provided. The daily notes also detailed any contact with health care professionals and what the outcome was.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us the services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required.

Staff understood the importance of respecting people's privacy and maintaining their independence and dignity. They told us they always asked people before they undertook any caring tasks to ensure they had gained their consent and established their understanding of what was happening. Staff told us they would ensure people's dignity by covering them over while undertaking personal care and ensure doors and curtains were closed at all times. One member of staff told us, "I think it is very important to maintain dignity I wouldn't like it if I was exposed all the time." They told us they encouraged people to be as independent as possible and supported them to keep their houses tidy, undertake domestic tasks like washing pots and cooking. Staff also supported people to be independent as possible with any personal care like washing and dressing. One member of staff said, "I like to help people it's why I do the job, all the people we look after are really friendly and I love working with them."

Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for staff to follow. During discussion staff told us they would never discuss people's personal details with anyone other than the person or any health care professionals involved with their care and wellbeing.

Is the service responsive?

Our findings

People who used the service told us the staff supported them to undertake activities in the community. Comments included, "They [the staff] take me shopping, to the gym and all over really" and "I really appreciate the help staff give me it gets me out and about." They also told us they knew who to make complaints to. Comments included, "I would talk to them in the office, they are quite good and they listen to you" and "I would talk to [registered manager's name] if I had any concerns."

Relatives we spoke with told us they knew how to raise concerns and make complaints. They told us this information had been given to them when the service had first started to care for their family members. One relative said, "I have raised concerns in the past and they have always been addressed, I think it's important we have good communication."

Assessments had been undertaken by both the agency and the contracting authority. This ensured the agency could meet the person's needs effectively. There was along matching process undertaken whereby staff were matched with the person and trained to specifically meet their needs. this ensured people who used the service were cared for by staff who understood their needs and could support hem effectively. Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported, assessments also identified which areas of their daily lives people needed more support with and how staff should provide this. For example, how staff should support people with personal care and how to deal with behaviours which challenged the service and others effectively and protected the person. The care plans described people and detailed their likes and dislikes and their preferred chosen activities, so staff could support them to lead life style of their own choosing.

We spoke with staff who were knowledgeable about the care people received. They told us that they had a regular rota and visited the same people on a daily basis. They were able to give details of how they delivered personalised care. One member of staff told us, "We build relationships with people. When you visit them every day you know what they like and what they don't and it is recorded in their care plan." Another member of staff told us, "Care plans have enough detail in to guide you but generally you know the needs of the person before you visit. People don't like to have strangers and that's why it is good here because we have the same rota almost all the time."

A large part of the support people received was around maintaining and developing life skills and to experience different situations and challenges. People's interests and chosen activities were detailed in their care plan and this ranged from pursuing sports like swimming to undertaking domestic activities to maintain their life skills. This ensured people who used the service were supported to lead a life style of their own choosing.

The registered provider had a complaints procedure; this was given to people to read and there was a format which used symbols and pictures to help some people who used this method of communication to

better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was given information and signposted to other agencies if they were not happy with the way the investigation had been conducted.

Is the service well-led?

Our findings

People who used the service told us they found the registered manager approachable. Comments included, "I can ring them any time" and "There is an out of hour's number you can ring if you want." They told us they had been consulted about the running of the service. Comments included, "They ask me if I'm happy with the way they look after me, I tell them I am," "I remember them asking me to fill a form out once" and "[Registered manager's name] rings me and speaks with me about the care staff."

Relatives told us they sometimes found the office staff did not always pass on messages, and some messages got lost. One relative told us they had made a complaint about this and it had now improved. However, they were overall satisfied with the level of support the agency provided and told us they had been consulted about the running of the service. One relative told us, "I have been asked about the service and I think it's pretty good, I have completed a form and they tell me if there are any changes."

The registered manager told us they tried to create an open door policy, whereby staff could approach them by coming into the office or phoning them. Staff confirmed they could approach the registered manager if they had any concerns, and they always responded positively. They told us, "I feel confident in the manager and she's always nice on the phone" and "I feel I can ask them anything really they don't make you feel daft."

The registered provider had clear lines of communication and staff we spoke with understood this. They knew they could approach the registered manager at the head office. Staff told us, "The manager always willing to talk to you" and "I go into the office if I'm passing and catch up with things."

The main aim of the service was to support people lead a fulfilling life as possible and to maintain their independence. This was achieved by providing staff who were trained to understand and meet the needs of the people who used the service and were committed to ensuring people were protected from harm so they could experience life to the full.

There was a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service. They had also sent the appropriate notifications to us when required.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided; people's relatives were also included in the meetings. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys were analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

As part of the auditing of staff practise observation visits were made to people's homes, this was to establish the person's satisfaction with the service and if the member of staff understood and could meet the needs of the person.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people's health and welfare, and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The registered manager has sent us evidence they are addressing the issue of staff shortages, this includes recruiting more staff, creating larger teams so more flexibility in the service and an on-going recruitment drive. They have also reviewed individual client teams to identify any shortfalls earlier so this can be managed and also reviewed staff performance including any absence.

The registered manager has stated, "We do everything in our power to cover the support by looking at the broader situation and act upon these immediately reporting and recording efficiently and effectively. We fully understand the implications placed upon our care packages of inadequate staffing which could be detrimental to keeping our clients safe."