

Cambridgeshire County Council

Huntingdon Supported Living Scheme

Inspection report

6 St Lukes Close
Huntingdon
Cambridgeshire
PE29 1JT

Tel: 01480456941

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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 Huntingdon Supported Living Scheme is registered to provide the regulated activity of personal care, Care and support is provided to 12 people living in two bungalows (six people in each) There were 12 people receiving personal care from the service when we visited.

This announced inspection was carried out on 5 July 2017. At the last inspection on 10 April 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

At the time of our inspection a registered manager was in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. We found that people's rights were being protected as applications were in progress where required and had been submitted to the relevant local authorities.

People were assisted by staff in a way that supported their safety and in a respectful manner. Health care and support plans in place continue to ensure that staff had guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, their likes and dislikes and the assistance they required. Risks to people using the service were identified and assessed to enable people to live as safely and independently as possible.

Staff assisted people with personal care, their medicine, activities/hobbies, cooking and domestic tasks in a kind and cheerful and sensitive way.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

People and their relatives felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communication with the registered manager and members of staff were open and very good.

Arrangements continue to be in place to ensure that the quality of the service provided for people was regularly monitored. People who lived using the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Huntingdon Supported Living Scheme

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 announced inspection was carried out by one inspector on 5 July 2017.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that the provider is required to notify us about by law.

We spoke with the registered manager, team leader and five members of care staff. We also spoke with six people using the service and three relatives by telephone. We contacted a contracts manager from the local authority and a community nurse who had contact with the service.

We looked at four people's care records, quality assurance surveys, medicines administration records, staff recruitment files and training records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

Is the service safe?

Our findings

One person said, "I am very happy here and it's my home." Another person said, "I have lived here for a long time and feel very happy with everything." Observations we made showed that staff were knowledgeable and also reacted to people's non-verbal cues to ensure their support needs were being met. Relatives we spoke with told us that they had no concerns about the care and support and safety of their family members. One relative said, "My (family member) is very well cared for and I feel that they are safe where they live." Another relative said, "The staff are really good and they do everything to provide good safe care and support for [family member]."

Staff we spoke with demonstrated to us their knowledge on how to recognise and report any suspicions of harm. They were knowledgeable regarding their responsibilities in safeguarding people. They confirmed, and records showed, that they had received training regarding protecting people from the risk of harm. One member of staff said, "I have received safeguarding training and I would always report any concerns to my manager." We saw that there were safeguarding reporting guidelines for staff available in the office including key contact numbers for the local authority safeguarding team.

There was a risk assessment process in place to ensure that people remained safe and that care and support could be appropriately delivered. Examples included risks associated with; medicine administration, mobility and safety when out in the community. We saw that risk assessments were regularly reviewed wherever people's needs had changed. There were also assessments from speech and language therapists in place which gave staff guidelines regarding any risks regarding eating and drinking such as where a person was at risk of choking. These were cross referenced to specific care plan documents where appropriate.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in an attentive reassuring and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis. Additional members of staff were made available to meet people's individual needs. Examples included social events or assistance with a medical appointment.

Staff only commenced work at the service when all the required recruitment checks had been completed and we saw a sample of two staff records which confirmed this to be the case. All recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager. This was confirmed by staff that we spoke with. One member of staff said, "I completed an application, had an interview and provided references and a DBS check." Staff also confirmed they had received an induction which covered a variety of topics regarding care and support issues. They also said that they had shadowed more experienced staff when they first started work in the service. This was to ensure that they understood and felt confident in their job role and responsibilities.

We observed staff administered people's medicines as prescribed. Staff had been trained so that they could safely administer and manage people's prescribed medicines. Staff continued to receive ongoing

competency checks to ensure they were following the correct administration procedures. Medicines were stored safely and daily audits were carried out to monitor stock levels and ensure that all prescribed medicine had been administered as prescribed. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

Accident and Incidents were monitored by the registered manager and senior staff to identify any trends occurring. An example included where a person was having an increased number of falls. We saw that action had been taken and an appointment had been made with the person's GP to respond to this issue. Actions taken as a result of the incidents were documented as part of the services' on-going monitoring of care to reduce the risk of incidents reoccurring.

There were personal fire and emergency evacuation plans in place for each person living in the supported living premises. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency.

Is the service effective?

Our findings

Staff told us that they had received regular training and ongoing support from their colleagues and the management team to do their job. One member of staff said, "We are informed about when we need to attend training and it is always made available for us." Examples included; safeguarding, first aid, safe manual handling, MCA/DoLS, infection control and medicine training sessions. Staff told us that they had received specific training regarding assisting people safely with eating and drinking which they had found to be useful. Staff told us that they received regular one to one supervision sessions and that there were staff meetings to discuss issues and developments. One member of staff said, "I feel well supported and speak with management staff regularly if I have any queries."

People had regular appointments with health care professionals. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. A relative told us, "The manager and staff have always contacted me when my [family member] is unwell and they make sure they [family member] see their doctor." This showed us that there was an effective system in place to monitor and react to people's ongoing and changing health care needs.

However, there had been some concerns expressed by staff that one person's wheelchair was no proving to be suitable for the person's needs. The registered manager told us that this had been raised with occupational therapy and a more suitable wheelchair was being sourced for the person. This showed that the staff took action in improving the needs of people using the service.

Staff we spoke with and the training records confirmed that they had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The registered manager told us that applications had been submitted for four people using the service to the relevant authorising agencies and that they were waiting for these assessments to be completed. An example included providing one to one support for people when out in the community.

We observed people during lunchtime and saw that this was a social occasion where people were offered a variety of meal choices and drinks. People also had access to drinks and snacks throughout the day with assistance from the staff when required. One person told us that they could have something different if they did not wish to have the planned meal. People assisted, where possible, with the cooking of their meals and were involved in food shopping trips during the week. One person said, "I help with cooking and the staff help me what I need during the day." Another person said, "I make my packed lunch each day to take with me to the day centre."

Is the service caring?

Our findings

People and relatives we spoke with told us that the staff were kind, caring and compassionate. One relative told us, "The staff know my (family member) really well and they are really happy living there and the staff know how to care and support them." One person we spoke with told us, "I am very happy living here and the staff help me with what I need." Relatives we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that communication was very good and they were always kept informed of any changes to their family members care by staff. Another relative said, "[family member] is really happy and the staff are very kind and caring."

Observations and comments we received showed that people were encouraged to be involved in daily living tasks as much as possible and remain independent. We saw that people were assisted and encouraged by staff with the preparation of meals, domestic tasks such as dealing with their laundry and supporting them to organise and tidy their bedrooms. One person said, "The staff are good and we go out a lot and I really like living here." Another person said that the staff had assisted them with a medical appointment during the day. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. People were seen to be comfortable and at ease with the staff who supported them in a kind and cheerful way.

Staff talked with affection and kindness about the people they were supporting and one staff member said, "I feel that people are cared for really well and we all work closely as a team." We saw staff speaking with people in a kind, caring and attentive way whilst providing people with assistance. We saw that staff knocked on people's bedroom doors and waited for a reply before entering. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. Daily records showed that people's needs were being met and to show any events that had occurred during the person's day such as attending an appointment or social outing. The registered manager told us that no one living at the service currently had a formal advocate in place but that local services were available as and when required.

Is the service responsive?

Our findings

People's care continues to be person centred and tailored to meet their individual needs and preferences. Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. One member of staff was involved in helping people plan their activities each week. One person said, "I like to go out to visit my family and have a walk into town." There was a cheerful atmosphere in each of the bungalows and people were being assisted by members of staff in an attentive and unhurried way. We observed that there was enough staff on duty to be able to provide both support to people whilst at home and when they wished to go out and pursue their hobbies and interests. We saw that the staff listened to people's queries and requests and responded quickly to them.

We looked at four people's care records during our inspection. A wide variety of information was recorded which gave staff guidelines regarding people's physical, social and health care needs. This included how people liked to be supported with their personal care, their preferences and dislikes, personal history, communication needs, important people in their lives, eating and drinking protocols and guidelines for staff when managing behaviours that challenge. People's care and support plans continue to be regularly reviewed on a monthly and six monthly basis to ensure that care needs remained up to date. A relative said "I am regularly contacted by staff and have been involved in reviews of my [family member's] care." Another relative said, "I have been involved in their [family member's] ongoing care and support - I am really happy with the care provided and my [family member] is very happy living in the bungalow at St Luke's."

Relatives told us that they were always contacted when there had been any changes to their family member's health, care and support needs. We saw a section in care records where key workers documented people's ongoing aspirations and day-to-day issues. Examples included organising trips out in the local area and social activities.

People were supported to take part in activities and interests that were important to them. Care plans each contained a weekly activities programme which included events at service, at a local day service and visits to shops and cafes in the local community. Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions.

Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care continued to be provided based upon the most up to date information. Relatives we spoke with also confirmed that staff knew their family member's needs well.

One person told us that, "I can always talk to the staff if I ever have any worries." A complaints policy and procedure was available, this was also available in an easy read format. This meant that people using the

service could access it and use it themselves if they wanted to. A relative told us that that they knew how to raise concerns and said, "I visit regularly and the staff are really welcoming and I am able to raise any issues and make suggestions and I feel listened to."

Comments received from health care professionals who had contact with the service were positive about the care and support being provided to the people at the service. They then went onto to say that staff followed any advice that they gave to ensure people received appropriate care and support.

Is the service well-led?

Our findings

A registered manager was in post. 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.

One person told us, "I can talk to the staff any time and they listen to me and help with any problems I have." Observations made during this inspection showed that staff were readily and actively available to people and assisted them when needed. On speaking with the registered manager, we found them to have a good knowledge of people's care and support needs.

Staff told us that they could make any suggestions or raise concerns that they might have. One member of staff said, "The team work well together and I feel very supported." Another staff member said "The management team are knowledgeable and very supportive and helpful." We saw minutes of regular staff meetings where a range of care and support issues had been discussed and action taken where appropriate. Staff told us that they were confident that if ever they identified or suspected poor care practices or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good team and if there was any bad practice this would be reported to the manager (registered manager) and acted upon without any hesitation or delay." We saw that there were regular meetings held with the registered manager and senior staff to ensure that checks of key areas were made including; health and safety, medicine and care and support issues. This showed us that the provider had systems in place to monitor the quality of service being provided at the service.

Arrangements continue to be in place to regularly assess and monitor the quality and safety of the service provided to people living in the service. The registered manager and operational manager monitored the service's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted action had been taken to improve systems including care plan updates, training and staff recruitment.

People and their relatives had a chance to have their say and we saw an analysis of questionnaires from the last survey in 2016 that had been completed. Results were positive and no major concerns had been raised. A further set of questionnaires were being sent out shortly. There were also tenants meetings held in each bungalow where people had the chance to raise and discuss issues. Examples included health and safety issues and plans for social events. This demonstrated the provider had a positive approach towards a culture of continuous improvement in the quality of care provided.