

The Stable Family Home Trust

Supported Lifestyles Main Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

Supported Lifestyles Main Office is a Domiciliary Care Service. It was providing personal care to 54 people across nine supported living settings with learning difficulties, autism and mental health needs at the time of the inspection. There was a central office based in Southbourne.

The size of the supported living settings varied between four and eight bedrooms or flats. Each of the locations had a staff sleep in room and an office. There were shared living areas and kitchen dining spaces. Some people in some of the settings had their own kitchenettes within their flats.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way.

People's experience of using this service and what we found

The service management and leadership was inconsistent and quality systems were not always effective or robust. The registered manager did not have oversight of all nine supported living settings. Gaps in record keeping had not been identified.

People at Supported Lifestyles Main Office told us they were happy and felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff. The administration of homely remedies was being reviewed.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff offered people solutions to aid their independence and develop their skills.

People received an effective service. The staff team were motivated and there was a strong commitment to the development of their competence and knowledge. Staff worked positively to promote people's health and ensure good outcomes for their physical and mental wellbeing.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their

independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

A new registered manager had been recruited since the last inspection. Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff. The registered manager, service managers, team coordinators and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the deployment of staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Supported Lifestyles Main Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and be able to arrange home visits.

Inspection activity started on 27 August 2019 and ended on 29 August 2019. We visited the office location during the morning of 27 August 2019 and the afternoon of 29 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We visited three supported living settings and spoke with five people who used the service and met with two relatives. We spoke with the registered manager, a service manager, training manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met with six staff including team leaders and support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and feedback questionnaires.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed and measures put into place. However not all the risks assessed at one setting had been recorded. For example, one person who was at risk of falls when in the shower had had support rails and a shower chair fitted. Staff were aware of this, but an assessment had not been completed.
- A person who was registered blind had measures taken to keep them safe and staff were aware of these. However, measures had not been recorded. We discussed our findings with the registered manager on day one and by day two these assessments had been completed.
- Other people's risks across the settings had been identified assessed and clear measures were recorded. For example, epilepsy, behaviour, accessing the community and diabetes.
- We found that positive behaviour support guidelines were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- Physical interventions had been used recently for the first time following a person presenting unusual behaviour and putting themselves at high risk of injury or death. This meant that staff had to use physical intervention as a last resort.
- The provider had learnt and acted promptly following this, made all parties aware, updated their support plans and arranged behaviour training for all staff supporting the person.
- Staff took part in debrief meetings with management following behavioural incidents. These meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Learning was shared with staff during supervisions, handovers and staff meetings. During a review of staff meeting notes we found that lessons learnt was a standing agenda item.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe and happy. For example, policies were in place and care plans were clear.
- One person told us, "I feel safe, I have people and staff around me". Another person told us, "I feel very safe. Staff help me feel safe. I can also lock my own flat". A relative mentioned, "[Person's name] is very safe here. We are confident because we know and trust the staff".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the service. Staff confirmed there was a positive working culture throughout the organisation.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes.

- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- Supported Lifestyles Main Office was part of the local safe place scheme. This meant that local shops had been identified as a safe place for people to go to should they feel vulnerable or unsafe whilst in the community on their own. The shops had been provided with contact details of the people's home.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with people in care settings, had satisfactory skills and the knowledge needed to care for people.
- There were enough staff on duty to meet people's needs and agreed staffing levels. A staff member commented, "There are enough staff. People's one to one hours are met".

Using medicines safely; Preventing and controlling infection

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Staff responsible for the administration of medicines were all trained and had had their competency assessed by senior staff.
- Where people were prescribed medicines that they only needed to take occasionally guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately.
- The nominated individual told us that they were in the process of reviewing their policy and putting agreements in place in relation to the use of homely remedies and exploring how they could support people who wished to take homeopathic medicines.
- Staff told us they regularly washed their hands and had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff had received infection control training and understood their responsibilities in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff supervisions took place however, some staff had gaps, and these were not always recorded on the organisation's online system. On day two the nominated individual told us that service managers had been reminded of the importance of scheduling, recording and uploading supervisions on the online system .
- Staff told us they received enough supervision and could always ask for them as and when they wanted.
- The internal trainer took us through the training record and delivery. We found that training covered local mandatory topics such as safeguarding and first aid. Service specific training covered topics such as Makaton, autism, nutrition and epilepsy.
- The internal trainer told us they were the local autism ambassador. This meant they played a role in raising awareness within the local community by giving information to businesses and professionals.
- Staff told us they felt supported and received appropriate training to enable them to fulfil their roles. A staff member told us, "Training is available and runs frequently. It's very useful".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current legislation and good practice guidance. Staff worked with people to encourage and support their independence. Assessments were individual to each person and contained information and guidance for staff to follow to ensure people were effectively supported in ways they preferred.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food they ate in their homes. One person told us, "We all eat different things at different times of the day. My favourite is macaroni cheese and roast dinners". Another person said, "I'm having bolognaise tonight which is my choice of course! I do lots of batch cooking with staff which helps me".
- Staff understood people's dietary needs and ensured these were met. These included diabetes, gluten free and vegetarian. Where nutritional needs had been assessed, clear guidelines were in place.
- Some people had their own kitchenettes, whilst others shared large communal kitchens at times that suited them which they were proud of. One person told us, "Independent cooking is important to me".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- We met with a person who had recently moved into a home. They told us, "I am really pleased with the home. It's one big happy family here. I found the move between homes a little stressful, but staff have really helped me".
- People had access to health care services as and when needed. This included an annual health check following best practice guidance for people with a learning disability.
- Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included GPs, dentists and district nurses.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. For example, hospital passports.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us, "The home contacts us with any concerns or changing needs".

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- The service met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent for photographs. This meant people's rights were protected.
- MCA assessments had been carried out, the home held best interests' meetings for people. Records showed involvement of the person, family members and professionals.
- Where people had capacity to consent to their care we found that care and support plans had been signed.
- People and their relatives told us staff asked their consent before providing them with care.
- Staff had received MCA training and were able to tell us the key principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. People's and relatives' comments included; "Staff are brilliant. I can talk to them about anything", "Staff are all fantastic. Kind, caring and thoughtful. They put us first and always listen to me" and "Staff are kind and caring. There is a good mix of character. They [staff] have a genuine care for the people here".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- One person explained how going to their local church every other Sunday was important to them. We found that this was recorded in their care plan and that the person was readily supported by staff.
- Training records showed that all staff had received training in equality and diversity. A staff member told us, "We are all equal and have the same rights as each other regardless of ability".
- The registered manager told us they had received several compliments. We read one compliment from a person some of which read; 'I have never had the right support until I moved here. Every one of you have a heart of gold. I feel really valued and fantastically supported'.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options where needed to support them to make decisions. We understand their needs".
- People told us they were encouraged to make choices and decisions and that this was important to them. One person said, "I can make the choices and decisions I choose to". Another person told us, "I make lots of choices and decisions like; where I go, what I do, what I eat, when I get up or go to bed".
- Relatives and people were pleased with the care they and their loved ones received. Comments included; "I'm ecstatic with my care. My confidence has been boosted. The service is amazing" and "We are very happy with the care [person's name] receives here".
- Where needed, the service sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's front doors before entering. On each visit people came to their doors and welcomed us in.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to people and staff. A person said, "I like being independent and

doing things for myself. It helps me learn skills and get more confident". A staff member said, "Everyone is involved in some way. For example, meal preparation and accessing the community".

- Relatives commented on the progress their family members had made. For example, one relative said, "This weekend [person's name] went to the local shop on their own. This is a great step forward".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture across the organisation and within the supported living settings we visited. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.

- Care plans were personalised and updated in response to people's changing needs. A person told us, "As my needs change the way they [staff] support me does. I can't thank them [staff] enough".

- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.

- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and support. One person told us, "I'm involved in planning my care. I tell staff what I want and don't want. I'd like a job in the future and go back to college with staff support".

- The registered manager told us regular review meetings took place with the local authorities, families and people. A relative said, "We are involved in review meetings along with professionals".

- Relatives told us they received regular updates. A relative said, "We receive regular updates on how [name] is and what they have done".

- The provider created seasonal newsletters which celebrated people's achievements and had photos of people. For example, we read one article about a person who was celebrating losing weight. There was a photo of them with their certificates which the person was very proud of.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people using the service.

- The service worked proactively to support people to develop and sustain personal relationships. The internal trainer had been trained in delivering intimate relationships training to people. This raised people's awareness around consent, safe sex and positive relationships.

- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.

- A person told us, "I went bowling today. We have make up nights, craft nights and movie nights here. We are also having a house warming party next weekend".

- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.

Meeting people's communication needs

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met. Information and procedures were available in easy read format for example, safeguarding, hospital passports and health plans.
- Communication aids were actively used with people. These included Picture Exchange Communication System (PECS) and photographs.

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. Comments included; "If I had a complaint I would go to my keyworker, manager or CQC", "I would complain to the managers. I have never had to but would" and "I'd discuss concerns with the management. They would definitely listen".
- An easy read version of the complaint's procedure had been created for people who required additional support to understand information.

End of life care and support

- People's end of life wishes had started to be explored by the service. We were told that a few people had funeral plans in place.
- The registered manager and nominated individual understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told that preferences relating to people's protected characteristics such as culture and spiritual needs would be captured.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent and quality systems were not always effective or robust.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager was not clear about their registered manager role and responsibilities. The registered manager managed two of the nine supported living settings whilst other service managers managed the others. All managers reported to the nominated individual who had oversight of all services. The registered manager however did not have oversight of the other services.
- We discussed the structure of the organisation with the nominated individual who told us they would review this. The plan they had was for the current nominated individual to become the registered manager and the chief executive to become the nominated individual.
- Quality monitoring systems were in place but were not always effective. Checks did not cover record keeping and had not identified the gaps we found during the inspection in relation to accurate and complete records of each person or staff supervisions.
- The registered manager had communicated all except one relevant incident or concerns both internally to the provider and externally to the local authority or CQC as required by law. The incident had involved the police which had been reported to the local authority but not us. The nominated individual acted promptly and completed this during day one of our inspection.
- Staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

Due to quality systems not being robust, records not being complete and the registered manager not having full oversight of all settings this left people at potential risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The nominated individual and registered manager told us they would re-structure the management and add record keeping to the regular service manager checks. The nominated individual also told us they would discuss notifications with service managers in the next management meeting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "This is a great place to work. I feel valued, supported and am always listened to which makes a real difference".
- The registered manager and nominated individual promoted a person-centred culture and felt strongly about inclusion and making a difference to people's lives.
- People and relatives were positive about the management of the service. Comments included, "The manager here is very good, [name] listens to me and is always approachable". "[Service manager name] is very good and responds to our requests".
- Staff comments included; "The service manager is very good indeed. Very thorough and always leads by example" and "The nominated individual has been great over the time they started here. Always available and explains things well. Always has time for people too which I think is a good quality of someone in their role".

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority and learning disability teams.
- Professionals fed back positively about partnership working with the service.
- People were encouraged and supported to be part of community groups. A person told us, "I'm part of Bournemouth People First. We discuss things like, how to help others and how to stay safe. We meet up every three months".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager and nominated individual attended local forums and network groups where initiatives and best practice was shared.
- The registered manager and nominated individual understood the requirements of duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality systems were not always robust, all records were not complete, and the registered manager did not have full oversight of all nine settings. This left people at potential risk of harm.</p>