

Guardian Supported Living Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was announced and took place on 02 and 03 of May 2018. We gave the provider 48 hours notice of our intention to undertake the inspection.

A registered manager was in place at Guardian Supported Living. 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.'

This service provides care and support to people living in a supported living setting, so that they can live in their own home 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. Guardian Supported living consists of 21 individual apartment's in a converted listed building. There were 15 people living there and two people were in receipt of the regulated activity of personal care.

Staff would benefit from some additional training to enhance their skills and knowledge and this was being addressed by the registered manager. Systems for the effective oversight of the service and to ensure lessons were learnt and enhanced future practice needed to be embedded.

People were supported by sufficient numbers of staff to meet their needs. People were protected from the risk of abuse because staff understood their responsibilities and knew how to raise concerns if needed. People were supported to have their prescribed medication safely.

Staff were able to tell us of the needs of the people they provided care for and their role and responsibility in keeping people safe.

People were pleased with the consistency of the staff that provided their care and reported staff to be caring. People were treated with dignity and respect and received their care with consent. People were also encouraged to be independent and staff involved people in making choices and decisions about their day to day needs. They were supported to access healthcare appointments.

People knew how to make a complaint if they were unhappy and felt that any complaints or issues raised would be dealt with. The management team were compliant with the Duty of Candour regulation and were receptive to the feedback we provided at the time of our inspection.

People told us they liked where they lived. Staff, relatives and professionals spoke positively about the management of the service. The management team ensured regular checks were completed to monitor the quality of the care and support people received.

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.

There were sufficient numbers of staff available to support people.

People were supported by staff who were safely recruited and knew how to identify signs of potential abuse and report any concerns to the relevant agencies.

Systems used for the management and administration of Medicines were safe.

Is the service effective?

Good ●

The service was effective.

People received care and support in a way that met their needs.

Staff had a good understanding of people's needs and sought their consent before providing care.

Staff supported people to maintain good health and supported people to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were respectful and friendly.

People had established relationships with staff members and were encouraged to make decisions about their day to day lives.

People were supported to maintain their independence and where treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs.

Staff provided care that took account of people's individual needs and preferences.

People were involved with planning and reviewing their care.

There was a system in place to manage and respond to complaints.

Is the service well-led?

The service was not consistently well-led.

Systems were in place however, these needed to be embed to ensure they were effective at driving the required improvements.

There was a clear management structure in place which ensured staff were supported in their roles.

People, staff and relatives were complimentary about the service.

Requires Improvement ●

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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 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 02 and 03 May 2018 and was an announced inspection. The inspection team comprised of one inspector.

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.

Before the inspection, we looked at the information we held about the service. This included statutory notifications from the provider that they are required to send to us by law about events that occur within the service, such as deaths, accidents/incidents and safeguarding alerts. We contacted the local authority and commissioning services to request their views about the service provided to people, and also consulted Healthwatch. Healthwatch is the independent consumer champion created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

During our inspection we spoke to five people and of these two people received the regulated activity. We spoke with two relatives, the registered manager, two care staff, a senior support worker and an office manager and four health and social care professionals

We looked at the care records of two people in detail to see how their care was planned and reviewed. We also reviewed the records of three members of staff to check the provider's recruitment practices and looked at records maintained by the provider about the quality of the service. These included medication

administration records, care records and daily reports, and spot checks.

Is the service safe?

Our findings

All the staff that we spoke with were able to tell us about their understanding of safeguarding people from the risk of abuse. Staff spoken with were aware of their roles and responsibilities in these areas, including what the reporting procedures were, in order to keep people safe. Staff told us that safeguarding was part of their induction and they were confident that they could raise any concerns they had with the management team. Information we hold and records we looked at showed that there had been some safeguarding concerns raised by the service and we had received the notifications as required. The registered manager told us that they had talked through learning and action points from the provider's own investigations following safeguarding concerns and said learning points were discussed with staff in staff meetings and records seen confirmed that safeguarding was an agenda item. A safeguarding concern was still under investigation by the local authority when we carried out this inspection. As a result of the investigation the local authority had requested that reviews of people's care took place and a suspension on any new referrals to the service was in place until the reviews had been completed.

Records we looked at showed that the provider had assessed and identified risks related to people's health and care needs. For example, some people required support with risk relating to behavioural symptoms associated with their learning or mental health needs, such as self-harm, self-neglect or vulnerability. Staff that we spoke with were aware of the risks associated with people's care needs and were able to tell us how they would support the person to manage these risks. We saw that care records were reviewed following an incident and updated with any additional information that staff needed to know about.

People we spoke with and records we looked at showed staff supported people to take their medicines. We looked at the records for two people and found they were completed to reflect when people received their medicines. However, the level of staff support that people needed had not been assessed. This would ensure that any risks were identified and that staff could support the person with working towards self-administration of their medicine where appropriate. One person told us, "Staff helps me with my medicines, so I take them on time". We saw that people had secure storage in their own flat for keeping their medicines safe. Staff signed medication administration records to confirm the support they had given. Staff we spoke to and training records we looked at showed us that staff had received training in medication management.

People we spoke with told us that they felt safe living at Guardian Support. One person said, "I feel safe with the staff". Staff we spoke with were able to explain to us how they promoted people's safety and what they would do in an emergency situation, for example, if a person was unwell and needed medical treatment. Staff had completed basic first aid training and first aid boxes were placed in each of the people's apartments.

People told us that they were given a copy of a staff rota each week so that they knew what staff would be supporting them. The registered manager explained that people who were in receipt of the regulated activity had an allocated number of care hours each day as agreed with their funding authorities and commissioners. The registered manager told us that for some people they had successfully been able to reduce the care hours needed as they become more settled in their own home. The registered manager

talked through with us how staffing was planned and told us to ensure consistency in care and support no agency staff were used. One of the managers would step in to cover any unplanned staff shortage for example staff sickness. Staff we spoke with told us that there was enough staff employed to attend to all the allocated care calls. Records we saw confirmed that people were receiving the number of care hours that had been agreed.

We looked at three staff files and found that the provider's recruitment practices ensured only staff that were suitable were employed. Staff we spoke with confirmed that recruitment checks were carried out before they started work. One member of staff said, "Yes they did all the checks on me before I started working here". The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. The registered manager talked through their disciplinary process and confirmed that procedures had been followed when required. Records we saw confirmed this.

People lived in their own individual apartments within a converted building. People told us and we saw they were supported to maintain a clean environment. Where appropriate staff supported people to tidy and clean their own apartments and encouraged people to develop their skills for independent living. The landlord responsible for the apartments were separate to the care provider and not part of the regulated activity. However, we saw that there were systems in place to ensure that people lived in a safe environment. For example, there was a system for reporting repairs to the Landlord and people and staff told us repairs were dealt with promptly. The provider told us that regular meetings took place between the landlord and care provider and any maintenance matters were dealt with promptly. People we spoke with confirmed this. We were invited to visit two people's apartments and saw that they were well maintained.

Is the service effective?

Our findings

People we spoke with told us they liked the staff team and felt they understood them and their needs. One person told us, "It (staffing) wasn't great at first. But they (staff) are good now. I like them and get on well with them". We spoke with staff about the training they received to equip them in their role. Staff we spoke with told us they had received an induction when they started working at the service. All staff that we spoke with told us that they felt they had the skills required to carry out their role. They told us if there was anything they were unsure about they would approach the registered manager who was helpful and supportive. All staff told us that they had regular supervisions and team meetings. The provider information return (PIR) completed by the provider prior to the inspection stated that all staff had completed an induction and the care certificate. The care certificate which is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

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. We observed interactions between people and staff and saw that people were offered choices and asked to consent to their care and support. Staff we spoke with told us that they had completed MCA training and were aware of their responsibilities to ensure people's consent to care and support was sought and recorded. A staff member told us, "I always speak with (person's name) and ask them how they are and what they want to do. I always get their consent before I do anything". Another staff member told us, "If somebody refused care I would leave them for a little while and then go back to them later and try and encourage the person. Any concerns about someone then I would speak with the manager". However, staff that we spoke with were unsure of the process they would follow if a person needed support with their decision making. The registered manager told us that this learning need had been identified and that there were plans in place for further staff training and development on MCA.

People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager told us that they were aware of this process and that no applications had been made and they knew what was needed if a person required support with their decision making.

People received support to manage their health needs and staff worked with other community professionals to ensure people's health needs were met. One person told us that they were currently having some dental treatment and staff were supporting them to attend appointments. They told us that staff also supported them to attend any doctor's appointments.

People told us that they were happy with the support they received with food and drink. One person told us, "I can make my own breakfast and the staff help me with the cooking. They [staff] do talk to me about eating

healthy food". Staff told us that they supported people to plan their own meals and do their own food shopping and that this is all planned on an individual basis. Another person told us that they really enjoyed cooking and staff supported them with food shopping and cooking.

Is the service caring?

Our findings

All the people that we spoke with told us that they liked their flat and that they were happy where they were living and with the staff that supported them. One person told us, "The staff are friendly and kind".

We found that people were supported to be independent. One person told us, "The staff help me do lots of things like cooking, shopping and looking after my flat". We saw care plans reflected people's level of independence and informed staff of ways to promote independence and had personal goals that people were working towards. All staff we spoke with told us how they encouraged people to be as independent as possible in order to enable them to retain their daily skills as much as possible.

We found that people were encouraged to express their own views, preferences and opinions. One person we spoke with told us that they had been involved in the initial assessment to ensure the care they received met their needs and another person we spoke with also confirmed their involvement and showed us a copy of their care plan that had recently been reviewed and they had been involved in that process. All of the people we spoke with said that the staff treated them with dignity and respect. We found that staff involved people in making day to day decisions in relation to the care they received, offered people choices and respected them as individuals.

People that we spoke with told us that staff rang their door bell and knocked their door before coming in. They told us that staff were respectful of their privacy. A staff member told us, "I always ring their door bell and would then knock their flat door. I am respectful of their privacy and dignity". We visited two people's in their flat and we also observed interactions in and around the office area of the service we observed staff speaking to people respectfully and also maintaining people's dignity and privacy.

When we spoke to staff about the people they supported they spoke with care and compassion about people. A staff member told us, "[person's name] has done so well. It's a pleasure to see how settled [they] have become. We always have a good chat about what they have done and if anything is bothering them. Then we plan the day and do what they would like to do".

People told us that they were supported to maintain relationships that were important to them. One person told us, "I am going to visit [family member's name] today. The staff will take me to see them". Another person's family member was visiting on the day we inspected. Staff that we spoke with told us they understood the importance of family and friendships to the people they supported. One person told us that they had also made friendship with other people living at the supported living and they enjoyed trips out shared activities and visiting other people's apartments.

Is the service responsive?

Our findings

People we spoke with told they were involved in and contributed to the planning of their care. One person showed us a copy of a recent care plan review and they told us they had been fully involved in the process. We found that the care plans we looked at were person-centred, providing information about people's preferences, which corroborated with what people had told us. Staff we spoke with us told us that they found the care plans and risk assessments useful. Some people had restrictions in place to ensure their own safety and protection. For example, a person was at risk of financial exploitation. In order to minimise and manage these risks restriction were in place around their personal money management and the support provided by staff. These restrictions were recorded in the person's support plan and the person and other professionals were involved in agreeing these, and these were kept under review. The plan also detailed the positive outcomes that the person was working towards achieving so that the safeguards in place could be modified and or removed when appropriate.

A relative we spoke with told us that they were involved with their family members care and support. They told us that, "Their care plan is detailed and responsive to their needs. I feel the staff have significant insight into [person's name] care and support. They have delivered what they promised". Another family member told us, "[person's name] were a little unsettled at first but has really progressed since living at Guardian Supported living. They seem really settled and happy. We have no concerns". A health care professional told us that they had been impressed with the support that had been provided to the person they support. They told us, "They just don't give up. They have provided boundaries and a structure to a person with difficult and complex needs".

We asked the provider how they ensured that people's diverse care needs were met in accordance with the Equality Act 2010. The provider told us that they had a diverse staffing team We saw care plans acknowledged people's cultural needs and preferences and people were referred to by their preferred name. A staff member told us, "We discuss equality and diversity as a staff team. We don't judge people. We support people with their own choices about what's important to them. Two people wanted to go to church and they were supported to do this".

People we spoke with told us that they were supported by staff to follow their own interest and maintain important relationships. One person told us, "There is lots of things going on and trips out that you can go on". Another person told us, "I have my own flat but I don't feel isolated, I have made friends with people". A professional told us that the person they supported had really benefitted from the social aspect of the supported living service and had become involved in physical activities that had helped their mental wellbeing.

People we spoke with told us that they knew how to complain. They told us that if they were unhappy or dissatisfied in anyway, they would either speak to the staff or manager. One person told us, "Yes I can speak to the staff". A relative we spoke to told us, "Communication is very good. We are kept informed. If I had any concerns I would raise them but I haven't needed to". The registered manager told us that they had not received any formal complaints about the service. He told us that if any were received they had a process in

place and that records would be maintained of the action taken and the outcome to show any action taken had been.

Staff told us that they had not had any reason to raise concerns. They told us that they felt they could approach the registered manager with any concerns if they needed to. They told us that any complaints about the service would be passed onto the registered manager and they were confident that they would be dealt with. A staff member told us, "I have no concerns about people's care and support. It is a very supportive place to work. The managers are good and things get dealt with".

We saw that some information to support people with their care and support and signpost them to other services were available in different formats including easy read.

Is the service well-led?

Our findings

This is the first inspection of this service. During this inspection we found that some improvements were needed.

When we first arrived at the supported living service the Registered Manager told us that currently none of the people they were not providing a service to were in receipt of the regulated activity of personal care. However, when we explored this further we determined that some people were in receipt of the regulated activity of personal care. We explained to the registered manager that it is their responsibility to ensure that they are appropriately registered to carry on the services they provide and are aware of who is in receipt of the regulated activity.

The provider manager had some systems in place to monitor the quality of the service. However, these systems needed to become embedded to ensure that they were effective. For example, there was no system in place to ensure that the provider had oversight and analysis of incidents and near misses that had taken place in the service to identify trends and actions needed to reduce the likelihood of events happening again. The registered manager told us that he was in the process of agreeing staff training on MCA as discussed during the inspection and also mental health training as recommended by the mental health trust following recent reviews of people's care. They told us that they planned to improve the opportunities for relatives and professionals to give feedback and a survey was being developed. The registered manager needed to assess the 'first aid at work' provision to ensure what was in place within the service was adequate. (Health and Safety Executive first aid at work).

We found that the provider was receptive to our feedback and made plans to follow up any of the issues that we had identified as part of our inspection process.

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The registered manager had reported significant events to us, such as safeguarding incidents as required by law.

Staff we spoke with told us that they felt supported within their work and told us that someone was always available to speak with them should they require any assistance or support. One staff member said, "I really enjoy working here. The manager is very good. There is always someone to talk to if you need any help or not sure about something". Another staff member told us, "I enjoy working here. I feel the manager promotes a good working ethos it's about what is best for the people we provide a service to". Staff we spoke with confirmed that they received open communication with the management team through supervision and team meetings. They told us 'spot checks' were carried out by the registered manager to monitor their performance and to provide feedback. They also told us they felt confident in raising any concerns with the registered manager and were aware of the whistle-blowing procedures. Whistle-blowing is a term used when a member of staff raises a concern about wrong-doing or illegality that may be occurring within the organisation in which they work. Whistle-blowers are protected by law to ensure that

they are protected as far as reasonably possible, against the risk of reprisal. Staff we spoke with confirmed that they were aware of the whistle-blowing policy and felt confident raising concerns both internally and externally (with CQC for example), if they felt that this was required.

Within the providers information return (PIR) completed before the inspection, the registered manager stated going forward they were looking to improve the use of technology in the service and introduce electronic documentation.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation.

We saw evidence to support that the service was involved with the local community. People told us that they had been involved with the planning of a car boot sale with the local church. We saw that the service was well located in the village of Acocks Green and people told us that they made full use of the local amenities and that transport links were good so they could access facilities close by. One person told us "I had a hospital appointment today and it was easy to get there I could just jump on the bus down the road".

We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals, for example, the Local Authority and Mental Health teams. A meeting was recently held with the Local Authority, Mental Health Commissioners and CQC regarding a recent safeguarding concern. One of the outcomes from this meeting was for the Local Authority and Mental Health Commissioners to meet with the provider and seek assurance in relation to tenancy agreements, eviction process, medication management, safeguarding, quality assurance, risk management and responses to declining mental health issues. The provider has agreed to an informal suspension on new placement until the Local Authority and Mental Health Commissioners have been assured that these processes are in place.

We were also told that there had been some discussion with the registered manager regarding ensuring that there were clear professional boundaries between staff and people using the service.