

St Helens Council

Supported Living Service

Inspection Report

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Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

Summary of findings

Overall summary

The Supported Living Service provides support to adults with learning disabilities and other complex needs in their own homes in St Helens. At the time of the inspection, 55 people were being supported by the service within 33 properties. A number of the people using the Supported Living Service lived at Sorogold Close, which is a development of purpose built bungalows for people living with complex care needs that was built in 2012. For the people, living at Sorogold Close there was a 24 hour on call emergency service available on site.

People using the service were safe because staff had received training on how to recognise signs of abuse and possible harm and knew what to do if they had any concerns. Staff were proactive in reviewing incidents or accidents to reduce the chance of reoccurrence. Staff managed risks to people's safety whilst encouraging them to maintain their independence and take part in activities they enjoyed.

The care provided by the Supported Living Service was effective. People's needs were assessed when they started to use the service. Care records were personalised and identified people's personal preferences about how they liked their care and support to be delivered. People were supported to access health care and where people had existing health conditions they were supported to manage these. People received care from staff who had received the training they needed to deliver care and that were well supported through supervision and appraisal.

The staff working for the Supported Living Service were caring. We observed positive and respectful interactions between staff and the people they supported. Staff had an excellent understanding of both people's care and support needs; and their individual preferences. People were listened to and encouraged to express their views about their care and support.

The care provided was responsive to changes to people's individual needs. If a person's care needs changed, staff responded promptly to ensure appropriate care and support was provided. People were supported to have choice and control over their lives. Staff had an excellent understanding of how to support people to make decisions. In instances, where staff had determined a person did not have the capacity to make a significant decision, best interests meetings were held to support the person in that decision.

The Supported Living Service was well led. The service had a registered manager in post. There were clear management structures and we found good support and leadership was in place for staff. Records showed that CQC had been notified, as required by law, of all the incidents in the service that could affect the health, safety and welfare of people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe and were involved in decisions about any risks they may take, as far as was possible. We found people's family members had been involved in discussions about any risks, and the care and support in place relating to those risks.

Staff had a good understanding of how to safeguard the people they supported from abuse. This was because there were clear policies and procedures in place, and staff had received safeguarding training. The service had an effective system to manage accidents and incidents, and to learn from them so they were less likely to happen again. This reduced the risk to people.

Staff had received training in the Mental Capacity Act 2005 and demonstrated an excellent understanding of how to support people with decision making. Staff managed the risks to people well while ensuring people had as much freedom and control over their lives as possible. This meant that people were protected from excessive restrictions being placed upon them.

When people had behaviour that may challenge staff, staff had received relevant training and had clear guidance to follow about how to support the person. When an incident of behaviour that challenged took place, the staff reviewed the incident to reflect on whether their approach was effective.

We found that staff recruitment was safe with all required checks undertaken.

Are services effective?

People's assessed needs were clearly reflected in their care records. Care records were clear and provided comprehensive guidance on how people's care needs should be met. Information was personalised and identified people's personal preferences about how they liked their care and support to be delivered.

Clear arrangements were in place to ensure people accessed health care and received good support to maintain their health or manage existing health conditions. We saw evidence of people attending appointments with a range of healthcare professionals and referrals being made when required.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. This was as staff accessed an induction programme when they started work and

Summary of findings

were supported to shadow experienced members of staff to get to know the people they would provide care and support for. Staff told us they felt well supported and accessed a range of training opportunities. Most staff had received their yearly appraisal.

Are services caring?

People and their family members told us the staff were caring. We observed caring and supportive interactions between staff and the people they supported. Staff treated people with dignity and respect.

We observed that staff had an excellent understanding of both people's care and support needs and their individual preferences.

People were listened to and encouraged to express their views about their care and support. There was no routine survey, to gather feedback from people about their care and support in place at the time of the inspection. However, surveys were under development and were due to be tested with a small group of people who used the service.

Are services responsive to people's needs?

People were supported to make decisions about their care, as far as was possible. If people did not have the capacity to make a significant decision, the staff assessed people's capacity and used best interests meetings to support them to make the decision. Independent Mental Capacity Advocates were appointed if further support was needed. Family members felt they were actively involved in decision making about their relative's care.

Reviews of people's care took place once every year and involved people and their relatives. If people's care needs changed, their care plans were reviewed and updated promptly.

People were supported to have choice and control over their lives. In addition, staff encouraged people to retain their relationships with family and friends.

No complaints had been received in the last year. People's family members told us they knew how to make a complaint and would feel confident any concerns they raised would be addressed by the management team.

Are services well-led?

The Supported Living Service was well led across all levels of the organisation. There was a positive culture within the service.

Summary of findings

Incidents, accidents and safeguarding concerns were reported by the staff. We saw these were reviewed by the management team and actions were put in place to avoid reoccurrence. The service had made notifications to CQC about incidents that were notifiable under the Health and Social Care Act 2008.

The management team ensured there were sufficient numbers of suitable staff to meet people's needs. At the time of the inspection, a number of people receiving support had been reassessed by the council, which had led to staffing changes across the service. We found these changes had been managed pro-actively, with a focus on minimising the impact on people who used the service.

There were plans in place to deal with emergencies.

Summary of findings

What people who use the service and those that matter to them say

We visited six people in their own homes. Two of the people we visited were unable to tell us about their views and experiences because of their complex needs. During our visits, we observed how staff interacted with the people we were visiting. We also spoke on the telephone, with five family members of people who were supported by the service, after the inspection visit.

People who used the service spoke positively about the staff that supported them. One person said “They are all good.” Another person, spoke with enthusiasm about their life and told us about how independent they had become. They showed us their garden and spoke with pride about what they were growing. They told us that staff had encouraged and supported them to use their love of gardening to gain a voluntary role, which they took a lot of pleasure from.

The family members we spoke with were all extremely satisfied with the service and with the staff. One family member said, “You can tell that he is happy, very happy in fact. He goes out every day and the carers know him really well.”

The family members we spoke with told us that staff were caring. One family member said, “The staff are brilliant in the way they support her. They really do care.” Another family member said, “They are marvellous the staff, just wonderful.”

We also heard from family members that staff were responsive to their relative’s needs. One relative we spoke with explained that their relative’s health needs had changed and their care needs had been increasing. They said the staff had picked up on the changes and had kept them fully informed and involved in their relative’s health appointments, which had led to a diagnosis.

Supported Living Service

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The inspection team consisted of a Care Quality Commission Inspector only.

We undertook the inspection on 15 and 16 April 2014. Prior to the inspection we reviewed all the information we held about the service.

We visited six people in their own homes. Two of the people we visited were unable to tell us about their views and experiences. During our visits, we observed how staff interacted with the people we were visiting. We also spoke on the telephone, with five family members of people who were supported by the service, after the inspection visit.

We also spoke with the registered manager of the service, the three assistant managers, two team leaders, and two support workers. We viewed a range of records including: people's care records; staff records; and the service's policies and procedures. We also looked at the latest contract monitoring visit report undertaken by the local authority in May 2013.

Are services safe?

Our findings

We found people using the Supported Living Service felt safe and were involved in making decisions about any risks they may take, as far as was possible. One person, who had set calls from the Supported Living Service each week told us “I have a telephone number to ring if I need them.” They told us this made them feel more confident about living on their own. People’s family members told us they had been involved in discussions about any risks, and the care and support put in place relating to those risks.

The Supported Living Service was provided by St Helens Council and directly used the council’s safeguarding policies and procedures. Flow charts about how to make a safeguarding alert were on display. We found that safeguarding was being identified and managed effectively. Over the last year, two safeguarding alerts had been made by the service and the Care Quality Commission notified. We spoke with the registered manager, a team leader, and a support worker about safeguarding. All had a good understanding of what abuse was and were able to clearly describe how they would respond if they identified potential abuse. In addition, we found staff had appropriately identified and recorded incidents and accidents that had taken place. This meant that arrangements were in place, and being used, to keep people safe from abuse and avoidable harm.

All the staff we spoke with demonstrated an excellent understanding of the Mental Capacity Act 2005. A good understanding of the Mental Capacity Act was of particular importance to people working for the Supported Living Service as many people being supported did not have the capacity to make significant decisions. Following the inspection, the registered manager sent us the training figures for the service; this showed that 92% of all staff had received training in ‘Mental Capacity Act in Supported Living.’ The Code of Practice was available on the council intranet. The records we reviewed confirmed that staff were able to identify decisions where capacity needed to be considered and used the best interests process to support people with such decisions.

Where people exhibited any behaviour that may challenge others, there were care plans in place to advise staff about

how to provide suitable care and support, including the use of physical intervention when necessary. We looked at one person’s behavioural support plan in detail. This was extensive and provided detailed information for staff about likely triggers and how to calm situations down effectively. Staff providing support to this person had all received training in ‘A Pro-active Approach to Conflict’, which included how to use physical intervention in certain circumstances. We found that staff had considered incidents that had taken place and kept the person’s plan under regular review. We found staff had made a referral for the person to have a professional mental health assessment in a timely manner and acted on the findings of that assessment.

We found staff working for the Supported Living Service were managing risk well to ensure people’s safety while ensuring people had as much freedom as possible. For example, one person wished to go out without staff support and had the capacity to make this decision. This had been risk assessed and arrangements had been agreed with the person themselves to reduce risks associated with this. In this case, staff arranged for the person to take part in training about road safety and using public transport. Therefore, people were enabled to live their lives in the way they chose as far as was possible.

We looked at the recruitment records of four members of staff; three of whom were recently appointed. Appropriate checks were undertaken by the council’s human resources department before people started to work for the service. This included undertaking a Disclosure and Barring Service (DBS) check prior to any new member of staff starting working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults).

We looked at the staffing levels for three people who required one to one 24 hour care, who we visited in their homes. We found they had received consistent support from regular support workers.

Are services effective?

(for example, treatment is effective)

Our findings

We reviewed three people's care records and found their assessed needs were clearly reflected in their care records. There was evidence that people who used the service and their relatives had been involved in the care planning process. Care records were clear and provided comprehensive guidance on how their care needs should be met. In addition, the information within people's care records was personalised and identified people's personal preferences about how they liked their care and support to be delivered.

The registered manager told us each person had a Health Action Plan in place and a Health Passport. The Health Action Plan was used to ensure staff understood people's healthcare needs and they attended all their health appointments. The Health Passport would be used to provide information to health staff if a person required a hospital admission. We found these were present in the care records we reviewed; these contained detailed information about the person's health care needs.

We saw evidence of people attending routine appointments with a range of health care professionals. For one person, when there had been a change in their health needs this had been identified by staff and promptly referred to the relevant health care professional. Measures had been put in place and the care plan updated to manage this health need. Therefore, people's healthcare needs were being monitored and managed effectively.

One family member we spoke with explained that their relative's health needs had changed and their care needs had been increasing. They said the staff had picked up on the changes and had kept them fully informed and involved in their relative's health appointments, which had led to a diagnosis. They went on to say that the staff team's focus on what was in the best interests for their relative made them feel confident that whatever happened in the future the staff would ensure their relative got the very best possible care.

New members of staff undertook an induction programme. The registered manager told us this was aligned with Skills for Care guidelines. Skills for Care provide best practice guidelines for the training and development of staff

working within social care. We spoke with one member of staff who had worked for the Supported Living Service for less than a year. They were very positive about the support they had received when they started work.

The registered manager told us that when new support workers were introduced to a person they undertook supernumerary shifts to enable them to observe care and learn about the person's individual support needs and preferences. The number of shifts undertaken in this way depended on the needs of the person. We found this was taking place in practice and for one person with more complex needs, a new support worker worked as supernumerary for four weeks to allow the person to adjust to them. Therefore when staff began work at the Supported Living Service they were well supported to adjust to their new role.

The staff we spoke with told us they felt well supported. Of all the staff employed by the service, 86% had received their 2013-14 appraisal. One of the assistant managers told us that appraisals were still being completed and the expectation was that all members of staff currently working would receive an appraisal. We were shown one person's appraisal; this included a summary of what learning and development they had undertaken during the last year and identified what training they needed to access in the year ahead. This information was used to ensure staff were booked on relevant training courses.

Following the inspection, the registered manager sent us the training figures for courses that were considered by the service to be essential such as safeguarding, medication safety and moving and handling. We found training levels were high. In addition, many staff members had accessed additional training beyond that considered to be essential. The registered manager told us that when people had specific needs, the support workers who were linked to that person's care package would access additional training. This was confirmed by the support worker who had recently started work for the service. They said there was good access to training opportunities and that additional training was required before you could work with certain people. They explained how they were booked to attend training to administer emergency medication so they could support one person on night shifts.

Are services caring?

Our findings

Staff had developed caring and positive relationships with the people they supported. During the visits we made to people in their own homes, we observed good interactions between staff and the people they supported. The staff we met presented as being focused on ensuring the wellbeing of the people they supported. This was confirmed by all the people we spoke with. One family member said, ““The staff are brilliant in the way they support her. They really do care.” Another family member said, “They are marvellous the staff, just wonderful.”

The registered manager, assistant managers, team leaders and support workers we spoke with all knew the people they were supporting well. They had formed positive relationships and had an excellent understanding of people’s individual needs and preferences. For example, during one of our visits to people’s homes the support worker, assisted us to communicate with the person we were visiting. They demonstrated an excellent understanding of the person’s communication needs.

We talked to another support worker who described in detail how they supported one person. They were able to describe the person’s personal care needs and how they managed any risks, for areas such as pressure care. In addition, they clearly understood the person’s communication needs and what they liked and disliked. Later, we reviewed this person’s care plan and found this directly reflected the care needs and preferences the support worker had outlined to us.

People and their family members told us the staff were kind and treated them with respect. One relative said “I am very

happy and really have got peace of mind. I can tell when I see him that he is happy. The staff are lovely and put me in the picture all of the time.” Another relative said, “The staff are always so thoughtful.” People all had their own tenancies and therefore had their own private space. We found staff were respectful of people’s privacy and respected the day to day choices they made about what they wanted to do.

People were encouraged to express their views about their care and those views were listened to and respected. For example, one person who managed their own finances told us they had found it hard to manage their money in a lump sum. They made a suggestion about how the staff could support them to continue to manage their finances by assisting them to use envelopes to split the money up for different things. The staff listened to the person’s request and built it into their care plan, so the person received support in the way they wanted.

The registered manager told us staff checked the views of people and their family members about the quality of care and support provided during their reviews. However, there were no arrangements in place to gather feedback through the use of a survey. At the time of the inspection, two different surveys were being developed: one for people who use the service; and one for relatives. We were shown draft copies of the surveys and found they included pictorial tick boxes to aid clarity of the options for a response. The surveys had been discussed at the manager’s meeting at the start of April 2014, and plans were in place to pilot them with a sample of people and their relatives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People's family members told us they were actively involved in decision making about their relative's care and support. In addition, they told us staff support their relatives to be involved in decisions about their care. One relative said "She is at the centre of everything they do and they involve her." They went on to describe a change to the house where their relative lived to make it safer for one of the other people who lived there. In this instance, the change was going to affect everybody that lived in the house, so the staff consulted with everybody about the decision including people's family members.

People's capacity to make decisions was routinely considered in line with the Mental Capacity Act for significant decisions. For example, the assistant manager told us about a person who had been managing their finances independently. Their health had deteriorated and staff had become concerned about how they were coping with their money and had identified they were vulnerable of being exploited. A capacity assessment was undertaken and an Independent Mental Capacity Advocate (IMCA) appointed to support them. A best interests meeting was held and we viewed the documentation for this. A number of options were discussed and considered and there was evidence that the person was involved in the decision making process. The decision was made for the person to retain control of their finances but to have increased staff support.

The Registered Manager told us people's care needs were reviewed once a year but if there was any change in people's needs they would be reviewed immediately. Family members told us they were fully involved in reviews of their relative's care. We found that people's care needs were reviewed promptly if there were any changes and their care plan updated. For example, one person had shown an interest in an additional piece of equipment. A referral was made and the person's equipment was reviewed. This resulted in the person receiving new equipment that better suited their needs. We found the care plan and risk assessment for the person's moving and handling needs had been updated immediately to reflect the use of the new equipment. We visited the person in

their own home and found the equipment was in use. The person through their support worker indicated they were happy with their home and the equipment they had in place.

We found people were encouraged and supported to maintain relationships with their family and friends. One person we met in their own home was getting ready to go out for the evening to meet their friends. They spoke with enthusiasm about their life and how they had been supported by staff to get a job and spend time with their friends. One person described how their relative regularly stayed with them and the staff always made this straightforward. Another relative told us how staff supported their relative to come and visit them in their home as they didn't drive.

Staff we spoke to demonstrated a commitment to people having choice and control about how they spent their time. We found staff offered support and encouragement to people to access the community and take part in activities they enjoyed. For example, one support worker described how the person they supported had not left the house for a number of years. Over time the staff team had gently persuaded the person to go out and now they did go out into the community regularly for short periods such as to go to the shop. One family member said, "Staff do support her to go out and escort her as much as possible. She likes going into town for lunch and meeting up with her boyfriend."

The Supported Living Service used the council's community care complaints procedure. The Registered Manager showed us a leaflet that described the complaints procedure and told us these were present in each person's home. The procedure stated any complaints would be responded to within three working days and a meeting would be arranged to discuss the concern, comment or complaint within seven working days. The procedure highlighted that if people remained dissatisfied with the response to their complaint they could contact the Local Government Ombudsman.

No formal complaints had been made in the last twelve months. The Registered Manager told us that any minor concerns were always responded to immediately. All the people who were able to speak with us and family members we spoke with said they knew how to complain and would feel confident to do so if necessary. One family

Are services responsive to people's needs?

(for example, to feedback?)

member said, "He seems happy there. The care is wonderful and I could never complain. When there has been an odd issue, they have always looked into things straight away and sorted everything out."

Are services well-led?

Our findings

Leadership within the Supported Living Service was good across all levels of the organisation. At the time of the inspection, a registered manager was in place at the service, who was supported by three assistant managers. The management team had embedded a positive culture across the service, which included a clear set of values that underpinned the care and support people received. We found line manager's included consideration of how staff met the organisation's values within people's appraisals. All the staff we spoke with during the inspection, demonstrated the values expected by the service.

The Supported Living Service had a whistleblowing policy, which was available to all staff through the council's intranet page. All the staff we spoke with said they would feel able to raise any concerns they had. None of the staff we spoke to had needed to raise any concerns in the past.

The management team had systems in place to assess and monitor the quality of care at the Supported Living Service and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered. No complaints had been made about the Supported Living Service in the last twelve months.

We found staff understood their responsibilities for reporting incidents and when incidents occurred staff were reporting them promptly. We looked at two incidents in detail and found they had been managed appropriately. One incident that was a safeguarding issue had been referred to the safeguarding team within the council and notified to the Care Quality Commission. Incidents that involved the use of physical intervention had started to be reviewed and monitored through an electronic log from January 2014. We found changes in the frequency of incidents of behaviour that challenged staff led to staff reviewing the care and support in place, and referring to other professionals if needed.

At the time of the inspection, a number of people receiving support had been re-assessed by the council. This had led to a change in hours for some people using the service. Due to this the management team had reviewed how staff were distributed across the service. This had meant there had been some changes to some people's regular support workers, which had been challenging for the management team. We viewed the management meeting minutes for April 2014 and found the majority of the meeting had been spent discussing individual people's care packages and staff teams. Actions had been set for individual staff members to put in place changes to rotas and arrange shadow shifts where there were to be changes to staffing.

We met one person whose care package had been reduced. We found staff had managed the transition well and had involved the person in the decision making about how to provide support in the future. The person told us they were very happy with the staff who came to support them.

The registered manager told us they had just recruited ten new members of staff on temporary contracts. This was part of the Supported Living Service's workforce development plan, so they had some flexible members of staff that could get to know a number of people and provide cover for holiday leave and sickness. We were told these members of staff would access shadow shifts to work with people's regular support workers before they would cover a shift themselves.

We saw there were plans in place to help managers and staff deal with emergencies. There was a business continuity plan in place to deal with issues such as extreme weather. An on call system was in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately by the senior staff members from the service. For people living at Sorogold Close, there was a separate staff bungalow, which was staffed 24 hours a day. Each of the bungalows had an alarm system, so if there was an emergency during the night the additional member of staff could assist.