

# The Learning Support Centre Limited

# The Learning Support Centre

## Inspection report

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Date of inspection visit:  
09 October 2017

Date of publication:  
13 November 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Learning Support Centre (LSC) provides a range of support to students with disabilities who access study in a higher education setting. The support provided by LSC includes personal care; this aspect of the service is regulated by the Care Quality Commission. At the time of our inspection there were three people using the service who had direct links to DeMonfort University, either through employment or study.

This was the first inspection of the service since it was registered on 25 July 2016.

The LSC had a registered manager. 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.

There was an open and include approach to people who used the service, with information being available in a range of formats. People were provided with information about the service, which included what they could expect from the service, including the visions and values of LSC.

Safety and welfare was fully understood by staff who had received training on their role in protecting people from risk. Safety and welfare was further promoted through comprehensive assessments and on-going review of potential risks to people. Where risks had been identified measures had been put into place to reduce the likelihood of risk and were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references validated and were checked as to their suitability to work with people, which enabled the provider to make an informed decision as to their employment. Staff underwent a period of induction and training, which included them being introduced to people whose care and support they would provide.

People's needs were effectively communicated and recorded and understood by staff, to ensure people's needs were met. Staff were aware of people's rights to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support. People received support with the preparation, cooking and eating of meals where needed to ensure people's nutritional needs were met.

People's records, including their care plans showed that they had been involved in the development and provided staff with sufficient information about the person and the support they needed. The information was used to develop positive and professional relationships when delivering personal care and support, reflective of people's wishes and preferences.

The care and support people received was individualised and person centred, taking into account their specific needs which enabled staff to provide a responsive service, which enabled people to achieve their

aspirations and goals. People using the service referred to the positive impact the service had on their lives, both within the work place and with their higher education. Information on how to raise a concern or complaint along with contact details for external agencies was made available to people when they commenced using the service.

The open and inclusive approach adopted by the registered manager and management team meant people using the service and staff were confident to liaise with them about the service provided. This was reflected in people's comments and the information we obtained by speaking to staff.

Systems were in place to review the quality of the service being provided, through on going consultation with people using the service and staff. Audits were undertaken as to the quality of the service and were used to further develop the service. Staff were members of external organisations that focused on best practice and the sharing of information to improvement.

## 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.

People were protected from abuse and were provided with information to raise their awareness. The registered manager and staff understood their responsibilities in referring concerns of potential abuse to the relevant agencies.

Risks to people's health and wellbeing were comprehensively assessed and were supported by tailored plans to promote people's safety and welfare.

There were sufficient numbers of staff available to keep people safe who were knowledgeable as to their role and responsibility in the delivery of safe care. Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People did not require support with their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were employed to provide people's care and had a clear understanding of their needs.

The registered manager and staff understood their role in promoting people's rights and choices in all aspects of their care and support. People had an agreement in place which outlined what they could expect from the service.

People were provided with support, where required, to meet their dietary requirements.

People accessed health care services independently. Staff liaised with health care professionals to promote people's safety.

### Is the service caring?

Good ●

The service was caring.

People were supported by a consistent group of staff who they had developed positive and trusting relationships with.

People were involved in the development and reviewing of their care plans, which fully reflected their individualised needs and the outcomes they had identified.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to receiving a service and were regularly reviewed. People's assessments of their needs were used to develop person centred care plans. People received a bespoke service that was able to respond to any changes in their needs or circumstances.

People were aware of how to raise a concern or complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People using the service and staff views were actively sought about the service. The registered manager used information gathered from people using the service and the consultation of staff to promote good quality care.

The registered manager invested in its staff by providing high quality training, and through on-going supervision and appraisal, which enabled staff to provide good quality care for people.

Staff within the service were members of and had involvement with a range of external organisations that focused on best practice and the sharing of information.

# The Learning Support Centre

## **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 checked 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 9 October 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

We contacted DeMontfort University to seek their views as to the service provided.

We sought the experience of two people using the service. We met and spoke with one person and received information via e-mail from another.

We spoke with the registered manager, a support co-ordinator and a member of staff. We sought the views of a second member of staff via e-mail, however no response was received.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which

the provider is required to send us. We used this information to help us plan this inspection.

# Is the service safe?

## Our findings

The person we spoke with who used the service told us they felt safe in the care of staff. They told us they had been provided and had knowledge about abuse and how the suspicion of abuse should be reported. Another person responded to our question that they felt safe and wrote the following as why they felt safe 'I know my support worker well and she makes me feel at ease. Also, before I meet a support worker, one of the team who I know, introduces me to them.'

The statement of purpose, a copy of which was given to each person who used the service, contained information about the service's responsibility in promoting safety. This included information about abuse and the provider's safeguarding policy and procedure. Contact details for external agencies such as local authorities were included so people knew who to contact if they wished to raise a safeguarding concern.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the provider's policies on safeguarding adults and whistle blowing. Staff had a clear understanding of the different types of abuse, what to look for and how to report it.

Staff received training on the promotion of people's safety, which included training on the safe moving and handling of people, emergency first aid, food hygiene and health and safety. Risk assessments identified potential areas of risk and the steps required to reduce these. For example, detailing where equipment was used to support people in the delivery of personal care. Risk assessments reflected the promotion of people's safety when accessing the community, which included the university campus, the wider community and attendance at events. The provider used an external health and safety consultant who carried out an annual audit, to ensure the safety standards were maintained.

The provider had an extensive business continuity covering potential situations and events, such as a power failure, flood or fire. This, if activated, would mean the registered manager and staff would follow the emergency procedures that would enable them to provide support and care to people to keep them safe.

We found there were sufficient staff with suitable skills and knowledge to meet people's needs who had been recruited following a robust recruitment process. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions by providing information if a person's has a criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

Staff as part of their induction undertook training on the safe handling of medicine, which was supported by a policy and procedure. People who were receiving a service did not require did support with their medicine, where this had been prescribed.

# Is the service effective?

## Our findings

A person responded to our question, when we asked them for their view as to the knowledge and experience of staff and how it impacted on them. They wrote. 'My current support worker has good knowledge and experience – less questions to me and high level of quality. My current support worker is aware and understands the condition I have and actively tries to do things that make life easier for me and to save me energy.'

People benefited from a skilled staff team; high quality training and support for staff ensured a high standard of care. The period of induction for staff was 12 weeks, which focused on staff attaining The Care Certificate. This is a set of standards for staff that upon completion provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. All staff had attained the Care Certificate and had the opportunity to further develop their knowledge and skills. This support enabled staff to deliver care that met people's individual needs. Training was delivered in a range of ways, for example e-learning. Training was provided both 'in house' and through external training providers.

Records showed staff received regular supervision and appraisal; this was confirmed by staff who said this enabled them to discuss their personal objectives and goals.

We were told by people using the service, the registered manager and staff that communication was effective. People were supported and advice was always available by contacting the registered manager or a care co-ordinator, which included an out of hours 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.

People who used the service had the capacity to make informed decisions. Staff had received training on the MCA and spoke with confidence about the training and their understanding of the legislation.

Where people needed support to ensure they had sufficient to eat and drink, a care plan had been developed to identify the support required. This included supporting people to undertake grocery shopping and the preparation of meals. People's care plans provided guidance for staff as to people's specific dietary requirements which included food intolerances. People who required support instructed staff on the support they needed and their preferences when shopping for groceries.

People using the service at the time of the inspection had not required the support of LSC staff to access health care services on their behalf. Staff told us they had liaised with an occupational therapist to ensure equipment provided was used safely and effectively. The person we spoke with told us staff had encouraged them to use the equipment and that its use had had a positive impact on promoting their independence.

## Is the service caring?

### Our findings

The registered manager spoke to us about the recruitment process and how the process ensured staff had the necessary abilities to develop relationships with people using the service. They told us that prospective candidates took part in a group activity and were asked as a group to create a poster to present the skills they believed contributes to a successful 'personal assistant'. A member of staff confirmed they had taken part in this exercise.

People using the service were actively involved in making decisions and planning their own care, which meant the care and support they received met their expectations. A person using the service told us they were supported by a core group of staff, who they had developed positive relationships with. They said, "I am fully comfortable working with all of them (staff). They are all really approachable." Staff told us they were introduced to people they would support and worked alongside other staff as part of the introductory process.

A person responded to our question as whether they were involved in the development of their support plan. They wrote. 'I was involved in the development of my care plan previous to starting my support. I asked to have one key support worker, and have had her for the last couple of terms and this is great as it provides good continuity for me and saves the little energy I have as I don't have to keep having to explain things to new support workers.'

The registered manager demonstrated a very strong and visible person centred culture by providing a service which put people at the heart of everything they did. Staff were knowledgeable about people's specific needs and respected people's decisions about their care. The statement of purpose, a copy of which was given to each person who used the service included information about advocacy services.

The provider had in place a 'service agreement', which provided information as to how data held about people was stored and used, to assure people that information was held in accordance with the data protection act. LSC had a certificate to evidence they complied with the data protection act. People's records we looked at contained a copy of the 'service agreement', which had been signed by the person. Staff were aware of their responsibilities which related to confidentiality and preserved people's personal information. Staff understood their legal duty to protect personal information they encountered during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people where the person had given consent.

The PIR provided information about LSC's commitment to equality, diversity and human rights. LSC's website provides information for people using the service about forthcoming events for students with disabilities. Information about equality and diversity was detailed within the provider's statement of purpose and is referenced on their website.

## Is the service responsive?

### Our findings

A person spoke to us about the positive impact of the service had on their daily life and what it meant to them. "It has enabled me to keep going, being able to be at work. Without it I wouldn't be able to work." They spoke of how being at work had had a positive impact on their well-being. As part of the person's work they told us they were required to speak at and attend events and that this was only possible as staff accompanied them.

A person responded to our question as to what did the service mean to them and its impact on their day to day life. They wrote. 'I am actually able to attend lectures and have enough energy / be well enough to do my degree part time, with the support at my flat to cook, clean and tidy for me – if I didn't have this support I wouldn't be able to cook / clean / tidy AND do my degree. As my current support worker has been matched to me due to age/personality it has made having her around less obvious and seem less like 'care' and so gives me some extra social time that I may not have had otherwise due to need to rest in bed.'

Initial referrals for the services offered by LSC in some instances are identified either by the college or university upon a student's application to the Universities and Colleges Admissions Service (UCAS) or via social services. LSC provides personal assistance in supporting disabled students in their study. Therefore students who also require support with personal care, in some instances use the service of LSC. This was confirmed by a person using the service who told us they used the service of LSC for their personal care, as they were already receiving a service from them in relation to their study.

A person responded to our question as to why they had chosen the services of LSC for their personal care. They wrote. 'We met with [staff members name] when they came to my home for a chat, and decided based on their professional, and friendly attitudes and the support they spoke about. They are Leicester based, so close to uni and so able to come and sort things out if needed.'

People had an initial assessment of their needs carried out, which was undertaken with them and in some instances included a family member. The assessment was used to find out what personal care and support the person required; including the time and frequency of the support.

Assessments were used to develop care plans, which were person centred, 'Person centred' is a way of working which focuses the actions of staff on the outcomes and well-being of the person receiving the service. A personalised care plan was provided to each person so they understood what had been agreed and arranged. Care plans were signed by the person receiving a service and regularly reviewed.

The registered manager told us that people using the service contacted them to request a changes to the times and days they received personal care. Staff were able to respond to these requests, which meant support was provided to people so they could meet their academic and social commitments. People we spoke with confirmed this. A person we spoke with told us how they had changed the days and the timing of their support, which had enabled them to effectively carry out their working role.

People using the service over the summer months choose in some instances to remain on campus, which meant there was a potential for them to become socially isolated as many of the other students did not remain. This was recognised by LSC and measures were put into place to help promote people's well-being. This included a 'mental health event', which one person attended who received support attended and took part in 'mindfulness' classes.

To support people in the achievement of their goals and aspirations, where appropriate, information about 'access to work' had been provided, to inform people about the grant available to help fund the assistance of personal care for disabled people in the workplace. This is part of LSC's commitment to empower people. A person we spoke with confirmed how this had assisted them in continuing to work.

People who shared their views told us they would be confident to raise complaints, if they needed to. The statement of purpose, a copy of which was given to each person who used the service included information as to how to make a complaint. The provider had a complaints policy and procedure which detailed how people's concerns and complaints would be managed, including the timescales involved. In addition the policy and procedure included contact details for external organisations, which included the local authority and Local Government Ombudsman (LGO).

The provider had not received any complaints or concerns. People's views about the service were sought formally through the quality assurance process. The registered manager told us in some students who received a service would visit the office and have a cup of tea, which provided opportunities to engage in conversation about the service. LSC has a person 'on call' when the office is closed to ensure any changes required to people's care and support can be responded. The registered manager told us, changes are often needed as students study timetables and social commitments alter, and the service needs to respond to these.

## Is the service well-led?

### Our findings

People's views as to the quality of the service were sought. People had the opportunity to complete an on line survey and paper copy surveys were also available. We saw surveys completed by people who currently use the service and those who had previously used LSC were complimentary. People had included additional comments, which reflect their satisfaction with the service, and how happy they were as to the support they had received from LSC staff. They reflected upon the positive relationships formed, and the 'faith' of staff in them as to their ability to achieve their goals and aspirations.

A person responded to our question as to their views of the culture and communication of the service. They wrote. 'I have been encouraged to contact if any problems at all, and very good at changing support to make it better for me. Respect that for me texting / emails is mostly more easy / accessible for me to communicate with the company/support worker.'

The provider's website provided information about its services. This includes the statement of purpose, a copy of which was given to each person who used the service. The document included information as to the provider's registration with the CQC and its regulatory role. The guide also included information as to how the governance of LSC, the training staff received, the visions and values of the service. It informed people as to how their views were sought as part of the provider's commitment to an inclusive service and its commitment to quality assurance.

Communication between people using the service and staff were positive and were suited to people's individual needs and preferences. For example, communication was electronic using the 'student portal' or by telephone. Other forms of communication to keep people informed about opportunities, social development and learning could be accessed, which included the on line newsletter 'voice' and through social media.

A person responded to our question as to the management of the service. They wrote. 'Good, however sometimes there isn't a plan in place for if my primary carer is off sick for a replacement so I still receive the care I have asked for – so I have to be involved in discussions to find suitable care (which I find very exhausting after a day in uni) and may not receive the length of care I would have liked.' We spoke with the registered manager who acknowledged that when the primary is sick; whilst another member of staff provides the care the time of the support is discussed and negotiated with the person using the service.

This ensured people's requests for changes to their care and support could be changed, and ensured staff were kept informed of any agreed changes. There was an on call service available to people using the service and staff when the office was closed.

There was strong leadership with a clear set of values which ran through the service. The people using the service and staff were equally valued. There was a commitment to providing high quality care and an energy to help the service improve and develop. Annually the registered manager undertakes an audit, each audit focusing on different aspects of the service, with consideration given to the outcomes of people who use the

service and the legislation the provider works within, which included the Health and Social Care Act. The audit is used to develop an action plan. The most recent action plan identified areas for improvement and the person responsible for ensuring improvements were made. For example, to increase accessibility of information the complaints procedure was made available via the 'student portal'. Specific areas for improvement included ensuring staff records were up to date and staff had received benefited from a review of their personal development.

LSC support co-ordinators were members of the National Association of Disability Practitioners, which means they attend conferences and have access to a range of information. Staff access advice from peers and training opportunities, the impact of this on those using the service means staff are knowledgeable so they can confidently advise. Resulting in people feeling safe and giving them confidence in the service by signing posting them to other organisations and services who provide support.

Senior managers were on the board of trustees for Disability Rights UK and the British Association of Assistive Technology. Their involvement in these meant they have up to date knowledge and information which is shared with people who use the service. All support co-ordinators were members of the National Association of Disability Practitioners which helps to ensure knowledge of the sector is kept up to date and provides an opportunity for best practice to be shared.

The registered manager supported staff in a range of ways, which included, a staff 'personal / support assistant handbook' which included a range of information, such as the role and responsibilities of staff, topics related to codes of practice, key policies and procedures, the management of confidential information and personal safety.

The provider has attained level 2 and 3 of the Disability Confident Employer scheme. The provider had signed up to being a 'mindful employee', committing to the voluntary charter. Information about equality and diversity was detailed within the provider's statement of purpose and is referenced on their website.

As a result of staff consultation through individual development reviews and surveys, identified areas of learning and training had been acted upon. To facilitate this 'training weeks', took place three times a year and focused on the topics identified. This showed how the registered manager responded following consultation and their commitment to continually develop the service.

LSC's commitment to staff was evidenced by its attainment of the Investors in People Award, which recognises an employer has gained a standard to show its commitment and investment in staff through management and support. The registered manager and support co-ordinator responsible for the overseeing of people in receipt of person care attend focused networking groups, to share good practice and ideas.

A representative of DeMontfort University (DMU) shared their views about LSC. They told us the feedback they had received from people who had used the service found the support provided to be invaluable and had enabled them to be as independent as possible. Giving people the ability to enjoy their time at DMU. They referred to the balance between achieving the right level of care whilst recognised the need for people using the service to be 'free' to explore the life as a student. In their view LSC had the right balance and that wherever possible DMU would continue to refer students to them.