

Leading Lives Limited

West Supported Housing and Domiciliary

Inspection report

Bury Resource Centre
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Tel: 01284718741

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 13, 14 and 20 December 2016 and was announced. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal care to people in their own homes.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff knew how to protect people from potential abuse as they had attended training and were able to inform us what actions they would take should they suspect abuse. Staff had also learned from training how to support people appropriately and to facilitate their independence by providing them the support they needed. Staff used support plans and risk assessments to plan and record how they met people's needs in a safe way.

People were supported by a sufficient number of suitably experienced and knowledgeable staff. The manager had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place so that staff were trained to administer medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in mental capacity assessments, best interest and were competent to work with relevant professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The staff responded to people's needs in a compassionate and caring manner. Positive and supportive relationships had been built up between the staff, people using the service and relatives. People were supported to make day to day decisions and were treated with dignity and respect. Choices about what people wanted to eat, where they intended spending Christmas and how to spend their lives were discussed, implemented and recorded in the persons support plan.

Staff were supported and supervised in their roles and all had an annual appraisal. People and when appropriate family members were involved in the planning and reviewing of the support provided. The service also worked with other professionals to support the people the using the service.

The health needs of people were overseen with input from relevant health care professionals. The service had worked with GP's and Occupational Therapist to arrange appointments with these professionals and carry out support as instructed.. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service.

Support plans had been reviewed and we saw that they had been written with the individual and were person-centred. The management were supportive of its staff and promoted a person centred approach to the care and support it provided. The manager and senior staff were approachable to people using the service and staff and enabled people who used the service to express their views.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service. The service also consulted with other professionals for their views about the service so that these could be considered and used to drive the organisation forward.

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 we spoke with felt safe when staff were in their home and told us they knew the staff very well.

Staff had received training regarding recognising and reporting safeguards and systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Risk assessments and resulting support plans were in place for people who used the service.

Medicines were administered safely to people using the service by staff who had received training in the management of medicines.

Staff recruitment was robust which ensured only staff suitable to work in the care sector were employed.

Is the service effective?

Good ●

The service was effective.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Staff monitored and supported people as required regarding their nutrition and fluid needs.

Other professionals were consulted for the benefit of people using the service as required and to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and respect.

The service provided a small consistent team of staff to each person to support the person with their assessed care needs and to provide personalised care by someone familiar to them..

People were consulted about the support they needed and how it should be provided.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and the support provided by the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a statement of purpose and had been developed in line with the needs of the people using the service.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place to monitor the service. This included audits of people's support plans and seeking information about the service to be considered for the development of the service.

West Supported Housing and Domiciliary

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.

The inspection took place on 13, 14 and 20 December 2016 and was announced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who used the service, staff and other professionals.

We spoke with five people who used the service and two professionals who support people using the service. We also spoke with the registered manager, a senior member of the team staff and three members of support staff.

We looked at four people's support records and medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information about the management of the service such as health and safety records, quality monitoring audits, records of complaints and surveys.

Is the service safe?

Our findings

Each person we spoke with told us they felt safe when the staff provided support to them in their home. One person told us, "I know all of the staff and like them all." Another person told us, "When I came here the staff made me feel welcome and have been helpful ever since."

There were sufficient staff to meet people's assessed needs. The manager explained how the staffing rota was compiled around the needs of each individual to ensure they had the support they required. A member of staff told us, "I like working here because you have enough time to get to know people help them and we are never short of staff."

We attended a staff meeting which was used to disseminate information about each person's support needs and plans for the day. We saw from the staffing rota and records in people's support plans in their homes that they were usually supported by the same staff which meant that their support was consistently provided. The staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with.

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We saw in the people's support plans, a risk assessment of the person's needs had been clearly documented and regularly reviewed. This included where appropriate 'stranger danger'. Increasingly people who used the service were accessing the local community and this information was shared and developed with people to know what to do if they ever became concerned about people they did not know.

We looked at how risks were assessed for people who used the service. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support needs. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us how they would report on risk and the actions they would take if faced with an emergency situation.

There were systems in place to minimise the risk of abuse to people and the staff were aware of their responsibilities to report abuse to the relevant agencies. Great care had been taken to review how the service supported people with their personal finances. To give people as much independence as possible with their finances while keeping them safe required working closely with other services.

The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received was good. We spoke with a new member of staff and they told us, "I have had time to get to know the people and read the support plans and this all links with the training."

We spoke with the manager about staff recruitment and saw the procedure that was used. This showed safe recruitment checks were completed to ensure staff were suitable to work in the care sector.. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. The manager also explained how they had compiled interview questions for the work required of successful applicants to provide care in people's homes. Staff often worked alone and were encouraged to visit the service office regularly.

People we spoke with told us they received their medicines as required and when administered by the staff, these were given on time. Staff kept an accurate record of medicines administered and these were details of the medicines people were taken. We spoke with a member of staff who had completed their medicines training on the day of our inspection. They told us about the medicines training and demonstrated knowledge and understanding of the medicines policy and procedure. We viewed the medication competency assessments which showed how staff were assessed as competent.

A senior member of staff explained to us how the medicines were order from the chemist from the GP's prescriptions. We saw that medicines were stored safely in each location we visited. Senior staff also undertook medicines audits on a regular basis to check that the system in place for supporting people with the medicines was safe.

Is the service effective?

Our findings

The manager explained the induction program to us for new staff, which was confirmed by the staff we spoke with. We saw there was an induction checklist and staff worked through the subjects covered during their probation period and each was signed off by the staff and a manager when it was agreed they were confident in that area. The induction included office based training and also a period of time working in the community alongside an experienced member of staff. One person told us, I know [staff member] was new so I explained my support plan to them."

We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We also saw that the service had provided training in conditions such as dementia, in order that staff had received training in this condition so that they were knowledgeable about the support required. A member of staff told us that they enjoyed the variety of their work. They told us, "It is nice working with different people and seeing how they are increasing their independence."

We looked at the training and support programme for the staff and saw this included subjects such as, infection control, food hygiene, safety and risk assessments. Staff told us they were also provided with additional training as required to support people with specific needs, such as managing negative behaviours. A member of staff told us, "I really enjoy the training as it is meaningful for the support we provide."

The management team supervised the staff. A member of staff informed us they had regular supervision and could call upon a member of the management team at any time for support. All staff had an annual appraisal which were organised well in advance of the appraisal meeting. Staff told us that this was a time to focus not only upon what they had achieved but also how to develop their skills into the future for the benefit of the service and themselves. Managers told us about future management courses to further develop their potential and skills.

The staff had received training regarding The Mental Capacity Act (2005), including best interest decisions. This act provides a legislative framework to protect people who are assessed as not able to make their own decisions, some of the time or complex decisions particularly about their health care, welfare or finances. We saw that this information had been recorded carefully and housed in the persons support record. The emphasis was upon regular review and revisiting these documents to ensure they were accurate and up to date.

We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. One person told us about their teatime meal they had just enjoyed and how they had chosen this with the help of the staff. They also told us about how they had been consulted about the Christmas day meal which they were looking forward to. Staff told us how they encouraged and supported people with their meals. Any concerns identified would be discussed with the person and also brought to the attention of the manager to determine if additional support was required from another team such as dieticians.

We saw that at the assessment stage information had been collected about other professionals involved in the persons care. We saw that a dentist had brought to the attention of the person and staff concerns about their teeth. This information had been carefully recorded and told us how the staff were expected to support the person with their dental needs. Importantly the person was also aware and told us about what they were doing regarding their oral health.

Is the service caring?

Our findings

People told us about the support they received which was empathic and understanding. One person told us, "The staff are very kind and nice." They further explained how they enjoyed time with their keyworker especially going out to pursue their interests and hobbies.

All of the people using the service that we spoke with told us that they felt comfortable and were happy to have staff in their homes. People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences. One person told us, "They remind me to do things and help me, otherwise I would forget."

The manager told us that the service tried to provide continuity of care which helped staff to develop relationships with the people that they supported. They said the benefit of this was that it enabled staff to respond to changes in people's needs and to act upon them. This was confirmed by the people that we spoke with who told us that they had a regular team of staff who were able to meet their needs. One person told us, "I know who is coming and when."

The support plans we saw showed that people had been involved in making decisions about the support that they received. Other professionals and where possible other family members had been involved. Reviews of the support provided were planned in advance and also took into account of any unforeseen situations or changes of circumstances.

The support was delivered in a way that took account of people's individual needs and maximised their independence. A member of staff told us, "I enjoy working here as we are part of team and all pulling in the same direction." They went on to explain that their staff colleagues were encouraged by delivering person-centred care.

We saw staff treat people with dignity and respect. People were consulted about choices of drinks and it was not assumed what they wanted to eat or drink. One person was watching television and explained to us the member of staff had informed them what was on and when so that they could plan the evening's entertainment and knew when to switch channels.

People told us that the staff promoted their independence and choice. They took us through their plan for the week and compared to what they were doing the previous year. We saw how their programme of events and interests had been built up and developed. They were also now supported to attend places on their own. They had worked with the staff to set enough time aside to travel to and from where they wanted to go.

People were provided with information about the service to help them understand what support they could expect from the service. Senior staff visited people on a regular basis to check upon that they were content with the service support and this was an opportunity to discuss any problems and resolutions with a senior member of staff.

Is the service responsive?

Our findings

In order to ensure the service can meet the individual's needs, it is vital that an accurate assessment is carried out to determine the person's needs before they join the service. We were aware at the time of our inspection there were some vacancies. Staff told us about the success of some people moving on from the service as a result of their choice and increased levels of skill.

However the staff were aware while people used the various locations provided by the service, this accommodation was first and foremost the person's home. Hence great care had to be taken not only in assessing any new person's needs but also for them to meet and get along with the person already residing at the location. Difficult decisions had been made on the basis that the service could meet the needs of potential new people but not at the locations available due to the needs of the people already using that part of the service. The senior staff constantly looked to respond to meet new people's needs but only at locations within the housing portfolio of the service, when appropriately vacancies became available.

We saw assessments of people's needs had been completed by a member of the management staff before a service was offered. From this document a support plan was developed. One person told us about their support plan, they knew where it was and how important it was staff to record information in it, so that it was up to date.

All the people we spoke with told us they had a support plan. We looked at support plans in the office and also at people's homes and saw that they matched. The manager explained to us the system they used to ensure that the support files were accurate copies of each other and how they were kept up to date. The support plan included an assessment to identify people's support needs, risk assessments and how these needs were going to be met.

To receive personalised care it is important that accurate information is known and recorded about the person. The support plans were clearly organised and included a section for staff to record information about each visit regarding the support provided. The information recorded was detailed about the person, their specific needs, goals, risk assessments, emergency contacts and medicines, plus a relevant history, preferred choices and personal preferences. We saw how the plan related to the daily records which had been completed for each visit made by the care staff.

The aims and objectives of the service were defined and known by the staff. These focussed upon how the service staff would deliver person centred support around supporting people in their own home and to improve or maintain their independence. This was evidenced through our observations and talking with staff. One person told us about the confidence they had gained to go out shopping.

The service had a complaints policy and process. People were actively encouraged to give their views and raise concerns or complaints about the service. How to complain was explained to people as they joined the service. An opportunity to discuss the meaning of and how to respond to complaints was part of the induction training for new staff. People were given information upon using the service about how to raise a

complaint. A staff member told us, "I would record the complaint or help the person to do so but also try to understand what has upset them and try to sort it out there and then." There were no outstanding complaints at the time of our inspection.

People we spoke with said they would talk to the staff or ring the office if they had a problem. Professionals working with people using the service told us that they were not aware of any concerns or complaints against the service.

Is the service well-led?

Our findings

The service had a statement of purpose which explained the aims and objectives of the service and how the service would be delivered. There was a registered manager in post. The manager supported the staff which comprised of senior and care staff and in turn the manager was supported by the provider

We received positive feedback about the manager's leadership from the staff we spoke with and the people using the service. Staff told us the manager was approachable, had an 'open door' policy and set a positive culture. We saw there were clear lines of accountability within the management team for listening to and supporting the staff this included supervision, appraisals, staff meetings and training. A member of staff told us about the culture of the organisation which they considered to be good and told us their views were sought and acted upon. They told us, "The senior staff know people very well, after all they have done the initial assessments and regularly visit or do shifts themselves so work with people directly. However they know that the staff spend more time with the people using the service and they always listen to what we inform them of about how things are going." Another member of staff told us they felt valued and supported by the senior staff of the service.

Another member of staff told us they enjoyed working for the organisation. This was because it was still quite new and innovative. They explained that people were not static and the service staff had helped people to develop their skills, in some cases people had moved on from the service.

Senior staff visited the people using the service regularly to see how they were and also carried out planned reviews of the support package. All people relevant to the persons support were invited to the meeting. While visiting the person the senior member of staff could also carry out a spot check. A spot check is when a senior person visits unannounced to the staff while gaining the person's permission for them to check the staff arrive on time and carry out the designated support as per the support plan. The people using the service and staff saw this as a positive thing, as it was an opportunity to discuss any issues and consider resolutions. A member of staff informed us, this as an opportunity to be supported by an experienced colleague.

There were systems and processes in place to monitor the service, identify and drive improvements forward. The management team held meeting to plan, operate and monitor the service regularly and in turn information was given to the staff at team meetings. At the team meeting we attended we observed managers explaining situations and putting forward potential solutions. We also saw staff listening and in an open culture suggesting variations of the options for the success of the plan and benefit of the people using the service.

The management team arranged regular audits to consult with the people using the service, their relatives, members of staff and also other professionals for their views of the service and how it could be improved. This information had been used constructively about how to develop and support new staff regarding their induction when joining the service for example.

We asked during our inspection how did the service plan and offer high quality support. One person considered this for some time and then explained, they had regular staff support them who they knew and they thought that was hugely important. Staff told us that they felt included in the running of the service and that it was a good team with clear communication. Members of staff told us that they liked the keyworker or key team system that was in place. They explained that this meant that they for the vast amount of their working time were with a small number of people who used the service and hence they got to know each other well. They were content to support other people but this very rarely happened, as staff were rarely if ever sick. The managers worked with staff to arrange holidays so that there were enough of the regular staff to provide support to each person. The manager also explained how they tried to ensure that the same staff worked to support the same people using the service. Hence people using the service, staff and the manager all viewed regular staffing as a major factor in providing a high level of support.