

The Fremantle Trust







Bedford Supported Living Service

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?	Good	

Overall summary

This inspection took place on 11 & 12 June and was announced.

The inspection was carried out by one inspector.

Bedford Supported Living Service provides care and support to adults with learning disabilities who live in their own home. At the time of the inspection 31 people were using the service.

There was a manager employed. The manager was not registered, however; they were going through the process of registration with the Care Quality Commission (CQC). 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.

Summary of findings

People felt safe using the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

There were sufficient staff, with the correct skill mix, to support people with their needs.

Recruitment processes were robust

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

New staff had undertaken the provider's induction programme and training to allow them to support people confidently.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the registered manager and staff. It was obvious from our conversations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe.

People had up to date risk assessments in place.

Staff were recruited using an effective recruitment process.

Good



Is the service effective?

The service was effective.

Staff kept their knowledge up to date with a variety of training.

Staff were supported by the manager, deputy manager and provider management.

People's consent was gained before any support was given.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were able to be involved in making decisions regarding their care.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was an effective complaints system in place.

Good



Is the service well-led?

The service was well led.

The manager and deputy manager was available for people to speak with.

Staff and management were all involved in the development of the service.

There were quality assurance systems in place.

Good



Bedford 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 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 11 & 12 June 2015 and was announced.

The provider was given 24 hours' notice because we needed to be sure that the manager and people would be available for us to speak with.

The inspection was carried out by one inspector.

Prior to this inspection the Care Quality Commission (CQC) received information of concern relating to the service. We reviewed all the information we held about the service, the service provider and spoke with the local authority.

During our inspection we spoke with six people who used the service. We also spoke with the manager, the deputy manager, the head of learning disability services and eleven staff.

Some of the people who used the service were unable to communicate verbally with us due to their medical conditions.

We reviewed eight care records, three medication records, five staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe, one person said, “I feel safe.” Another said, “My neighbour sometimes gets loud and I do not like it, but staff look after me.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would follow the procedures we have.” They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with handling money, being out in the community and eating and drinking. Staff told us that these had been developed with the person themselves. Risk assessments were used to enable people to take risks safely, keeping and developing their independence. Evidence of up to date risk assessments were seen within people’s support plans.

Staff told us they have the contact numbers for staff on call and the manager. This enabled all staff to be able to contact the appropriate person in an emergency. On the notice board was a list of emergency contacts which included the provider, utility suppliers and landlords.

The manager told us that all accidents and incidents were reported. We saw evidence of correct reporting. There had only been two recorded accidents since the last inspection. These were reviewed as part of the quality monitoring process.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said,

“Sometimes people want to do something different, so we move the hours around to enable them to do it.” One person using the service said, “I get a rota so I know who is coming to support me.” They went on to tell us that they did different things with different staff, for example shopping with one staff member. Another was able to tell us which staff visited on which day and at what times. Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and Disclosure and Barring Service (DBS) check, and an interview. The checks had been received before they had started to work. Records we saw confirmed these checks had taken place and copies were in staff files.

The manager explained the provider’s disciplinary process. Documentation we saw confirmed the process had been followed correctly.

The manager told us that a few people had medicines which staff needed to administer. Medication Administration Records (MAR) were completed each time. These were checked by another member of staff every day to ensure if an error had occurred it could be acted on immediately. We viewed the medicines records for three people. These contained; MAR sheets, a photo of the person with personal details including GP, date of birth and any allergies etc. and list of medicines. The manager told us that staff received training and competency assessments in medicines administration and handling. Staff we spoke with, and documentation we saw, confirmed this. The manager told us that at the time of our inspection, no one was assessed as being able to administer their own medicines without support.

Is the service effective?

Our findings

People told us that they felt the care they received was good and was from well trained staff. One person said, “They know how to help me.”

The manager told us that they kept the same staff working in each of the supported living services as they build up a good rapport with people and aided continuity of support.

The provider had an induction programme which all new staff were required to complete. The manager explained that the induction consisted of a class room based session, then a minimum of two weeks shadowing more experienced staff members. They also told us that the provider was in the process of introducing the new care certificate for new staff to complete.

Staff told us they received training on a variety of subjects. This included; health and safety, infection control and safeguarding. There was also more specific training for the people they provided support for, for example; epilepsy awareness and autism awareness for support staff. One staff member said, “What I like is most of the training is face to face, we do not have to sit at a computer doing e-learning.” Another said, “If you do e-learning the teacher is not there to ask questions, I like to ask things as it goes on.” The manager told us that all staff were offered the chance to gain a level 2 or 3 qualification in supporting people in adult social care and some senior staff had been enrolled on a Level 5 diploma. We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed.

Staff told us they received support from the manager and senior staff including regular supervisions, which they said they found useful. One staff member said, “We have supervisions every month.” Another said, “I have supervisions, but I can always ask for an extra one if I want one. [manager’s name] would rather do that than something be bothering us.” Documentation we saw confirmed this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA)

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. This ensured people were supported appropriately with decisions they needed to make.

People told us staff always asked for consent before assisting them. One person said, “Yes, they always ask.” The manager told us that when people signed their contracts, and support plans, which were in an easy read format, they were giving consent for the support to be provided. This was explained to them at the time, but staff would always check before every activity. We observed this during our inspection. This showed people were given the choice to decline or accept support. Staff told us that if anyone declined support, they would accept that decision after first checking the person was fine and then possibly making further arrangements.

People told us they were supported with buying and cooking food. One person said, “The staff help me to shop so I choose what I want.” Another said, “I go to a slimming club and staff support me to cook and eat the right foods to help me.” They went on to tell us how much weight they had lost over the last year and how staff had supported them to do so.

Within people’s support plans we saw evidence of contact with other healthcare professionals. For example, hospital appointment, opticians and dentists. The manager told us that either staff or people’s families accompanied people on healthcare appointments when required. Some people who used the service had health passports. Staff explained that these contained all documentation regarding the person’s health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital. Evidence showed people had been involved in the development of these.

Is the service caring?

Our findings

People told us that staff were very kind. Many people made comments regarding the kind and caring approach of the staff. One person said, “They [the staff] are good to me.” Another said, “They are all kind, I think [staff members name] is the best.”

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. It was obvious from the conversations that they knew the people well and had a good rapport with them. We observed positive interactions between staff, the manager and people who used the service. Staff were seen talking with people about things of interest to them.

One person was becoming distressed and staff knew immediately how to speak with the person, this calmed them down and their facial expression showed they were then happy. Staff gave them a choice of what to do that afternoon explaining the options available. They chose what to do and staff assisting with the preparations.

People told us they had been involved in the planning of their care. One person said, “Staff talk with me about the support I need and it gets written down.” Another said, “I have a support plan.” Support plans we viewed showed full involvement of the person and relative if appropriate.

The manager told us that people were supported to express their views, along with their family or representatives, and they could speak to staff or the manager at any time. People we spoke with confirmed this.

The manager told us that they have the use of advocacy services when required. She told us that some people came to them with an advocate already in place. Support plans we looked at showed that advocacy services had been used accordingly.

People told us they were treated with privacy and respect by the staff. One staff member said, “When I assist with personal care, I do what I need to then encourage the person to do their personal tasks themselves.” This showed dignity and respect, but was also assisting with keeping people’s independence. We observed staff treating people with respect. We were asked by a member of staff to return to speak with a person at a more convenient time as they were being supported with a meal, staff knocked on doors and asked for permission to enter and staff asked people if we could look at their support plans.

The manager told us that staff were provided with training on how to promote people’s privacy and dignity and their practices were regularly observed to ensure this was being carried out effectively.

One staff member said, “We are like a family, not staff and service users.”

Is the service responsive?

Our findings

People told us they were involved in their support plan if they wanted to be. One person said, "I know I have a support plan, The staff talk to me about it and tell me what is in it."

There were systems in place for people to have their individual needs regularly assessed and reviewed. One staff member said, "Support plans are reviewed every month, but can be done anytime anything changes." Another said, "We keep support plans up to date, it is the key workers responsibility."

The manager told us that staff were very good at reporting back if a person's care needs had changed. This would then trigger a review and a re-assessment of their needs would be undertaken.

It was obvious from our observations that people were given as much control over their own lives as possible. This sometimes needed staff support or assistance. For example; one person wanted to go into town, they asked if a staff member would join them but they wanted to walk and do some shopping. The staff member agreed and they returned later with the shopping and said they had enjoyed the walk.

People's support plans were comprehensive and were written in a person centred way. They included; pre assessment paper work, essential contacts, risk assessments, information on medication and a full up to date plan of care. Staff kept daily notes for each person which were added to the main care plan. It was obvious through the documentation that the person or their representative had been involved and had signed the care plan.

The manager told us that before anyone was offered a place, she or a senior staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this. People were given the opportunity to visit and spend time to see if they thought it was the right place for them.

People were encouraged to follow their own interests. We saw evidence in people's support plans of a variety of different activities. These included; bowling, gardening, swimming and attending a local day centre. Within people's support plans was a weekly programme of individual's activities, this stated what they were, where they were held and the times of attendance if appropriate. Staff told us they supported people to attend activities of their choice, sometimes two or three people would go out together.

People we spoke with knew how to make a complaint. One person said, "I do know." Another said, "I would speak to [manager's name]." There was a complaints policy and procedure in place. This was also available in an easy read format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The manager told us that questionnaires had been sent out annually. They were written in an easy read format to enable people who used the service to complete them with minimal help. We saw copies of the ones received last year. The responses had been positive. The manager told us that if there were any negative issues they would look into them and develop an action plan if required.

Is the service well-led?

Our findings

Staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the manager or provider about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information.

There were strong links with the community. People were given the support they needed to shop and access social and leisure activities local to them.

The manager told us they held a number of meetings with management staff and people who used the service. Also team meetings were held. Staff confirmed meetings were held regularly. Minutes seen showed that suggestions made by staff had been listened to acted on. The manager told us that the people who used the service had spoken about the possibility of a room where they could meet. This had been discussed with the landlord who was looking at changing a space at the back of the building into a communal room.

Staff and the manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider's procedure.

There was a manager in post who was in the process of completing her registration with CQC. She was supported by a deputy manager, senior support staff and support staff. There was management support from the provider. People we spoke with knew who she was and told us they saw her often.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included; audits of support plans, medication records and fire protection. The provider told us that the office building was maintained by the contracting service, and they would report any issues to the landlord. On the day of our inspection, the provider's head of learning disability services arrived to carry out the providers annual quality assurance visit. They explained how this was done, but decided to rearrange due to our visit. We were shown the report from the previous year's visit. Actions noted had been completed.

The head of learning disability services told us that the provider was involved in the national 'driving up quality' programme. The Driving Up Quality Code is a code for providers and commissioners to drive up quality in services for people with learning disabilities. They explained what the provider was doing to meet the code. This included new staff completing the new care certificate and the value of the quality auditing they carried out. The deputy manager of the service had chosen this subject as their project as part of their diploma qualification to assist with the implementation. This would benefit the people who used the service by making sure staff were working to best practice and more in depth quality monitoring would take place to improve the overall quality of the service.

We saw evidence of information regarding staff disciplinary procedures. These had been carried out correctly following the provider's policy. The manager was able to explain the process and discussed one which was in progress at the time of our inspection.