Virgin Care Services Limited

Bath Supported Living Service

Inspection report

c/o Carrswood Day Centre
Cleeve Green
Bath
Avon
BA2 1RS

Tel: 012253966039

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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

We undertook an inspection of Bath Supported Living Service on 1 May 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service registered to provide a regulated activity with the Care Quality Commission in April 2017. This was the service's first inspection since registering and had not been previously rated.

Bath Supported Living provides personal care and support to people with learning disabilities in their own homes in the Bath area. At the time of our inspection there were 10 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. 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.

Systems were in place to keep people safe. People's medicines were managed and administered safely. Staff were recruited following the provider's recruitment policy. People received care and support on time and as agreed. People and other professionals spoke positively about staff working at the service.

The service had a clear ethos, aims and objectives. Staff were passionate about supporting people in making their own choices and decisions. People were involved and consulted about their care and support. The service worked in accordance with the Mental Capacity Act 2005.

People's independence was promoted and facilitated. Risk assessments were in place to keep people safe. People were supported to take positive risks.

Care plans were person centred. Care and support was delivered to people as they preferred and as outlined in their care plan. People were supported to enjoy social and leisure activities of their choice. New opportunities were sought for people.

Staff were supported in their role by an induction to the service, supervision and regular training.

People had access and support to health professionals. Staff supported where appropriate people with their nutritional and hydration needs. Clear guidance was in place to keep people safe.

People spoke positively about the kind and caring staff at the service. We observed that staff knew people well and had developed positive relationships with people. A keyworker system was in place which aided these relationships. People felt comfortable with staff and could raise any concerns they had.

Accessible documentation was in place to enable people to be involved in decisions about their care. People were supported to access and use technology that could enhance their independence and communication.

Systems were in place to monitor and review the quality of the service. Feedback was obtained from people, relatives and staff. Information was analysed and actions taken to make improvements. Positive feedback was received about the registered manager and how the service was run.

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.

Risk to people were identified and assessed. Strategies to support people were in place.

People's medicines were managed and administered safely.

People told us care was delivered safely and as scheduled.

People received care and support as agreed.

Is the service effective?

Good

The service was effective.

Consent to care and support was given in line with The Mental Capacity Act 2005.

Staff received an induction, regular supervision and training to support them in their role.

People's health needs were supported.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful

People's independence was promoted.

People's choices were respected.

Staff knew people's preferences.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred.

People were supported in activities and interests of their choice.

People were involved with reviews of their care.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality of the service.

The service had clear aims and objectives which staff implemented.

Feedback was sought from people about the care and support they received from the service.

Regular meetings and systems were in place to communicate and share information with staff.

Bath 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.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During our inspection we went to the Bath Supported Living Service office. We spoke with the registered manager and four staff members. Staff supported us to speak with two people and we undertook phone calls to two people who received care and support from the service. We received feedback from three health and social care professionals.

We looked at four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

The service was safe. One person said, "Yes I'm happy and safe." A health and social care professional said the service, "Provides excellent safe care for people."

Risks to people were identified and managed. This included assessments in areas such as eating and drinking, personal care, behaviours that may challenge and mobility. Risk assessments were individualised, supported people's independence and promoted positive risk taking to enable people to live their life as they chose. For example, we reviewed an assessment for one person who enjoyed playing with Lego and for another person who had gone swimming. Risk management guidance was in place for staff about how to support people safely. Such as steps to take to support a person to continue using kitchen electrical equipment after a risk had been identified.

Medicines were stored and administered safely. Medicine administration records (MAR) detailed people's information, GP and any allergies were indicated. When medicines were given as required guidance was in place. Care plans described what people's medicines were for and how people preferred to take their medicines. We highlighted to the registered manager one person's topical medicines guidance which was unclear. Where gaps on people's MARs had been identified, the reason for these had been documented in people's daily records. However, there was no comprehensive audit system of MARs. The registered manager said these would be addressed by the development of an auditing system for MARS.

People said they had not experienced any missed support and they were informed if staff may be late. One person said, "They always turn up on time, never been late." Another person said, "Staff have always turned up, sometimes they may be late but would ring and let us know, it doesn't happen very often. The rota sometimes changes but they tell us." People told us the correct amount of staff attended their appointments and that there was good continuity of staff. This ensured that staff knew people well and positive relationships were established. One person said, "I get the same staff in all the time. I know them well." A health and social care professional said, "The service has recently recruited new members of staff to ensure that the needs of all service users are met. This is an improvement to the service."

The provider had safe recruitment processes in place. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people.

The provider had policies in place for safeguarding vulnerable adults. Staff were familiar with the processes to follow should they have any concerns. Where concerns had been raised the appropriate agencies such as the local authority and CQC had been informed.

Staff were aware of the procedures to follow should an incident or accident occur. Incident and accidents were reported and actions taken at the time to deal with the situation and afterwards to minimise the risk of reoccurrence. For example, a person's medicines had been missed and appropriate advice was sought from

a healthcare professional. We saw that behaviours people displayed that may put themselves or others at risk were discussed at team meetings to develop effective strategies.

The provider had a business contingency plan in place to address unpredicted disruption to the service. This detailed the procedures to take in adverse circumstances such as a flood, loss of power or staff shortages. People had individualised personal evacuation plans in place. The support people required was clear. The service had worked with external agencies to ensure the systems and preventative measures in place gave people the opportunity of a positive outcome. Staff members had also worked with people on an individual basis to support them in be aware and practising what to do in an emergency situation.

Risk assessments were in place to support staff safely in a range of activities. These included areas such as using electrical equipment, laundry and activities within the community. Guidance was in place to ensure risks were minimised.

Good

Is the service effective?

Our findings

The service was effective. One person said, "I would recommend them [the service] to anyone, they help me stay living at home."

A training schedule was in place. Training was available for staff in key areas such as safeguarding, manual handling, health and safety and equality and diversity. Due to changes in the service, the provider was aware that some training for staff was outstanding. The contributing factors had been identified by the provider and escalated within the organisation in order to receive support and resolutions. Training was arranged that was specific to people's needs. For example, in epilepsy. Where training had been provided for staff for example, in medicines management that had not contained enough relevance for the people the service supported, this had been identified and changes made. People commented that staff were well trained. One person said, "Staff are very good at everything."

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.

Staff spoke passionately about how they ensured people's choices were promoted and respected. One staff member said, "We are very clear is about people's choices not anyone else's." One person said, "I make my own decisions and yes they respect that." Another person said, Yes I make all my choices. Staff always ask if they can get on with things and we work together." Care plans in place identified people's capacity around different areas of their care.

We reviewed the supervision matrix. Staff had regular opportunities to meet one to one with their line manager for supervision. Staff said they felt well supported by their team members and senior staff. Staff received an induction before they started work.

People's health needs were met and when support had been needed this had been provided to people. One person said, "Staff will take me to the doctors if I need to go." The registered manager told us the service had good links with other health professionals such as speech and language therapists, behavioural support and psychiatrists. A health and social care professional said, "Staff and management are always open to advice and recommendations from other professionals. Guidelines, care plans and support plans are all followed."

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care plan. Clear guidelines were in place where people had specific diets in place. People respected people's choices around what people ate and drank. Staff provided information and guidance to people about healthy eating options. One care plan said, "I can make unwise choices and what I eat. I understand the consequences."

People's equality and diversity was welcomed and supported by the service. The handbook people received

stated that people had the right to, "Be treated with respect and dignity. Have relationships of your own choosing. Be valued and treated as an individual. Develop independence, confidence and skills at your own pace." People's care plans demonstrated how people's choices were respected and supported. Staff we spoke with gave us many examples of this.

A hospital assessment was in place. This was a document that supported people should a hospital admission be required. It highlighted essential information such as people's current medicines and any allergies. It described people's preferred methods of communication and gave guidance on people's support preferences.

People's had been supported to adapt and layout their environment to suit their individual needs. This included ensuring people could access all areas of their home. A health and social professional commented, "A particular highlight is the en suite bathroom facilities which ensure dignity and privacy."

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person said, "I like the staff, they are always nice to me." Another person said, "The staff are all so kind and helpful, everyone is good." A health and social care professional said, "In my previous dealings with them I have generally found the staff to be attentive to client needs and willing to be creative in the way they provide support.

People spoke positively about the relationships they had with staff. One person said, "I like all the staff. Staff know me well." Another person said, "I have always felt comfortable with the carers."

The service had a key worker system in place. People and staff spoke positively about this. It enabled positive relationships to develop. Keyworkers supported people in exploring and achieving new aims and goals. One person said, "Staff always listen to me and they are approachable if I want to tell them anything."

The service had received five compliments since April 2017. The compliments we reviewed spoke highly of staff members and how the service had responded individually to people. The keyworking system had been emphasised, due to the positive relationships that had developed. One compliment said, "Thank-you for all your support over recent times. It was a privilege to experience first hand the wonderful care and work your team do." Another compliment stated, "I had plenty of opportunity to observe how the staff behaved and I never failed to be impressed by their consideration, kindness and care, their good humour and their meticulous attention to detail."

People told us that staff enabled them to be independent. One person said, "The staff let me do everything." Another person said, "I am involved in what support I need. I know when I need support and they [staff] understand where I need help." One person's care plan documented how they liked to load their washing machine and then required support to turn it on.

Staff we spoke with were clear on how to maintain and keep people's information safe. Staff adhered to the confidentiality policies and procedures of the service.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. A health and social care professional said, "The service is very flexible and person centred in meeting the needs of individual service users."

Care plans were person centred. Care plans were in an easy read format to enable people to be involved in them. Key information was highlighted such as allergies. Care plans described people's background, significant relationships and interests. For example, one care record detailed how the person liked sweets, books and handbags. One person told us how staff knew their interests well. They said, "They know I like my knitting, sewing, TV and music." People's preferences in regards to the gender of carer supporting them, was documented and respected.

People's religious and cultural needs were identified in care records. Documentation showed how people chose to express or practice their religious or cultural beliefs. Care records explained the things that were important to people in their everyday life. For example where people went, who they saw or particular routines. One person said, "The carers know how I like things."

People's preferred methods of communication were described in their care plan. This gave guidance on how to effectively communicate with people. For example one care record we reviewed said, 'I have my own special signs.' These signs were then described to aid communication. One person told us, "Communication is always good with staff."

Care plans clearly explained where people required support. People's independence was encouraged and promoted. One care plan said, 'I am physically mobile and do not need any support around my home.' People said that staff followed their care plan guidance. One person said, "They know what I need, it is all written down for them." Another person said, "I am involved in my care plan and they have chats with me about it. Staff always follow the plan." People's end of life wishes were documented in care plans if people had chosen to do so.

People told us care and support delivered by staff was unhurried and as they liked. One person said, "They [staff] are never rushed, they sit and chat. They are very kind to us."

People had received a copy of the complaints procedure. This was included in the handbook people received and was in an accessible format. The service had received one complaint. This had been investigated and responded to. One person said, "I have never needed to complain but I would tell the manager."

People were supported to pursue their interests and hobbies. Staff told us how one person liked football. They had been supported to see their favourite team. The person indicated how much they had enjoyed this event. Staff said they supported people to try new social and leisure activities. Staff gave examples of where this had been successful in developing positive outcomes for people, such as making new friends.

The service supported people in using technology to enable independence. For example, by using mobile technology, communication boards and mobility equipment. This facilitated people to shop for themselves, plan and arrange events and communicate their choices and wishes.

People had chosen how their flats were decorated and furnished. This ensured people's environment was personalised and individual to them. For example, one person had chosen particular wallpaper and helped paint parts of their flat. Another person told us, I am having my room decorated. I have chosen the colour."

Good

Is the service well-led?

Our findings

The service was well-led. The service had clear aims in supporting people with their independence. Staff we spoke with were clear on the service's ethos and aims and were passionate about promoting them. A handbook for people was available, in easy read and picture format. This described the service's aims and objectives and what the service can offer people.

People and staff were positive about how the service was led and run. One health and social professional said, "The management are very approachable and easily accessible either by phone, email or in person." One person said, "When I have phoned the office, they are helpful and always answer my questions." A comment in the staff survey said, "Our manager is very supportive."

Systems were in place to monitor and review the quality of the service. This included audits of care plans and risk assessments. The registered manager acknowledged that further development of audits was needed. For example, in the area of medicines. The registered manager completed a 'risk register'. This identified areas that required improvement or changes to enable a better service delivery for people. For example around staffing, training or IT systems. Issues were described and what the impact was. Solutions were sought and actions taken that were reviewed within given timescales. We saw that items raised from a recent staff survey in March 2018 had been taken on board and actions taken.

The provider had conducted a survey with people in March 2018. Results had been collated and analysed. Overall the results were positive with comments such as, "I like the staff and what they can do for me", "I can talk about my worries" and "The service is reliable." People had been asked about ways to improve the service. This feedback around areas such as staffing and communication had been acknowledged and an action plan devised about how to accomplish improvements. The last questionnaire completed with people's friends and family had taken place in 2017. The actions taken around the items raised had been communicated to relatives in the provider's newsletter.

Staff told us the service had good systems in place to ensure that communication was effective. Staff were communicated of any changes to people's care and support by text message, email and a communication book. Daily notes were written and staff told us they ensured these were read so they were up to date. Appointments for people were documented. For example, when people were due to visit the hairdressers, chiropodist or GP. Where people had their own flats the same building, a shift plan was in place. This ensured that people received their allocated care and support.

The service had accessible documentation in place for people. This included questionnaires, the complaints procedure and care plans. This supported people to engage with processes, give feedback and be involved with their own care planning.

Regular staff meetings were held. These were well attended by the staff team. Meetings were organised into the five domains used by the Care Quality Commission; safe, effective, caring, responsive and well-led. Areas were discussed such as health and safety, staffing, training and people's support. Clear actions were

outlined at the end of the meeting and who these were allocated to for completion. Senior staff also met on a regular basis. Minutes we reviewed showed areas such as fire safety, medicines and valuing staff were discussed. The registered manager told us they were well supported by the provider.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.