Turning Point

Peterborough Supported Living Services

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

Summary of findings

Overall summary

Peterborough Supported Living Services is a service that provides care and support to people living in seven 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People using the service lived in two single occupancy houses, one house with two people sharing and four multi-occupancy houses shared by up to five people. Not everyone using Peterborough Supported Living Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We undertook an unannounced comprehensive (planned) inspection of Peterborough Supported Living Services between 9 and 16 November 2017. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our visit. 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.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise or the environment, to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning and practise made sure that infection control was maintained.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There were numerous activities for people to do and take part in and people were able to spend time with their peers and take part in cultural and religious activities. A complaints system was in place and there was information in alternative formats so people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Peterborough Supported Living Services

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 comprehensive inspection took place between 9 and 16 November 2017 and was unannounced. The inspection visit was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed 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. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the service.

During our inspection, we visited three people using the service and observed how staff supported and interacted with them. Questionnaires were sent to people before our inspection and we received three responses. We spoke with 12 members of care staff, two area managers and the provider's representative. We checked four people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People told us that they thought they were safe using the service. In the Provider Information Return sent before our visit the provider told us there were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that incidents had been reported as required, and staff had taken appropriate action to protect people and reduce risks to them.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risks had been reduced. They told us they were aware of people's individual risks and our observations showed that they put the actions into place. Risk assessments included supporting people in the community, and the information provided strategies for staff to enable this. We saw that one person was able to regularly visit parts of the local city that provided contact with other people from their cultural background. Staff had worked with social care organisations to plan which outside activities they could support another person with, using fewer staff. This meant that the person was still able to go out when they wanted, which reduced the risk of them becoming distressed if they were unable to go our in a vehicle.
Care records showed that there was clear information for staff regarding how they should approach a person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice. We concluded that staff managed behaviour that challenged or upset others well.
Information we received before this inspection showed that the registered manager investigated incidents, such as possible harm. This showed that the appropriate actions were taken and there was on-going monitoring to reduce the risk of incidents happening again.

There were step by step guidelines for staff in how to support each person in the event of an emergency, such as a fire, or where they may have to evacuate the building.
Before this inspection we received information that there were occasions when there were inadequate numbers of staff available. We spoke with staff and the area manager about this and identified that this had occurred once due to short notice sick leave and an urgent situation at another supported living house. This resulted in a reduced staffing number in one house for two hours until additional staff were available. Following this incident, the service worked with the social worker to ensure there were enough staff members available to support peoples planned care and support.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. One person told us, "Yes," when we asked if staff were always available. People told us that they received care from staff who they were familiar with. There were varied responses from staff members in regard to whether there were enough staff. One staff member said, "There are never enough staff." We ascertained, however, that this was not due to the number of staff on duty. Another staff member told us

that bank or agency staff were used if there were staff shortages. Usually the same agency staff were used. This helped ensure that these staff knew people's care needs and were familiar with how they wanted to be cared for. There were systems in place to increase staff numbers if this was needed.

During our visit we saw that there were staff members available in each person's home that we visited. Where there was more than one person living at the home, additional staff were available depending on the person's routine. They worked in a calm way; we saw that people were not rushed and they were able to go out with the required number of staff when this had been planned and when they wanted to do this. The area manager told us that staffing numbers were based on the number of funded hours each person had. This allowed people to go out when they needed to.

Staff members told us about the checks that had to be completed before they started working at the home. We looked at staff recruitment files and saw that satisfactory checks had been returned before staff worked with people. New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately. Medicines were stored securely both when staff were administering and when they were being stored. However, we saw that there was no guidance for one person who received medicines on an 'as required' (PRN) basis. We spoke with the team leader and area manager during our visit, who confirmed that this had been made available following our visit.

People told us that staff did all they could, such as washing their hands, using hand get and gloves, to reduce the risk of cross infection. We saw that all of the houses we visited were visibly clean and free from malodours and that soap and hot water was available for staff, people and visitors to use to wash their hands. A staff member told us that they had enough personal protective equipment (PPE) and cleaning equipment available. Training records showed that staff had received food hygiene training to ensure food was prepared properly. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We saw that incidents and accidents were responded to appropriately at an individual level and information about these fed into broader analysis. For example, analysis of incidents for one person identified a possible deterioration in their health and they were referred for a medical assessment. Any actions to be taken as a result of learning from these events were documented. They included referrals to external agencies, such as local authority safeguarding teams or the local authority Learning Disability Partnership. The registered manager confirmed that any learning as a result of accidents or incidents was discussed by the staff directly involved with the care of the person. Other staff were also made aware of changes overall through individual and group meetings.

Good

Is the service effective?

Our findings

Staff worked with health and social care professionals who visited people to provide current, up to date guidance and advice about meeting people's care and support needs. We saw this advice was available and used by staff to promote people's health and well-being. One person's relative had liaised with the local authority for staff to received training in a particular technique to aid their family member's continence.

The service remained good at providing staff with training and support. People told us that they felt staff had the skills and knowledge to care for them. New staff members told us that they had received training prior to starting work. They also told us that they were able to spend time shadowing other staff and getting to know people before starting in their permanent roles. Other staff commented that they had received updated training in some areas and had requested additional training to better support people. We saw during our visit that staff training was taking place that included new and existing staff. This helped new staff to learn from the experiences of existing staff.

Staff training records show that staff members had received training, although we saw that for some staff, some training had not been updated for several years. We spoke with the area managers, who confirmed that they had assessed the urgency where staff had not received training in a subject recently. For example, some staff had not received moving and handling training for two years. One area manager told us that these staff working with people who were independently mobile and did not need to use equipment or aids. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could discuss issues with the management team and request additional training. This gave them the guidance and support to carry out their roles.

The service remained good at providing and supporting people to eat and drink. One person said, "Good," and nodded when we asked them about the meals staff provided. We observed that refreshments were offered throughout the day. Staff talked about the menus with people and showed people the available options so that they could choose what they would like to eat and drink. One person was supported to eat meals that were made in accordance with their religious beliefs. The person was able to purchase food in the shops of their choice and staff told us that the person often took over cooking of their meals so that they were made in the way the person wanted. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists.

Staff at the service worked closely with other organisations to ensure that the best possible quality of service was provided. For example, working with representatives from the local authority commissioning team and the quality improvement team when issues arose. Staff explained how one person had become increasingly distressed with the number of other people they were sharing a house with. They had worked with the

commissioning team to find alternative accommodation for the person, which had resulted in a happier, calmer person who enjoyed their home.

The service remained good at ensuring people had advice and treatment from health care professionals. People's care records showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough information to support each person with their health needs.

The supported living services were houses with individual bedrooms and a communal kitchen, dining room, bathroom and lounge area for people to use. Few adaptations had been needed to be made to the buildings as most people using the service had good mobility. However, appropriate equipment had been installed when required, such as hoisting equipment.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty under the court of protection were being met. Staff had received training in MCA and were able to demonstrate an adequate understanding to us. Staff told us that their aim was for people to be "able to continue making their own decisions." This showed that people would not have their freedom restricted in an unlawful manner.

Good

Is the service caring?

Our findings

The service remained good at caring for people. People told us in our questionnaire that they were happy with the care and support they received from the service and that they were treated with dignity and respect. We visited three people in their own homes and although they were not able to easily verbally communicate with us, they showed us that they liked the staff caring for them.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. Staff faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. When people did not respond to this attention, staff members spoke to them again but did not persist if the person did not acknowledge them. This ensured that people had heard staff but also provided them with the opportunity to indicate that they did not want to engage with the staff member.

Staff knew people very well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. On two occasions staff members described how people may act and possible risks to them. On both occasions, people acted in exactly the way staff had described. For example, staff told us about one person who collected items but preferred to keep these close to them in case of loss. This person showed us their collection of items and allowed us to look at them. This was an unusual action for the person and showed that they were very relaxed and at ease with the staff members.

We saw that staff members explained to people what they were going to do before doing it, which meant that people were not suddenly surprised. They were also given time to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line. We saw that staff had enough time to spend with people to keep them company if they wanted this.

The service remained good at respecting people's right to privacy and to be treated respectfully. This was evident in the way staff spoke and interacted with people. Staff checked to make sure people were comfortable but otherwise allowed them to spend time in their own space. One person had just returned to their home and staff explained that they liked to spend a short amount of time in their room with their possessions. This routine allowed the person to prepare themselves to greet other people. Staff members received training in key areas that supported people's right to respect and dignity.

Good

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they were involved in making decisions about their care. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to support and care needs, or leisure and pastimes.

We looked at people's care and support plans and other associated records. One staff member told us that they thought care records were "very detailed," and provided clear information for new staff. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Plans were written in detail to guide staff members' care practice and additional care records were also completed. Information about people's lives provided detailed histories that were set into sections of their life; their background and early life and their life since receiving support from Peterborough Supported Living Services. This provided staff with a timeframe for people's memories and experiences.

Plans for the care of more individual needs, such as for behaviour that may challenge or upset others, were written in detail. These provided clear guidance regarding changes in people's behaviour, what might precede this and actions staff could take to reassure and calm the person. Staff we spoke with had a very good understanding of people's needs in this area. We saw the plans were reviewed on a regular basis to ensure they met peoples support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

People had access to a variety of activities that staff supported them to take part in. Staff helped people to access their local community where they were able to shop for food, clothing, have a coffee or visit people they knew. Some people had routines where they would visit places on a regular basis, while other people had more flexible visits out to the community. One person we visited indicated that they had enjoyed their trip to have a coffee. Staff confirmed that this was a regular pastime for the person each time they went out and was the first thing they did.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff if they were worried about anything. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. There were copies of the service's complaints procedures in each person's home. These had also been written in pictorial and Makaton (form of communication for people with a learning disability) formats. We saw that there had only been one recent complaint, which was being investigated by the local authority.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. For example, for people who were getting older or who had deteriorating health conditions. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. We saw that people

and their family or loved ones were given the opportunity as appropriate to be involved in any decisions about the person's care. A comprehensive health plan was in place to address any questions about how issues such as pain would be managed.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was supported by two area managers, supported living managers and support staff. However, the registered manager was not available at the time of the inspection due
to leave.

Staff told us that there was a expectation for them to deliver good quality care and support. Staff told us that communication was good between the registered manager and themselves. The provider told us in the Provider Information Return before our inspection that senior staff take part
in some aspects of running the service and that they welcomed feedback, both positive and negative, so that improvements could be made. Staff told us that had a number of opportunities, such as staff meetings and handover meetings, to discuss the running of the service. They were supported by senior staff and felt they could discuss any issues or concerns they had with them. Staff were further supported in supervision meetings, where they were able to discuss their performance.

The views of people, their relatives, staff and visiting health care professionals were obtained on an annual basis through a questionnaire or through meetings. The information was then collated and a summary of the findings made available. The survey results from December 2016, showed a high overall satisfaction rate of 95%. Questionnaires for the 2017 survey had recently been sent to relatives and responses were still being returned. We looked at a random sample of the questionnaires that had been returned in December 2017 and found that these were all positive.

There were also regular meetings for relatives and staff to attend, so that they could hear about any plans and discuss any concerns. The provider told us that spot checks were completed out of normal working hours, so that they were able to see how support was carried out in the evenings and at weekends. A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. They also confirmed that they had received training on whistle blowing. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems used by staff, such as the care records and medicines. The audits identified issues, where there were any, and the action required to address them. We also saw that the registered manager carried out an audit based on the CQC's key lines of enquiry each month. These also identified issues and the actions required to improve any shortfall.

During the inspection the provider's representative told us that they were aware of the CQC guidance of

'Registering the Right Support.' This is the CQC policy on the registration and variations to registration for providers supporting people with a learning disability. The provider's representative also confirmed that they were signed up for 'The Driving Quality Code.' This code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We contacted the local authority contracts monitoring team and other health and social care agencies about their views of this service. We did not receive any information advising us of any concerns. One health professional commented that staff from the agency had worked with them and the person's family to ensure the person received the care they needed. We saw that information was shared with other agencies about people where their advice was appropriate and in the best interests of the person.