

Leonard Cheshire Disability

Bells Piece 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 ●

Summary of findings

Overall summary

About the service

Bell's Piece Supported Living Service provides support to people living in their own homes. At the time of the inspection they were providing personal care and support to nine people. People who live in supported living properties have individual tenancy agreements. Some people lived in flats on a site that held the main office and had a residential home and day care facilities. Other people lived in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were happy with the service provided. They had positive relationships with staff and said; "I'm happy with the staff."

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. The support required with medicines was assessed, agreed and provided to people. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. People were

supported by a consistent staff team and the staffing levels were flexible to enable the service to provide a bespoke service to people.

People were supported by staff who were inducted, trained and supervised. The support required by people with health and nutritional needs was identified and provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred care plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. Some people had staff support to access activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were identified, and their end of life wishes were explored and recorded.

People were supported by a service that was well managed. The manager has been in post for a short time and is yet to register with the CQC. Records were organised, accessible and up to date. The service was audited, and action taken to address any areas they had identified that needed improving. People and staff were complimentary of the manager and said; "Very approachable" and "Most approachable we've had" and "Is really good[staff] will help with any problems we have." Staff were committed to providing good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 3 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service remains unchanged and the service is rated good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bells Piece Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

The service provides care and support to people living in a number of 'supported living' settings, so that they can live 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.

The service had a manager in place who was in the process of being registered with the Care Quality Commission. Therefore, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff and the manager.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people. They were trained in safeguarding procedures and were aware of their responsibilities to report poor practice.
- The manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of alerts made, the outcome and action taken.
- People, when asked said they felt safe. They commented; "I feel safe with the staff."

Assessing risk, safety monitoring and management

- People's needs had been assessed to see if they were at risk and individual risk assessments were in place as guidance for staff to monitor these.
- Risk assessments were kept under review and updated to reflect changes in people.
- Each person had an environmental risk assessment in place. This outlined the risks to people and staff in relation to people's home environment.

Staffing and recruitment

- The service had a consistent, established staff team and covered extra shifts, for example, holidays, between each other.
- Staff told us when recruited, they had a series of checks carried out to make sure they were suitable to work with the people they supported. These checks included a Disclosure and Barring Service check.
- People's care plans outlined the hours, days and times people wanted staff support. This was reviewed and adjusted in accordance with people's needs, wishes and to support them with appointments, activities and holidays. There was enough staff to support people with one-to-one support whilst at home and in the local community.

Using medicines safely

- Systems were in place to promote safe administration of medicines. People were assessed, and the level of support established in relation to the management and administration of their medicines.
- Staff were trained, and their competency assessed to administer medicines. As required medicines administered by staff were recorded on a medicine administration record. Where staff prompted people to take their medicine this was recorded in their daily record.

Preventing and controlling infection

- Staff told us they had training in infection control and food hygiene to prevent the risk of cross

contamination.

- Staff had access to and used disposable protective items, such as gloves and aprons.
- Infection control audits were completed which enabled the manager to monitor infection control practices.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform the manager.
- The manager reported the number of accidents and incidents to the organisation each month. Alongside this accidents and incidents were discussed at team meetings. This enabled the service to pick up trends or establish if other interventions were required. It showed action was taken to prevent reoccurrence, which showed learning from incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People who currently used the service had done so for a number of years. A record was maintained of the assessment which outlined the support required and the agreed schedule of visits.
- Regular reviews of the care package took place and changes were made in response to feedback from people.
- The assessment document showed that people's needs, and preferences were considered in line with the equality act.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. All new staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care. Staff completed the Care certificate. This is a nationally recognised induction programme.
- Staff completed training considered mandatory by the provider. This included understanding how to support people with a learning disability and people who were on the autistic spectrum. Staff also had Positive Behaviour Support (PBS) training which gave staff information on learning disabilities and autism, including environments and different approaches to supporting people with autism and learning disabilities. One staff said; "Plenty of training offered."
- Staffs knowledge to deliver safe and effective care was developed through a training programme, competency checks, supervisions and appraisals. A staff member said about supervisions, "I feel well supported."
- Staff told us they were supported to progress their skills and knowledge through further qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food and drink in line with their care plans and any risk assessments. For example, how to support a person safely who is at risk of choking when eating or drinking.
- People's care plans outlined the support required with their meals. People's independence around shopping and cooking meals was encouraged.
- Risks around malnutrition or being overweight were identified and managed. People were supported to access other health professionals to support them with their nutritional needs when required.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans outlined the key people involved with individuals. A health plan and hospital passport were in place to provide key information on people in the event of them being admitted to hospital.

- Staff had established good links with professionals involved in people's care. They supported people to access professionals and sought consent from people to liaise with professionals on their behalf if that was required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services to enable them to live healthy lives. People's care plans outlined their health needs and the support people required to have their health needs met. Some people had identified they wanted staff support to attend appointments, others were able to access healthcare services independently.
- Staff supported people to make and attend health appointments when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were provided with information to enable them to make decisions on their care and well-being.
- Observations showed that people were given choices and that staff listened to and respected these choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew the people they supported well and assisted people in line with their individual wishes and in accordance with their individual care plans and risk assessments.
- We observed positive relationships between staff and people in the supported living accommodation. A person told us how much the staff supported them in everyday activities and to plan holidays.
- People's care plans showed that people were treated equally, fairly and their diverse needs were supported.
- People had positive comments about the support and care provided by staff. One person said; "I have no worry's or concerns and happy with everything."

Supporting people to express their views and be involved in making decisions about their care

- People were given information and support to make decisions and their decisions were respected. People were involved in their care plans and had signed them, if possible, to say they agreed with them.
- People were encouraged to voice their views and wishes on how they would like staff to support them.
- People had annual reviews of their care package and actions from those were reflected in schedules and people's records.
- The service facilitated meetings for people. These were used to update them on the service as well as encouraging people to raise any issues they'd like to discuss.

Respecting and promoting people's privacy, dignity and independence

- People's care plans showed their independence was promoted in all aspects of their care and they were encouraged and enabled to do as much as they could for themselves.
- Staff worked hard and in creative ways to support people who had complex support needs with their dignity, privacy and independence.
- During our visit to the supported living service we saw staff promoted people's privacy and dignity. They knocked on flat doors prior to accessing the property and asked if we could visit.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans in place. These were detailed, specific and showed evidence of people's involvement and choices in their development. They were kept under review and updated in response to changes in people.
- People had individual support needs that were known and monitored by staff. Staff gave this assistance, without the person losing choice and control of how they wished to be supported and spend their time. One staff member said; "The staff (in the supported living service) have people as their priority."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of the Accessible Information Standard and had guidance in place to support this.
- People's care plans outlined their communication needs and they were informed that all documents could be provided in other formats if required.
- Information was given to people in an easy read format to help aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people facilitated their own activities and took an active role in developing their interests and hobbies. They also attended college and were involved in voluntary work.
- Staff encouraged and helped people go shopping, go for walks and take part in activities both at home and in the local community to promote people's social inclusion.
- People were encouraged and assisted to maintain and remember relationships that were important to them. People were supported to stay in touch with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which reflected best practice on how to respond to concerns and complaints.
- The process of how to raise a complaint or concern was given to people in an easy read format.
- A record was maintained of complaints made. It included evidence of the managers investigation into the complaint, outcome, actions and feedback to staff to promote learning.

End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- The service had explored people's preferences and choices in relation to end of life care. Their care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. These included people's cultural and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a suitable manager in post, though they were not yet registered with the Care Quality Commission. They had however, started the process.
- Staff at all levels understood the importance of their roles and responsibilities.
- The manager notified the CQC of incidents and events that they were legally obliged to.
- Records were well organised, accessible, suitably maintained and up to date.
- The manager audited aspects of the service, such as health and safety, infection control and medicines. They had a matrix in place which gave them an overview of all staff's training and supervision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they got on well with the manager and staff team.
- Staff said they felt supported and listened to by the manager. Staff told us there was a clear expectation for them to deliver a good standard of care to people. One staff member said; "They (manager) are there when I need them."
- The management team were aware and committed to the vision and values of the agency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place and the manager was aware of their responsibilities to be open and transparent when things went wrong. They used this as an opportunity to promote learning.
- The manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.
- People had regular reviews of their care and the service facilitated meetings in the supported living services.

- Team meetings took place and systems such as a communication book, handovers and emails messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team. A staff member commented, "The communication is good, and we see the manager every day."

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- Staff were proactive in seeking out learning opportunities to develop themselves and team members. For example, a senior staff was supported to be a 'Champion' in manual handling to enable them to support other staff.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support.