

Leonard Cheshire Disability

St.Helens Supported Living Service

Inspection report

22 Sorogold Close
St Helens
Merseyside
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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 was an unannounced inspection that took place on the 7, 10 & 13 August 2015. In addition to the three visits we contact a number of people by telephone on the 21 August 2015 to gain their opinions of the service.

St Helens Supported Living Service provides support to people; who live in their own homes in Sorogold Close in the St Helens area. Part of the Leonard Cheshire Disability Group, the service provides personal care and general

support to enable people to carry out daily living activities and to live independently in the community. At the time of this inspection 15 people were in receipt of personal care from the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005. Where appropriate DoLS and people's best interest had been considered appropriately.

People told us that they felt safe. Staff were aware of how to raise any safeguarding concerns they had.

People told us that they had received their medicines on time. Systems were in place to check that people's medicines were managed appropriately by the staff team.

Prior to a person using the service a full needs assessment is undertaken. This helped to ensure that the service was able to meet people's needs in full. Identified risk to people's care and support were assessed and planned for to help ensure they received safe care.

People were supported by a staff team who received regular training and support from their manager. Staff told us that they felt supported by the registered manager and team leader for the service.

People told us that staff were caring and that their privacy and dignity was respected.

The service offered a person centred approach to planning and delivering care and support. People had the opportunity to meet with their keyworker to discuss the support they required on a regular basis and make plans for the future.

People and their relatives were aware of how to raise a concern or make a complaint about the service. They told us they were confident that their concerns would be listened to.

Regular audits of the service helped ensure that any areas of improvement needed were quickly identified and planned for.

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 told us they felt safe using the service. Staff were aware of the policies and procedures in place and they knew how to respond to safeguarding concerns.

Systems were in place to help ensure that people received their medicines when they needed them.

Recruitment procedures ensured that staff were recruited safely.

Good



Is the service effective?

The service was effective.

People were supported by a staff team who received training and support for their role.

People's needs and wishes were planned with the consideration of the Mental Capacity Act 2005.

Staff were aware of people's personal and cultural preferences in relation to their dietary needs and wishes.

Good



Is the service caring?

The service was caring.

People received care and support from a consistent staff team whenever possible.

People told us that staff were caring and met their needs.

The service was developing ways in which people could have more of a presence within the local community.

Good



Is the service responsive?

The service was responsive.

People and their relatives felt they were listened to by staff. A complaints procedure was available for people to raise any concerns.

People's care and support needs were planned for in a person centred manner.

People had the opportunity to meet with staff on a regular basis and make changes to how their support was delivered if they needed to.

Good



Is the service well-led?

The service was well-led.

People felt they were able to contact staff and the manager easily.

Systems were in place to check that people were receiving the care and support they required.

Organisational policies and procedures were available to support staff with their role in the delivery safe effective care.

Good



St.Helens 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 7, 10 & 13 August 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed all of the information we had been sent about the service since our previous inspection. This information included statutory notifications and safeguarding information. Prior to the inspection the registered provider had 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 what improvements they plan to make.

During the inspection we spoke and spent time with six people who used the service, interviewed seven members of staff and spent time with three other staff supporting people in their homes. We also spoke with the registered manager. In addition, we spoke with relatives of three people who used the service.

Prior to our inspection we spoke with quality monitoring team from the local authority. They told us that they had no concerns regarding the service.

During the visits we looked that three people's plans of care, staff recruitment and training information and policies and procedures and other records required to be maintained.

Is the service safe?

Our findings

People who used the service told us that they felt safe. Their comments included “I feel safe”, “I feel safe because I am not on my own” and “The staff know how to keep me safe and look after me. I get down sometimes and staff know this”.

Relatives told us that they felt people were safe within the service. One person’s relative told us “She’s safe” and another commented “They are definitely safe there, everything is in place”.

Systems were in place to protect people from harm. For example, the registered provider had policies and procedures in relation to safeguarding people. These documents provided guidance to the staff team as to what constituted abuse and how to report any concerns in relation to safeguarding people. The registered manager demonstrated a good understanding of local authority joint agency safeguarding procedures and gave clear examples of what concerns had and would be reported in the event of someone being harmed or being put at risk from harm.

Staff spoken with demonstrated an awareness of who they could raise a safeguarding concern with both within the service and other agencies involved in people’s care and support, for example, the local authority. Staff told us that they had received training in safeguarding people and that there was always management support available to discuss and report any concerns they may have. Training records confirmed that all staff had received training in safeguarding people.

Recruitment procedures were in place to ensure that staff were recruited safely. We looked at the recruitment files for the five most recently recruited members of staff. The records contained evidence that the procedures had been followed. For example, application forms had been completed and interviews conducted prior to a member of staff being recruited. In addition, written references had been sought and a Disclosure and Barring Service (DBS) had been carried out to ensure that only people suitable to work with vulnerable people were employed. Staff told us that their interview and checks for their role had been carried out prior to them starting work at the service.

Risks to people were assessed when required. For example, risk assessments had been carried out in relation to people’s mobility needs, finances and medicines.

Information from these risk assessments were included in people’s care planning documents and they informed staff of what actions they needed to take to ensure people were supported safely. Two staff had received specific training to carry out moving and handling assessments. Having staff available to carry out these assessments helped ensure that any changes to people’s needs in relation to moving around could be assessed and planned for in a timely manner. Emergency contact details for family members and health care workers also formed part of people’s care planning documents. Staff having access to this information meant that in an emergency the appropriate people could be contacted quickly.

Detailed policies and procedures and associated guidance were in place for the safe management of people’s medicines. The documents which were made available to staff included specific guidance in relation to ordering medicines, an organisational policy and a procedure specific to people using supported living and support at home services. Also available at the service was a set of principles of good practice in medicines management. Each person who received support with their medicines had a copy of the medicines policy which was available in written and pictorial formats to assist with people’s communication. This policy included information about what medicines include, what staff will help with and the ‘rules’ that staff have to follow to make sure people’s medicines are managed appropriately. People told us that staff made sure that they received their medicines when they needed them. One person told us; “I need a tablet at 9pm and staff always give it me at 9pm”. Relatives of people told us that medicines were always given on time.

To ensure that people’s medicines are managed and always available designated staff had the role of overseeing people’s prescription needs. In addition daily checks were made by staff of people’s medicines to ensure that they have been administered appropriately.

There were sufficient staff to meet the needs of people. Each person had staffing allocated to them to meet their individual assessed needs. For example, one person was supported by staff to assist with their medicines throughout the day. Another person was supported at mealtimes and with their personal hygiene needs and appointments. Other people had staff working in their homes day and night some with waking night staff and others with a sleeping member of staff throughout the

Is the service safe?

night. A staff rota was available in each person's home informing them of the staff that would be supporting them on a particular day. In addition to staff working in people's homes two staff were on duty throughout the day and night to offer any additional support people may have and to answer any emergency calls. This demonstrated that people received the care and support they had been assessed as needing.

Staff generally arrived at the times they should do to support people. However, on occasions where there was an

emergency staff got delayed. One person told us "If they are delayed leaving someone else's home they are late getting to me. Sometimes it takes staff a while to answer [their call for assistance] if they are busy, but I understand this".

People told us that they generally had a core team of staff allocated to support them in their home. They told us that they preferred to have the same staff as they got to know them well and the staff got to understand their daily routine. However, people told us that they understood that changes needed to be made occasionally.

Is the service effective?

Our findings

People told us positive things about the service. Their comments included “Staff are good”, “Staff understand me” and “They look after me well.”

Relatives of people also told us positive things about the service. Their comments included “They look after her very well”, “Staff keep in contact, they always talk to us”, “Staff understand [X] and know what her needs are” and “Staff are good, some more experienced than others”.

Prior to a person using the service a full needs assessment was undertaken. This was to help ensure that the service was able to meet people’s needs in full. We saw that the assessment process considered people’s needs and wishes in relation to communication, sight, hearing and senses, mobility, eating and drinking, continence, skin and personal hygiene, health and medicines, emotion and cognition needs, finances, assistive technology and leisure. In addition the assessment gave the opportunity to record people’s personal goals in life. All of the information gathered during the assessment process formed part of people’s care planning. Evidence of people’s needs assessments was contained in people’s personal files. People and their relatives told us that they had been asked about their needs and wishes prior to using the service. One relative told us that through continual assessment of their relatives needs it was recognised that more support was required and this was addressed.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and at the time of this inspection two DoLS applications had been made to the Local Authority on behalf of people. In addition, we saw that one best interest meeting had been held in relation to a person requiring support with their

finances. Staff demonstrated an understanding of the Mental Capacity Act 2005 and training records demonstrated that 90% of staff had received training in this area.

People’s consent was considered by the service when planning individuals’ care and support. For example, care planning documents gave the opportunity for people to give their consent to receiving care and support in addition to them giving their consent to their personal information being shared when necessary. When required, family members who were legally able to had signed for the consent on behalf of individuals.

When required people were supported to attend health care appointments. We spoke to one person who had recently visited their GP. They told us that staff had supported them during the visit to assist them with communicating and to offer emotional support. Relatives told us that as a legal representative of the relative they were involved in attending medical appointments. In addition, they told us that they had regular communication with the staff team regarding the emotional and physical health needs of their relative. Another relative told us “They keep an eye of [x] health”. People told us staff would always call their GP if they requested it.

Health care plans were in place for individuals which contained information that helped staff understand the person’s specific healthcare needs. Staff demonstrated that people had access to community health care professionals which included optician, chiropody, speech and language therapists and physiotherapist when required. In addition, we saw that when required staff had received specific training in relation to administering medicines for the management of epilepsy. This helped to ensure that people living with epilepsy could be supported in a timely manner by the staff who were suitably trained to support them.

People were supported by staff to plan and cook their meals when possible. People told us that they were happy with the foods that staff supported them with. Staff had a good awareness of specific dietary requirements, likes and dislikes of people. Staff were able to give examples of people’s personal and cultural dietary preferences.

Staff told us that they had received both a corporate induction from the registered provider and a local induction into the service when they commenced their

Is the service effective?

employment. Staff told us that they received sufficient training for them to carry out their roles safely. Records demonstrated that all staff had completed training in relation to first aid, health and safety, medication safe handling and awareness, moving and handling, prevention of control of infection, fire safety, food hygiene and safety and safeguarding adults. A number of staff had also

undertaken training in relation to equality, diversity and human rights, positive behaviour support, autism awareness, dignity, respect and person centred care and in the Makaton sign language.

Records showed and staff told us that they received regular supervision for their role. They told us that this helped ensure that they were able to discuss their role on a regular basis with senior members of staff.

Is the service caring?

Our findings

People told us the staff were caring. Their comments included “Staff are kind to me”, “I like the staff we have fun” and “The majority of staff are very respectful”.

Care planning documents seen demonstrated people’s specific needs and routines throughout the day and night in detail. Staff recognised that people’s routines were important to them to minimise the risk of a person becoming distressed or challenging the service. During our visits to the service staff assisted us in the times in which people would be happy to speak with us. Staff told us; “People like things done in a certain way and its for us to make sure this happens”.

The registered manager explained that wherever, people were supported by the same staff team on a regular basis as this continuity helps people establish good working relationships. In addition, wherever possible people’s requests for a specific gender of staff were acknowledged and acted upon.

People told us that when staff were delivering personal care to them they did so in a respectful manner. All of the staff supporting people asked if they should leave the room to allow full privacy. Staff were seen on all occasions ringing people’s door bells prior to entering their homes. One person told us that the majority of staff who supported them knew how they liked their bath and the times in which they preferred a bath.

We saw staff interacting with the people they supported. It was evident that positive relationships had been built. For example, we observed much laughter between people and staff and also staff supporting people when they were feeling unwell and sad. One person told us that there were

certain staff who she could “tell anything” to and they would always offer support. Another person told us that all of the staff were caring towards them when they wanted to have a chat about something on their mind.

Positive communication was seen throughout our visit. Staff supported people in a respectful manner whilst assisting them to communicate verbally. For example, when speaking directly to people staff gave their full attention and eye contact throughout. Staff took time to enable people to express what they wanted to communicate. When staff assisted a person to communicate verbally they stood to the side to ensure that the person could maintain eye contact with the person they were communicating with. This demonstrated that staff were respectful of when people were communicating.

People’s key workers arranged a meeting every month. The purpose of these meeting was to ensure that people had an opportunity to express their views, plan and make decisions for the following month in relation to their care, support and social needs. People were able to invite their relatives to these meeting if they wished. Minutes and agreed actions were recorded and stored on individual’s care plans. Relatives who had attended these meetings told us that they worked well and that they felt included in their relatives life.

A part time volunteer co-ordinator was in post at the service. They explained that their role was to source, recruit and train volunteers to support people in and around the local community. In addition to this role they were looking to introduce a befriending service to enable people to further access local facilities within the community. The co-ordinator told us that they also planned to source and develop opportunities for people who used the service in order for them to have a opportunity to offer their time as a volunteer within the local community in which they live.

Is the service responsive?

Our findings

People told us that they were listened to by the staff team. Their comments included “Staff listen to what I want to say”, “Nice staff” and “I can speak to staff”. They told us that they could raise any concerns they had with certain staff that knew them well or the registered manager.

Each person had an individual care plan. We looked at the care planning documents of three people. The documents gave the opportunity to plan and record people’s specific needs and wishes. For example, care plans were in place for ensuring people’s needs in relation to physical and emotional wellbeing, managing money/finances and post, looking after the person’s home friendships and relationships, leisure, keeping safe and planning for the future.

Care and support plans were written in a person centred way and included clear information as to how and when a person wanted their support delivering. For example, detailed morning, evening and night time routines were recorded to ensure that people received a personalised consistent service. This information included what people wanted to take in their bag when going out for the day and medicines they needed whilst they were out and about.

Several people were having a holiday in August and staff were accompanying them to offer support during their time away. People told us that they were looking forward to their holiday and one person was planning their break for next year. In addition, a number of people attended a planned visit to Blackpool at the time of our inspection. A number of people had their own vehicles which were driven by the staff team which enabled people to attend appointments and do their shopping independently. The registered

manager explained that they were constantly looking for activities within the local community for people to attend. Within the past year a number of people had attended courses in relation to arts and crafts, finance and information technology. A communal room was available next to the office in which people gathered to socialise, have parties and access the use of a computer which was available to all.

People met with their key worker on a monthly basis to discuss their plans. These meetings were recorded and when needed, changes made to people planned care and support. Daily records were maintained and were reviewed as part of people’s monthly key worker meetings. Some people had additional ways of recording the support they had received and daily activities. For example, one person had a communication diary that staff and family members completed. This helped ensure that there was positive communication between those involved in the person’s life.

People told us that they felt confident in speaking to certain staff who supported them on a regular basis if they had a concern or a complaint about the service. In addition they told us that they would always speak to the registered manager and felt that they would be listened to. The service had a formal complaints procedure that formed part of the service user guide. Within the past 12 months the service had received six complaints, all of which were resolved within 28 days of the complaint being made. One relative told us that they had made a complaint in the past and felt that their concerns had been managed appropriately. Electronic records were maintained of these complaints and any actions taken following the complaints investigation. The registered manager recognised the importance of learning from people’s complaints to improve the service that people received.

Is the service well-led?

Our findings

There was a clear management structure within at the service which involved the registered manager, team leaders and senior staff. People and their relatives all knew who the registered manager was and how they could contact them. They told us that staff were always available in the event of an emergency and that they just needed to use their call bell for someone to attend. A rota for managerial support during evenings and weekends was provided from the wider organisation and was available to the staff team.

Staff felt supported by the registered manager of the service. Their comments included “I’m supported by the manager”, “Any problems you are listened to, the team leader is very reasonable” and “I get support from the registered manager and team leader”. Staff told us that they enjoyed working at the service as “It is a good place to work” and “Its got a good atmosphere”.

Regular staff meetings took place to ensure that staff were kept up to date for their role. The minutes of the meetings demonstrated that in addition to operational issues being discussed, the meeting also involved awareness raising for staff in relation to training and organisational policies and procedures. Staff unable to attend the meetings were required to read and sign that they had read the minutes to the meeting.

Systems were in place to record any accidents, incidents and safeguarding concerns raised. These were recorded electronically and the information was considered when the registered manager reported to the wider organisation, for monitoring purposes and to highlight any improvements that may be required to keep people safe.

Organisational policies and procedures were available to support staff with their role in the delivery of safe effective care. For example, we saw that policies were available in relation to whistleblowing, confidentiality and data protection.

Regular audits were in place to help ensure that people received the planned care and support they required. For example, monthly key worker meeting were held which enabled people to sit with their key worker to discuss and plan their day to day life. It was also an opportunity for care planning and risk assessment documents to be reviewed and updated. Daily checks took place of people’s medicines to ensure that they were being managed appropriately and to check that people were receiving their medicines when they should.

The service was part of a national organisation that has its own human resources, training, care quality and health and safety departments that offers support to the registered manager. In addition, the organisation carries out regular audits in and around the service and a representative of the organisation visits the service often. If following an audit or visit areas of improvements had been identified, an action plan was developed which was implemented by the registered manager. The most recent audit for the service had been in July 2015 in relation to health and safety. In addition a survey had been carried out to gather staff opinions on the service. The survey asked staff to comment on the registered manager, their job, safeguarding, bullying harassment and discrimination. Following these audits action plans were developed with a clear date set for the suggested improvements to be made. The use of an effective auditing system helped to ensure that any areas for improvement were identified and managed in a timely manner.