

Leonard Cheshire Disability

Mid Shires Supported Living Service

Inspection report

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14 February 2019

15 February 2019

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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: Midshires Supported Living Service provides support to people living in their own homes at five different service locations. One service is designed to support people to transition in to their own homes in the community. The service supports older people and younger adults living with a physical disability, a learning disability or autistic spectrum disorder.

People's experience of using this service: People were positive and spoke highly about the care they received. We saw people being supported as individuals with their preferences, likes and dislikes being adhered to.

The services worked within the guidance of Registering the Right Support for supported living services. There was a passion to increase people's independence and involvement in their local communities. Emphasis was placed on supporting people to plan and achieve their own goals.

People received personalised care from a caring and supportive staff and management team who knew them well. People were put at the centre of their care and could make choices about how and when they received support from the staff team.

People were safe from the risk of harm and abuse. People felt safe in all aspects of their support including accessing the community and being supported to take their medicines.

Staff recruitment procedures were thorough and included all necessary criminal record checks. The staff team was consistent and this had allowed them to build trusting relationships with people.

People's needs, preferences, likes and dislikes were assessed prior to them using the service and were kept at the centre of support planning for people.

Staff were supported to remain competent and continue to improve in their job roles. Staff received training, supervision and competency observations to support them with this.

People received support from healthcare professionals. Staff worked well with these professionals to ensure that people received the support they needed.

People were positive about the management of the service and felt able to contribute with ideas about their care and support needs.

The management team were passionate about providing high quality person centred care.

Plans were in place to use feedback from people to improve the quality of the care they received more effectively.

Rating at last inspection: Good (report published 16/02/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Mid Shires 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: Midshires Supported Living Service is a supported living service registered to provide personal care to people in their own home. Midshires Supported Living Service supported people in five locations. One location was designed as a transition service for people moving in to their own homes in the community. At the time of our inspection 24 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Inspection site visit activity started on 13 February 2019 and ended on 15 February 2019. We visited the office location on 13 February 2019 to see the deputy manager and to review care records and policies and procedures. We visited two of the locations where people were supported on 14 and 15 February 2019 to talk to people and staff and review in house policies and procedures relating to people's care.

Before the inspection we gathered and reviewed information that we received from the provider on the

provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke with four people using the service, three care staff, one team leader, the deputy manager, an office administrator and two external commissioners.
- Gathered information from three care files which included all aspects of care and risk.
- Looked at three staff files including all aspects of recruitment, supervisions, and training records.
- Records of accidents, incidents and complaints.
- Audits, surveys and minutes of staff and professional meetings.
- Policies and procedures relating to the management of the service.

Following the inspection, we received further evidence from the provider showing their quality auditing systems and processes.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I feel safe. [Staff] even check on me at night to make sure my needs are met." Another person showed us the system they had in their flat to call for staff's support.
- Staff received safeguarding training and knew how to keep people safe. One staff said, "I would record and report concerns in the first instance. I can always go above the manager or use the Whistleblowing service as well."
- A safeguarding policy at the service gave clear instructions to staff about what processes to follow if they suspected harm or abuse. Posters and notices around the service also signposted people about recognising and reporting abuse.
- Safeguarding incidents were reported and investigated appropriately so that any lessons could be learnt.

Assessing risk, safety monitoring and management

- People had risk assessments in place to reduce the likelihood of harm occurring. Risk assessments were very detailed and gave clear instructions about supporting people. These were updated regularly.
- Positive risk taking was a value at the service and risk assessments were created depending on what people chose to do. We saw risk assessments in place for swimming, indoor sky diving and accessing the community independently.
- People had Personal Emergency Evacuation Plans (PEEP's) in place which directed staff how to support a person in case of a fire or other emergency.

Staffing and recruitment

- A person said, "There are lots of them [staff] here to help me and they are always the same staff." Other people confirmed that they knew the staff team and visibly had good relationships with them.
- Staffing levels were appropriate to meet people's needs. The deputy manager told us that the service over recruited to ensure that staff's annual leave and sickness could be easily covered.
- Robust recruitment procedures and checks took place before staff worked at the service.

Using medicines safely

- A person told us, "[Staff] are very good with medicines. [Staff] manage them very well." Another person showed us where their medicines were kept and were happy with the way they were supported.
- Staff received regular training and spot checks to ensure that they understood how to administer medicines safely. We spoke to staff and they showed a good understanding of how to administer people's medicines safely.
- Audits were in place to ensure that medicines were administered correctly. Where errors were found these

were thoroughly investigated to ensure they were not repeated.

- People who were prescribed as and when required (PRN) medicines had clear protocols in place which guided staff when to administer these medicines.

Preventing and controlling infection

- The services and people's bedrooms were visibly clean. Staff supported people keep their bedroom's clean and tidy.
- Staff received training in infection control and told us that they had the right equipment available to support people to prevent and control infections.

Learning lessons when things go wrong

- When medication errors and other incidents happened, we saw that these were investigated and actions were put in place to prevent re-occurrence.
- We saw that lessons were shared with the staff team in team meetings, supervisions and in daily notes in people's care plans.

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

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's needs had been assessed before they started using the service. The deputy manager told us, "If people want to use the service and have specific needs, we make sure that staff have the right training and knowledge before the person starts living here."
- Assessments were detailed around what people's support needs and preferences were. These were used to inform people's care plans at the service.
- The management and staff teams worked within the guidance of Registering the Right Support for people in supported living services. There was a passion at the service for including people in the local community. People's homes had been designed to make accessing the community easier for people.

Staff support: induction, training, skills and experience

- One person said, "[Staff] are very well trained. They are really on the ball and know what they are doing." Another person said, "Oh yeah" when we asked them if staff were good at their job.
- Staff received a thorough induction when they started at the service. Staff told us this consisted of training and two weeks of shadowing experienced members of staff. Staff said they were offered more opportunities to shadow if they needed it.
- Staff received training for their job role and we saw that training was based on people's specific needs such as epilepsy and autism. Staff were positive about the training system in place to refresh their knowledge regularly. This was an online system which staff could access at any time. This meant that staff knowledge was continually being updated.
- The management team completed competency observations with staff members. We saw that these were completed in areas such as medication, moving and handling and supporting people with finances. These were detailed and fed back areas of improvement to staff members.

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

- People were supported to choose and cook their own meals. People told us that staff supported them to go to the shops and helped them cook their favourite foods. People's favourite foods were identified in their care plans.
- People had their dietary needs assessed and documented in their care plans. Staff had a good knowledge of how to support people to eat and drink safely. For example, one staff member told us how they needed to cut food up for a person so that they could eat it themselves.
- Staff were passionate and innovative about promoting a healthy diet for people. People were supported to cook healthy meals in 'batches' so that they could be frozen. This allowed people to access healthy meals

when they chose not to cook.

- There was information in the services about nutrition and hydration. For example, we saw posters advising people of the importance of drinking enough water.

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

- The service was prompt at asking for support from other professionals when people's needs changed. People had regular contact with professionals such as dietitians, occupational therapists and opticians.
- One person told us, "Staff make sure I book my appointments at the hospital. They also support me which makes me feel safe." Another person had a cancelled dentist's appointment on the day of our inspection and were visibly happy about this.
- People had 'hospital passports' in place which gave detailed information about the support they needed should they ever be supported in a hospital environment.

Adapting service, design, decoration to meet people's needs

- People's flats were personalised and adapted to meet people's specific care needs.
- The services worked within the guidelines of Registering the Right Support. People were part of a local community and had easy access to a wide array of activities and public transport routes.

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

- People told us that they were supported to access their GP and other health professionals. These appointments were recorded and used to update care plans where necessary.
- People had detailed health action plans in place. These gave staff a good overview of how to support people to live healthily and which health professionals were involved with their care.

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. We checked whether the service was working within the principles of the MCA and found that it was.
- People told us staff always asked for consent before supporting them. One person said, "Staff know me very well and know what I like but they still always ask me if what they are doing is okay." We saw a staff member asking a person before supporting them in their wheelchair.
- Staff members received training and had a good understanding of the MCA.
- People who had capacity, had signed to consent to being supported by staff members according to their support plans.
- People who did not have capacity had appropriate capacity assessments made in areas such as finances. Decisions were made to support the person in their best interests. One person's level of capacity was being reviewed and we saw that the correct processes were being followed.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very positive about the care they received and told us, "[Staff] are the best bunch of people. They are always there if I need them, even if it is not my direct support hours." and, "Staff are kind and always take time to sit and talk to me."
- We observed staff members treating people with kindness and respect. One person was upset and the deputy manager took the time to reassure them and offer to come and speak to them privately. The person was very happy with this support. Another person was visible very happy when we asked them if they were happy being supported by the staff member with them.
- Staff told us, "We know people here well. Anything people want to do, we help them to achieve." and "We put people at the centre of everything we do here."
- People's care plans were very detailed with regards to people's preferences, likes and dislikes. Staff had a good understanding of these. For example, one person liked their toast very well done and the care plan pointed out that this person called this 'black toast'.
- People's cultural and religious beliefs were respected. People's care plans detailed what was important to people and how to support them to follow their preferred beliefs.
- Daily notes completed by staff members were detailed and written in a respectful manner.

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

- People felt that they could make choices about their care. People said, "I feel very in control of my life. If I decline support then [staff] respect this." and, "I make lots of choices."
- People told us they had been involved in creating their care plans. We saw that people were consulted regularly about changes that needed to be made to their care. People were involved in reviews and updates of their care plans.
- Staff knew people well and always asked people's opinions on their care. We observed this during our visits to the services.
- One person had chosen not to use the care plan format in place at the service and had written their care plan in their own chosen format.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. We saw that people could have time alone away from staff members.
- There was a culture of enabling people to be independent at the services. One person had their front door adapted so that they could open this themselves. Another person was learning to access the community independently and there were detailed plans in place to help the person achieve this.

- Staff told us that they did not do things for people, but prompted people to do as much as they could for themselves. Care plans detailed what people could do for themselves and how staff could promote this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was tailored to their individual needs and preferences.
- We saw that staff members knew people well and supported people according to their preferences.
- People took part in a range of activities of their choosing. People spoke very positively about these activities and showed us photographs of them enjoying the activities. People had taken part in sky diving, theatre trips and going to the gym depending on their choices and preferences.
- People were encouraged to access and be part of the local community. Some people using the service had been supported to find work and spoke positively about the difference that this had made to their lives.
- The management and staff team were passionate about people setting themselves goals and then supporting people to achieve these. We saw that people had goals such as travelling independently or going on holiday. Once these goals had been achieved, they were discussed with the person so that what went well and what did not go well could be recorded.
- One person was very happy about a 'star chart' that they had put in place for themselves with staff support, to become more independent.
- People's needs were considered to give them full choice, control and independence in their lives. For example, one person's wheelchair had been adapted so that they could use and mobilise this themselves.
- People had control over their daily lives. People told us that they had regular discussions with their 'key workers' about what they would like to do in the week and this was planned on to a weekly planner.
- People could choose when to have staff support for their allocated hours. Staff then worked flexibly around the times that people chose to have their support.
- Staff were passionate about person centred care. One staff told us, "The care people receive needs to be personal to them because not everyone is the same. We plan care around and for the person."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the service and this was available in different formats for people to use.
- People told us of times when they had made complaints and that these had been dealt with to their satisfaction. Complaints and actions resulting from them were recorded and shared with the staff team to ensure improvements were made.

End of life care and support

- People were consulted about their end of life care and preferences were recorded if people wished for these to be recorded.
- There were no people being supported with end of life care during our inspection however systems were in place to support people with this need.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team and staff we spoke to had a good understanding of how to support people in a person-centred way.
- Policies and procedures were current with legislation to ensure that the best care was given to people. People were being supported in line with supported living standards whilst using the service.
- There was a positive atmosphere and culture at the services. We saw staff delivering high quality care and support to people and staff told us that they were passionate about this.
- The care and support of people was a key talking point in all communications with the staff team. We saw this in minutes of meetings and supervisions.

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

- The management and staff team were clear about their roles. A staff member said, "Whatever we do, it is about promoting independence and giving people an excellent quality of life." The deputy manager also told us this which showed that this value was shared across the staff team.
- Audits were in place to monitor the safety and quality of the service. The system used to store these audits pointed out where improvements could be made. However, at times audits were not used to effectively record what actions were taken to improve the service.
- There was a positive risk-taking culture at the service. People were supported to safely achieve their goals and be as independent as possible.
- Plans were in place at the services and guided staff what to do in case of incidents such as fire or bad weather.
- The service was being effectively and professionally managed by the deputy manager, in the absence of the registered manager.

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

- People were positive about the management of the service and could identify who to speak to if they needed support. One person said, "[Management] are very good at their job." Another person happily showed us who the manager was and visibly looked comfortable addressing them.
- Staff were positive about the support they received from the registered manager and the deputy manager. A staff member told us, "[Management] is good here. Very supportive. We talk all the time and nothing is ever too much for [Deputy Manager]."

- Regular meetings were held with the staff team and staff we spoke with us told us that these were useful opportunities to communicate ideas. Staff were informed of changes to the service by regular newsletters.
- Information was available in different formats for people using the service.
- Formal feedback was not regularly collected from people and their relatives and when it was actions were not always put in place to improve the quality of the service. The deputy manager showed us that plans were in place to implement and improve this.

Continuous learning and improving care

- The deputy manager told us and showed us evidence that they were going to improve the way in which feedback was collected from people and relatives.
- Action plans had been put in place following feedback from quality visits by senior management and outside professionals. These were used to improve care for people.
- The management team linked with other professionals and the CQC to keep up to date with best practice and update policies and procedures to continually improve the service.
- The deputy manager told us, "We are always on the lookout for ways to improve. We (the management team) get out to the services as often as we can to see what could be done better."

Working in partnership with others

- The management and staff team worked well with other professionals such as speech and language therapists and dieticians to achieve good outcomes for people. Professionals we spoke to were positive about the way the service worked with them.
- The deputy manager told us that they linked with the community development team to support people. We saw this had a positive impact on people.
- There was a culture of working together with other services that the provider managed. Staff told us they felt supported with the knowledge that they could speak to staff in other teams.
- The deputy manager spoke positively about the support that they, and the registered manager received from the provider.