Islington Social Services

Islington Council Supported Living Service for Adults with Learning Disabilities

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

Islington Council Supported Living Service for Adults with Learning Disabilities provides supported living for up to nine people at three sites. There were eight people using the service at the time of this inspection.

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. The provider was given 48 hours' notice because the location provides a community based care service and we needed to be sure that someone would be available to speak with us This service had not previously been inspected.

At the time of our inspection, the provider employed a manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

From the discussions we had with people using the service, staff and other stakeholders we found that people were usually very satisfied with the way the service supported people. There was confidence about contacting staff at the service to discuss anything they wished to and staff were thought to be knowledgeable and skilled.

People's human rights were protected and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Deprivation of Liberty Safeguards (DoLS) was not applicable for anyone using the service.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication, methods of providing care and support were all explained and the appropriate guidance for each person's needs were in place and were regularly reviewed, including risk assessments.

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We looked at the training records of staff at the three shared living projects. We saw that in all cases mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff appraisals were happening yearly and staff had development objectives were set arising from the appraisal system.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people, our observations and records we looked at, we found that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Records we viewed showed that people were able to complain and felt confident to do so if needed. People could therefore feel confident that any concerns they had would be listened to.

People who used the service, relatives, staff and stakeholders had a range of opportunities to provide their

views about the quality of the service. We found that the provider took this process seriously and people were listened to.

As a result of this inspection we found the service was meeting all of the regulations we looked at.

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. Any risks associated with people's needs were assessed, updated at regular intervals and at times changed if required to respond to peoples changing needs.

The staff of the service had access to the organisational policy and procedure for protection people from abuse.

Staff recruitment was safely managed to ensure that only suitable people were employed and in suitable numbers.

Where care staff supported people to take their medicines they had training and guidance to ensure this was managed safely.

Is the service effective?

Good

The service was effective. The service did well to respond to people's care and support needs.

People's mental capacity was assessed and the service took the necessary steps to ensure that the Mental Capacity Act was applied correctly.

Care staff supervision and appraisal systems were well managed and their performance and development were assessed. Staff had access to a wide range of training opportunities both to ensure they had core skills and specialist training to support people.

Is the service caring?

Good

The service was caring. The view from people using the service, health and social care professionals and staff was of a service that cared for people.

We saw during our visit to one of the shared houses that care staff clearly knew the people they cared for and how to respond to the way they communicated and made their needs known.

The service took positive steps to ensure that people could exercise the greatest degree of autonomy and that they were supported to take responsibility for the decisions they made.

Is the service responsive?

Good

The service was responsive. The people who were using this service each had a care plan. The care plans covered personal, physical, social and emotional support needs.

Care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care and support was provided. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current needs.

Complaints were listened to and a person who spoke with us was confident that their views were taken seriously.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability among the management and support staff and they demonstrated that these lines of responsibility were clearly understood.

The service placed emphasis on seeking people's views and assessing the quality of the care and support provided. The provider required regular updates on the way in which the service operated and the experience of the people using it.

The service was transparent in communicating with people using the service, staff, relatives and other stakeholders. The service was monitored by the provider to ensure that the quality of the service was kept under review.

Islington Council Supported Living Service for Adults with Learning Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given short notice of this inspection because the location provides a domiciliary care service. We carried out two visits to the service on 14 and 18 November 20016. This inspection was carried out by a single inspector.

We looked at any notifications that we had received and communications we had received from staff and other professionals.

During our inspection we spoke with one person using the service, observed care staff working with two people, spoke with five staff working across the service in different positions, the head of service and the manager of the service. We also received written feedback from a community nurse who visited clients using the service.

We gathered evidence of people's experiences of the service either through conversations we had with people and by reviewing other communication that the service had with these people, their families and other care professionals.

As part of this inspection we reviewed three people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints

information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

We visited a shared house where five people were living. One person spoke with us and another said hello before leaving for an activity with a member of staff. The person who spoke with us was highly complementary about the way that staff advised and guided them about keeping safe. This person told us "When I came here it felt like I was at home."

The service had access to the local authority's organisational policy and procedure for protection of people from abuse. We asked staff about how they would recognise any potential signs of abuse. The members of staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training when they were first employed which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. Each person had their own personal emergency evacuation plan (PEEP), with specific details of their own specific evacuation needs in the event of a fire or other emergency.

Risk assessments were compiled and reviewed as a part of the six monthly care plan reviews, although the risk assessments could be updated at any time if a change or new risk was identified. Risks assessments outlined activities such as daily living, involvement in the community and personal lifestyle activities that people undertook and how any potential identified risk could be reduced. The provider encouraged involvement of not only the person, but friends, advocates and family with compiling risk assessments and the policy stated that emphasise should always be on taking positive risks that empower people.

Most of the staff who worked at the service had done so for a number of years. We looked at the recruitment records for the most recently recruited member of staff who began working at the service in June 2015. Background checks were in place and covered Disclosure and Barring Service (DBS), which included a criminal records check, references and interview. The service did not permit anyone to work with people until all of these checks had been undertaken and verified. At least two staff were available throughout each day, and often more. There were a suitable number of staff to support people both when at home and when staff support was needed while people were out in the community. Staff were available 24 hours a day and if staff required advice outside of office hours there was an on call management advice system operated by the provider.

We asked a senior manager and three staff about their knowledge and skills to carry out their roles and responsibilities. They told us how staff induction was specific to the particular part of the service and included shadowing a more experienced member of staff. In addition to the mandatory training, staff had to complete training specific to the specific needs of people where required, for example, techniques used to support people emotionally and respond to any incidents of distress.

The service was responsible for obtaining and administering medicines on behalf of most people. Where medicines were administered with staff support we found that signed agreements were in place and training had been provided to staff that needed to perform this duty. The provider had a policy and procedure in place and staff were able to talk us through this. This policy covered different types of medication administration, the procedure for agreement to provide assistance, which were in place, and for maintaining records of medication administration and / or other levels of support for this to be achieved. The service policy was to encourage people to maintain responsibility for taking their own medicines wherever possible and assessed as safe, although no one in the shared house we visited did this and we were told that this was also not the case at the other two flats where people were being supported. We looked at the medication administration records for two people taking medicines at the shared house we visited. One of these people took medicines very rarely as they only needed to do so if there was an emergency related to a medical condition, and had not had to do so for a considerable amount of time. The other person took medicine each day and the record was signed to confirm that medicine had been given.

Good

Is the service effective?

Our findings

We spoke with the head of service and on site managers who explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff, for example working with people with autism, equal opportunities and training around different aspects of day-to-day care and support. The staff training records also showed those staff who had received specific training about specialised care and support needs for people they were working with. The operations manager told us that if a person had needs that required specialised training then only staff who had received this training would support the person. We found from matching care needs records with records of staff training that this did occur.

We were shown the training records of staff at the three housing sites. In all cases the staff training records also listed the dates on which any refresher training had been arranged. This confirmed the provider's stated objectives to ensure that people were only supported by staff with the necessary skills.

The provider had a system in place for individual staff supervision. We talked with the head of service, on site manager and two care staff about how they were supported. We were told that support through supervision was regular, which we confirmed, and that staff were able to seek advice and support throughout their day to day work and no one had encountered any difficulties in doing this whenever it was needed. We also found that staff appraisals were happening at least annually, and the performance of staff was regularly reviewed in terms of their day to day work and training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Where people were thought to lack capacity as defined by and assessed by the Mental Capacity Act 2005, a best interests meeting was held to consider the introduction of a particular protective measure, for example management of personal finances. These meetings included carers and other health and social care professionals. If agreements needed to be reached, although for most people this was not required, these were signed by family members, although in most cases these agreements were made with other responsible social care professionals.

Care records demonstrated clear evidence of care staff working in a multi-disciplinary way which enabled

people to access healthcare appropriate to their needs. A community nurse told us that when they had visited the service recently to review the needs of a particular client that they had been "impressed" by how well the service was able to meet the person's emotional support needs and provide detailed information about the client's care history.

Meals were prepared by care staff in most cases, although people were supported to do as much of this independently if they could to enhance their skills and independence. People's specific preferences were known and adhered to. No one using the service required physical support to eat a meal.

Good

Is the service caring?

Our findings

A person using the service told us "I couldn't want better staff." They also said that they see their family and do what they want without anyone preventing them from doing so.

The service took creative steps to ensure that they could do everything possible to assist people to communicate their needs and be involved in as many decisions as they could be about their care. There was good evidence in the person centred support plans we looked at that staff encouraged those who used the service to be as independent as possible, such as instructions for staff about how to encourage people to be as fully engaged with their own care planning, choice of daily activities and lifestyle choices.

The provider offered training to staff where required about 'PROACT SCIP' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). Our observations and conversations with staff showed that people were supported to be as much involved and to take decisions about their care and support as they were meaningfully able to do.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how support should be provided. Staff knew about people's unique heritage and care plans described what should be done to respect and involve people in maintaining their individuality and beliefs.

People's independence was promoted. Apart from supporting people in daily living tasks care staff also supported people to take part in activities. As an example, we looked at some care plans which described educational activities using other services as well as leisure time activities. We found that the service placed a lot of emphasis on maximising people's right to maintain as much autonomy, freedom of choice and expression as they could. One person using the service told us of their particular excitement about moving on to a new flat where they were going to be far more independent. This person praised staff for their help and support with achieving their goal.

In conversation with staff it was evident that people using the service were seen to be at the forefront of how the service was delivered. The majority of staff in the shared house that we visited had worked at the service for a number of years. They knew the people they were supporting in great detail and spoke about each person with dignity and respect as unique individuals. The person who spoke with us felt they were respected by staff and treated as an adult. Staff who spoke with us also spoke about people in a dignified and respectful way. They told us that the service worked with people in co-operation and agreement with choice being offered and people's right to privacy being respected. The person who spoke with us talked in detail about how staff were working with them in planning their move and that they had been very supportive in helping them to look at options and make decisions.

Good

Is the service responsive?

Our findings

On reviewing the care plans for the people using this service, we found that they covered personal, physical, social and emotional support needs. Care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care and support was provided.

Care plans were updated at regular intervals to ensure that information remained accurate although more frequent updates could occur if people's care and support needs changed. Care plans were signed by the people they referred to if they were able to but if they were unable to do this it was agreed with either a relative or local authority.

Care plans contained a weekly timetable reflecting each person's stated preferences. For example, one person liked to be out in the community a lot and their timetable reflected this with different activities. This person went out during our visit with a member of staff and other people, aside from one, were also out independently in the community. Support was provided to people to find work, voluntary work and / or educational classes and staff were pro-active in assisting people to explore options and suggest other options also. A keyworker system was in place although all staff were involved in supporting people to achieve their goals.

Care records showed detailed evidence of liaison and communication between people using the service, their families (as appropriate), advocates and a wide range of health and social care professionals. Planning and responding to care and support needs was a joint effort and not seen as just a task but as something which was at the heart of what the service provided. Care plans contained clear evidence that care was responsive to peoples' needs. For example, we saw details of how one person using the service had been taken through a programme of support and activities to promote their independence and achieve their stated goals.

We saw how there was a service users guide on how to make a complaint and information was also available in the shared house that we visited. This was in an easy read format, and included pictures, signs and symbols. No formal complaints had been made to the service and one person said that they always felt able to talk with care staff and did not ever feel the needed to complain. The authority had an overall corporate complaints policy and central team who responded to complaints. Information was available to people using the service, families and stakeholders and complaints information was also available in different formats, including the use of pictures and symbols for people who had difficulty with reading written words.

Staff told us they believed that it was vital for the service to build and maintain positive and open relationships with those they supported and their families. From these conversations, we were left with no concern about the attitude of staff towards those who used the service.

Good

Is the service well-led?

Our findings

Apart from the head of service and on-site managers of the service, we also spoke with three care staff. Everyone told us they felt supported and that "we communicate well as a team" We were also told that, "There is a lot of commitment towards the people using the service."

In discussion with the head of service and on-site managers during our inspection, we were told about and shown the monitoring systems for the day-to-day operation of the service. Staff had specific roles and responsibilities for different areas and were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Staff clearly knew their responsibilities and lines of reporting within the service and to the service provider.

On call out-of-hours advice was available to staff throughout the working day and overnight when on duty. The provider operated an on-call system for out of hour's issues that arose. This operated seven days a week between 17:00 and 09:00 and all day at weekends. This was managed through the local authorities out of hour's duty system. Staff reported to us that this on-call system was rarely called upon but all knew and felt confident of an appropriate response should that ever be required.

The provider consulted people who used the service, where possible, about the development of policies. People were also involved, again if possible, in staff recruitment interviews and this was strongly promoted by the provider as a means of obtaining an expert view from the people who were supported.

We saw that people's feedback about the service was continually sought and was also recorded at monthly quality monitoring visits to the service. For example, to look at the way person centred plans are reviewed and how the outcomes for the service can be aligned to the five key questions asked during CQC inspections. We also viewed the "Business impact analysis and risk" objectives for 2016 that was compiled for the shared house that we visited. This outlined the objectives of the service to provide housing and support and measures taken to secure these on-going objectives. The service had an overall supported living unit plan which outlined the current situation and performance of the service and further service development objectives for the whole service from 2016 to 2017. As an example, developments included further developments to care planning formats, to issue yearly questionnaires to families and stakeholders and to appoint a person using the service and a member of staff to be equality champions.