

Supported Lives Services Ltd

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Inspection report

1st Floor Management Suite 1
Bizspace Business Centre, Knowles Lane
Bradford
BD4 9SW

Tel: 01274377104
Website: www.supportedlives.co.uk

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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

Supported Lives Services provides a domiciliary care service, providing support to people in their own homes. In addition, it provides service to people living in three supported living settings. In these instances, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. At the time of our inspection, 10 people were receiving this service.

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 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. Records relating to decision making needed improvement and the registered manager responded to this need.

People felt safe and protected from the risk of harm. Staff understood their safeguarding responsibilities and records showed appropriate action was taken to safeguard people.

There were sufficient numbers of staff who had been safely recruited. They received a regular programme of support through training, supervision and appraisal. The training matrix showed high levels of completion in mandatory and specialist subjects.

Care plans were sufficiently detailed. Further developments were needed in respect of end of life care. Staff demonstrated their knowledge of people's care needs and action needed to reduce risks to people.

People were supported by staff to access healthcare services and records. People's dietary needs were identified and met by staff.

The service was well-led by the registered manager who people knew well. Staff felt able to approach the registered manager with any queries or concerns.

People and relatives spoke positively about the care provided by staff. People's privacy and dignity needs were maintained and staff supported their equality, diversity and human rights. Communication needs were met through support plans and easy read documentation.

People received their medicines as prescribed. Medicines were safely managed by staff who had received up-to-date training. All but two staff had an up-to-date competency check.

Systems of governance provided sufficient oversight and lessons were learned when things went wrong.

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 requires improvement (published 5 September 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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 safe 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.

Supported Lives Services Ltd

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 over two days by one inspector. On the second day, an assistant inspector was part of the inspection team. An Expert by Experience contacted people receiving this service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. In addition, it provides service to people living in three supported living settings.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

Before the inspection we reviewed the information we had received from the service including notifications

about incidents in the service the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any information they could share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager, the deputy manager and four other members of staff, three people who received this service and nine relatives. We looked at four people's care plans in detail as well as other records including those connected with recruitment and training, medicines administration and quality monitoring.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe receiving this service. One relative told us, "They look after [name] well. I don't worry when they're (staff) here." Staff had received safeguarding training and knew how to recognise and report abuse.
- Safeguarding records showed allegations of abuse were dealt with appropriately. The registered manager worked with other services to protect people from the risk of abuse.
- Records of people's living expenses we looked at showed systems were in place to prevent them from the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed. Risk assessments included guidance on how staff were to reduce the risk of harm to people.
- Risk assessments covered personal care, falls, use of mobility equipment, medication, nutrition and safeguarding. Accidents and incidents were being monitored by the registered manager.
- Personal emergency evacuation plans were in place to help protect people in the event of a fire. These were produced in easy-read format which helped people understand this risk.

Staffing and recruitment

- People and relatives confirmed they received a service from staff they were familiar with, adding they never missed a visit. Staff arrived when they were expected. Relatives told us the service had settled since the registered manager started in post as staff turnover had subsequently reduced. This meant people were supported by regular staff which gave them consistency.
- There were sufficient numbers of staff to meet people's needs. The number of support hours people received was assessed before they started to receive a service.
- The system used to manage the staff rota was effective and checks were made to ensure visits were completed. Staff told us the out of hours system was effective as it was always answered.
- Safe recruitment practices were seen in three staff files we reviewed.

Using medicines safely

- People and relatives told us people's medication was safely managed. One relative said, "These (medicines) are always given on time. They are very good with the monitoring."
- People had medication support plans which recorded their prescribed medicines and how they needed and preferred to receive these. Medication administration records showed people received their medicines as needed.
- Weekly and monthly medication audits were taking place. Medication competency checks were taking

place. However, two staff needed these updating which the registered manager dealt with during the inspection. All staff received up-to-date medication training.

Preventing and controlling infection

- Relatives we spoke with told us staff promoted good standards of infection control. The registered manager and staff told us personal protective equipment was readily available.
- An infection control audit was completed for the offices which scored highly. Several people receiving this service visited these offices for activities and socialising.

Learning lessons when things go wrong

- Complaints we looked at showed lessons were learned and these issues were raised during staff meetings to share learning.
- One relative told us they felt staff understanding of autism awareness could improve. The registered manager had discussed this concern with them prior to our inspection. The registered manager said they would offer this relative a chance to attend the next staff training session on this subject.

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 as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to have choice and control over their lives, although the recording around decision making required improvement.
- The registered manager showed us one person's best interest decision relating to a specific activity. However, a mental capacity assessment had not been recorded to demonstrate whether the person was able to make this decision for themselves. The registered manager said another person was unlikely to have capacity around decisions relating to finances, although an assessment of their capacity had not been completed. The registered manager dealt with these concerns during and after our inspection.
- People told us they were in day to day control of their decisions and staff supported them. One relative said, "They do respect [person's] choices. They take time to find out what [person] wants." Staff completed MCA training and demonstrated a sound awareness of what this meant in their roles. Consent forms were signed by people where they had capacity to make their own decisions.

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

- The registered manager, as part of the pre-assessment process, told us, "We get really good information from (the local authority)." This helped to ensure the registered provider was able to meet people's needs before the service started.
- The registered provider was following guidance from national bodies, such as the National Institute for Health and Care Excellence (NICE). The registered manager researched NHS guidance relating to good oral health care and discussed this at staff meetings.

Staff support: induction, training, skills and experience

- New staff received a robust induction over several days to ensure they had relevant training and other knowledge before commencing their role.
- People were supported by suitably trained and competent staff. One relative told us, "The care workers who come do have skills and knowledge. They look after my relative well."
- The training matrix showed staff received a range of mandatory as well as specialist training including autism awareness, epilepsy and mental health. One staff member said, "This is a massive improvement in the company. The level of training is far superior."
- Staff received formal support through regular supervision and appraisal. The registered manager recognised the importance of staff health and wellbeing and staff confirmed this was discussed.

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

- People we spoke with confirmed they were in control of their meal choices. They said they discussed this with staff who provided guidance on healthy eating.
- One person's risk assessment for their dietary needs contained conflicting information. The registered manager checked this person's needs and updated their care plan. The same person's relative told us staff were following the correct instructions for meeting the person's dietary needs.
- One person had been referred to a dietician by staff when there were concerns about their weight. They were prescribed supplements which staff were aware of and action they had taken meant this person's weight was now in a healthier range.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- A staff member told us about one person who didn't enjoy exercise. However, they had combined this with other activities the person enjoyed which meant they were living a more active lifestyle.
- One staff member told us, "We work with doctors, dentists and opticians. [People] get regular appointments with [opticians]. They had their general health check-up in April." Care records showed the involvement of other professionals such as psychiatrists and a local health centre.
- People had a health action plan and a hospital passport which contained useful information in the event of an unplanned admission. This document was in easy read format.

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

- People and relatives told us they liked and appreciated the staff who provided care. One person told us, "They listen to us and care about us." Satisfaction surveys completed by people in January 2019 stated, 'All my staff are kind' and 'I love living at [service] and the staff are great'. Relatives comments included, "The staff are very caring and compassionate", "They (staff) have a wonderful relationship with my relative. They are always respectful to all of us" and "Due to my relative's condition and behaviour, staff do need to understand [person's] preferences and how to support [person]. They are brilliant."
- Staff demonstrated appropriate caring values to us. One staff member said, "We care so much, we want [people] to be happy."
- The registered manager said they matched people receiving a service to staff members with the appropriate characteristics and skills to meet their needs. A one-page staff profile included details about their values and hobbies.
- Where staff were supporting someone for the first time, they shadowed the person's regular staff member on 'meet and greet' sessions on three occasions before lone working. Staff also read the person's care plan before providing support. Evidence that staff read people's care plans was seen.
- People and relatives said staff knew the person's needs and preferences. One relative said, "[Staff] have a great relationship with my relative. [Staff] know their likes and dislikes and this is why my relative is very happy."
- The registered manager and staff understood their responsibility to meet people's equality, diversity and human rights. One relative told us, "The care workers speak the same language. They understand our cultural requirements, they are brilliant." People were supported with their religious beliefs. One person's care plan showed how staff were expected to meet this need. A staff member said, "We don't treat [people] as if they have a learning disability, we treat them as normal people."

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

- People told us they felt able to approach staff and the registered manager about their care needs and how these were met.
- People told us they received satisfaction surveys which gave them a chance to express their views and be involved in decisions about their care.
- Relatives we spoke with consistently told us they were involved in their family member's care planning. One relative said, "This is reviewed at least one a year. We have met the team. They do involve us." With regards to involving people and their relatives in care, the registered manager told us, "We don't do anything in isolation"

Respecting and promoting people's privacy, dignity and independence

- People and relatives consistently told us staff respected their privacy and dignity. One person told us, "Before staff enter rooms, they always knock on the door." One relative said, "The staff are very respectful, caring and they do give dignity to [person]."
- One person's care plan said they looked to other people to make decisions on their behalf, but noted they were able to make decisions for themselves. Staff were aware they needed to encourage this person to make their own decisions which empowered them to live more independently.

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 requires improvement. At this inspection this key question has now improved to Good. 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's care plans were person-centred and focused on what they wanted to achieve. One person was supported to attend a music group and had gone on to make significant personal achievements in this area with help from staff.
- People had care plans for specific health conditions. These included information staff needed to be able to provide responsive care. Two people had positive behaviour support plans which covered different types of behaviour, what signs staff should look for and how they should respond to these needs.
- Care plans contained information about people's preferences and their routines with this explained in sufficient detail.

End of life care and support

- Two staff had received training in providing end of life care. One person had a completed end of life care plan and another was in progress. Further work was needed to record discussions people wanted to have about this aspect of their care and also where this was declined. The registered manager was taking action to address this.
- One staff member said, "I think it's something I would like to talk to [registered manager] about how we approach it. There might be some sort of training."

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 registered provider was meeting the requirements of the accessible information standard. People's communication needs were recorded in their care plans. Various examples of information provided in 'easy read' form was seen which meant it was accessible to people receiving this service. Staff were able to translate information where people had specific language needs.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported by staff to be part of their community and participate in meaningful activities. One relative told us, "[Staff] work out a good activity plan which my relative enjoys. This includes swimming, exercise and going to different places."
- Two people told us they had activities and groups they were regularly involved in. Other people were also

supported to pursue their own interests and hobbies. One person who did not receive a regulated care service had been supported to set up a work placement.

Improving care quality in response to complaints or concerns

- People told us they were able to contact the registered manager directly with any queries, concerns or complaints. People and relatives knew how to complain if they were dissatisfied. One relative said, "We have had issues in the past. We have contacted the management and they do listen to us."
- Records of complaints showed these were well managed. Formal replies were sent in response to complaints received.

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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives we spoke with reflected on how the service had changed since the registered manager started. They noted staff turnover had reduced and gave other examples of improvements made.
- The staff team worked well together, and they were capably led by a registered manager who was motivated and wanted to achieve high standards for people. Staff at this service won a team of the year award out of 120 teams at the registered provider's annual awards ceremony.
- People, relatives and staff told us the service was well-led. One relative said, "Management are brilliant." Another relative said they were ready to change service providers until the registered manager joined and improved the service. Staff comments included, "I nearly left before [registered manager] came on board. He came in and we chatted. It was very relaxed when he came here", "I think he's a good manager, I can feel I can go to [registered manager]. The office staff are really good" and "If I have any concerns I speak to [registered manager]."
- The registered provider had a commitment to staff called, 'The Challenge Charter'. This meant positive challenge in all aspects of the service was welcome which encouraged open conversation.
- During our visits to people's homes, it was evident the registered manager knew people well and people felt very comfortable in conversation with them.
- The registered manager wanted to set up a skills centre based at their offices which people receiving this service could access.

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 registered manager was open and transparent throughout the duration of our inspection.
- The registered manager understood their responsibility to report notifiable events to the Care Quality Commission. Notifications had been submitted to us in response to reportable events.
- The registered provider's duty of candour was followed. A complaint we looked at showed the relative of one person had been fully informed and an apology had been made to the person and them.

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

- Spot checks were completed by senior staff. The registered manager also completed unannounced checks outside working hours.
- The registered manager took responsibility for a series of weekly and monthly audits. These covered, for

example, care plans, finances, medication and staff files.

- The regional director carried out separate checks covering these and other areas. Both sets of audits were effective in identifying areas of improvement needed.

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

- People were encouraged to be involved in the running of the service and to provide feedback. In January 2019, satisfaction survey responses were analysed and feedback was given. 'You said, we did' feedback was produced in response which showed how the registered manager was making positive change in response to feedback.
- Throughout the inspection people's equality characteristics were taken into account and these needs were being met.
- Staff meetings were held regularly and they received a monthly newsletter. One staff member said if they were unable to attend, the registered manager went through the details of the meeting with them. The staff member said, "They are massively supportive."

Working in partnership with others

- Partnership working was evident in examples with the school of rock and media, Bradford College and positive behaviour support facilitators.
- Staff worked with other care providers where responsibilities for different parts of people's care package was shared. This was well-managed, and staff were found to be effectively communicating with these partners.