

Leading Lives Limited

West Supported Housing and Domiciliary

Inspection report

Bury Resource Centre
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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

West Supported Housing and Domiciliary is a service that provides personal care to 11 people who live in their own homes and 22 people who live in one of seven supported living environments. The service supported younger adults, older people, people with learning disabilities and autistic spectrum disorder.

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.

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

West Supported Housing and Domiciliary continued to provide people with a safe quality service. Staff were knowledgeable about people's risks and how to care for them safely. They understood how to protect and safeguard people and demonstrated a transparent attitude to reporting concerns.

People's risks were assessed, monitored and adapted when their needs changed. There were enough staff to support people and safe recruitment procedures were followed

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to remain independent, were consistently treated with respect and had their privacy and dignity protected. Where required people were supported with their medicines and to maintain their health by accessing relevant services.

People's care was planned and delivered in a person-centred way. Staff understood people's individual communication needs and spoke with people according to their individual needs. People's end of life wishes had been discussed with people and documented.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

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

Rating at last inspection

The last rating for this service was Good (published 28 March 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

West Supported Housing and Domiciliary

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

This inspection was undertaken by one inspector.

Service and service type

West Supported Housing and Domiciliary is a domiciliary care agency providing personal care to 11 people living in their own homes and a supported living service to 22 people who live in one of seven 'supported living settings', so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager 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.

Inspection site visit activity started on 1 August 2019 and ended on 13 August 2019 when we gave feedback.

It included a visit to the office location on 1 August 2019 to meet with people using the service, the provider's regional manager, staff and to review care plans and other records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven people's relatives about their experience of the care provided. We spoke with the provider's regional manager, two team leaders and seven members of support staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe using the service. One person said, "I like the staff no issues, feel safe with them all." Another person commented about the staff, "I feel safe and comfortable with them."
- Established policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff understood their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns appropriately when they were worried about people's safety.
- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition and the person's home environment.

Staffing and recruitment

- People and relatives told us there were enough staff available to support them and meet their care needs. They confirmed that the staff came at the arranged time and stayed for the agreed length of time. One person commented about the continuity of care, "I have a couple of people that come to help me. A little team that work together well. [Name of staff member] is the main person and is fantastic. Does everything I need and makes sure the others know what is required, when they cover."
- Systems checked that the staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely; Preventing and controlling infection

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People who were assisted with their medicines continued to be supported by trained staff who had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medication had been administered.
- The provider ensured regular audits and spot checks of medicines were completed. Where an error had been identified there was a detailed procedure and follow up in place.
- Staff continued to have access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

Learning lessons when things go wrong

- The registered manager and provider responded appropriately when accidents, incidents or near misses occurred. They undertook detailed investigations to mitigate risk and reduce re-occurrence.

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

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

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process.
- Assessments had been completed in line with current legislation and good practice guidance and the information was used to create person centred care and support plans with people.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right knowledge and skills. One person said, "Staff are well trained, more than capable."
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so.
- Staff continued to be supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available. One member of staff who had done this told us, "They [management] invest in you, encourage you to learn more; improve your skills. I was supported to do [recognised qualification] in care and it developed my knowledge and understanding."

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

- People were assisted, when required with their meal preparation and with the support they needed with their meals.
- People were assessed for the risk of poor nutrition and information about any risks associated with eating and drinking were clearly recorded.

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

- People continued to receive the care and support they needed. Staff supported people to access healthcare services when they needed them. This included making appropriate referrals and attending healthcare appointments.
- Relatives shared examples of how the staff were proactive in managing their family member's health needs and keeping them informed of any changes. One relative told us, "All of [family member's] health needs are well managed by the staff. They keep on top of all the appointments and support [family member] to go the hospital for check ups."
- People's care records showed that other professionals were appropriately consulted and promptly requested as required. This included GPs, dieticians and speech and language therapists.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Care records showed that people had consented to their care and were involved as much as possible in their ongoing care and support arrangements.
- Our discussions with the provider's regional manager and staff showed they understood the requirements of the MCA.
- We saw staff explain to people what they needed to do and sought people's consent before supporting them.

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 rated Good. 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 were supported by staff who were consistently kind and caring. One person said, "The staff are my friends they are always nice to me, listen and make me smile and laugh when I am sad." A second person told us, "The staff are first class. Professional and efficient, get the job done but still treat you as a human being and make time to have a laugh and joke with you. Their visits are the highlight of my day."
- Our conversations with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. They spoke about people in a caring and respectful manner and shared how they enjoyed the role they played in supporting people in their daily lives and to achieve their goals.

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

- People continued to be encouraged and supported to express their views and be actively involved in making decisions about their care and support.
- People's views were reflected and detailed in their care plans and where appropriate they had signed these in agreement to their plan of care and support.
- People had copies of their care plans in their own homes, so they could access them, and check information was accurate. Where required people's care records were provided in accessible formats such as easy read or using pictures so that people could understand the information about their care arrangements.
- In the supported living properties regular tenant's meetings were held so that the service could share information with people and they could contribute ideas of how the service could continually develop.

Respecting and promoting people's privacy, dignity and independence

- During our visit to the office we met with people who used the service that were visiting the provider's day centre. The day centre is located on the same site as the office and the staff from the day centre also work at West Supported Housing and Domiciliary. We saw staff treat people with dignity by talking to them in a polite and respectful manner, listening and responding appropriately to any requests. This included when people changed their minds about how they wanted to spend their time.
- Staff supported people to maintain their independence whilst providing the level of care needed to ensure they remained safe. People's care records were clear about what they needed support with and what people could do independently for themselves. One person said, "I need help with [personal care]. They [staff] help me as I can no longer do it all by myself."
- People and relatives shared examples of how the staff respected people's dignity and modesty. This

included during personal care by ensuring that people were covered up as much as possible and their privacy upheld.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated 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 told us their individual needs and preferences were met and that staff were responsive to them. One person said, "I get help when I want it. I have the [visit] time I like, they [staff] come early which works well for me." Another person commented, "[Member of staff] knows me inside and out, does everything I need. I would be lost without them. I don't have to tell them what to do we have a good routine in place that works for me. We rub along nicely together."
- Relatives shared with us examples of how the staff responded well to changes in people's needs and kept them updated. One relative said, "[Family member's] health can fluctuate a lot, and this can affect their mood. The staff are in tune to any changes anticipating how to manage this. They know how to cheer [family member] up."
- People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- Staff were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way.

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.

- Where required information was provided to people in alternative formats such as pictorial format, large print and easy read to enable them to access the information in a way they could understand.

Improving care quality in response to complaints or concerns

- A complaints process was in place. People and relatives knew who to speak to if they had any concerns and were confident they would be addressed. One person said, "I've got no problems if I did I know who to speak to and they would sort it out."
- Records showed that any complaints received were dealt with in line with the provider's complaints policy.

End of life care and support

- At the time of our inspection no one was receiving end of life care, however people's preferences for their advanced care wishes had been considered. Whilst some people had opted to share their wishes and expectations for their end of life care, others had declined to have these discussions with staff and this had been respected.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated Good. This meant 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives were complimentary of the service and care provided and told us they would recommend it to other people. One person said, "I am happy with my care and support. I think this is a good service to use." A relative commented, "It is a reliable service that meets [family member's] needs and one we can depend on."
- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Effective oversight and governance arrangements were in place. The provider's regional manager was covering for the registered manager who was on annual leave at the time of our inspection. They demonstrated an in-depth knowledge of what was happening in the service to provide people with quality care.
- There was a programme of quality assurance checks in place, including care records and medicines. These supported the management team to address any shortfalls promptly.
- Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.
- The management team and staff were passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

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

- People, relatives and staff were engaged in the continual developing of the service; through surveys and ongoing communication to check they were satisfied with the arrangements in place. One relative commented, "I am often asked for my views, if I am happy with the care and support [family member] receives. Do I wish to change anything?"
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews

included people who used the service and where appropriate their relatives to identify how they wanted their care delivered. One relative told us how the service enabled their family member to attend church on a regular basis as they knew this was important to them and had been discussed as part of their care review.

- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions. A member of staff said, "I feel valued by the management team, my opinions are respected. As a team we often share ideas and suggestions for how we can do things sometimes trying things differently to get a better outcome for people. It is a good place to work, you can speak up and be confident you will be listened to."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry.
- There was a commitment to learning and development. The provider's regional manager advised us that when people using the service had specific needs, training was sourced before they provided care to ensure staff had the knowledge of how to provide care and support.
- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care.