

# 'I Say' Supported Living Services Limited

# I Say Supported Living Services Limited

## 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

This inspection took place on 21 June 2016 and was announced.

I Say Supported Living provides care services to people in their own homes in Medway, Maidstone and the surrounding areas. The care provided was tailored to people's needs so that people could maintain or regain their independence or provide valuable respite to family carers. Care was delivered to younger adults with learning disabilities, mental illness and physical disabilities. People needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 42 people using the service at the time of our inspection. The care and support people needed ranged from two hours a week to more intensive 24-hour support packages.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people using the service.

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. The provider had a clear understanding of the needs they could meet to enable them to deliver a high quality of care. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff training covered both core training like first aid and more specialised training in learning disabilities and mental health. We could see that the management and staff culture was grounded in recognised good practice in learning disability and mental health care.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good

support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

Some people needed more than one member of staff to provide support to them. The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care, they were provided.

People said that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care was individualised to them and in some cases, people had written their own care plans.

The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support. The provider and management team wanted to continually improve and had development plans in place that were being implemented to further enhance the quality of the service.

People were happy with the leadership and approachability of the service's registered manager and the management team. Staff felt well supported by registered manager. Audits were effective and risks were monitored by the registered manager to keep people safe.

## 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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

### Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

### Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on the quality of service delivery. Development plans included more services to assist people to gain more skills and independence.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day-to-day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

# I Say Supported Living Services Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 21 June 2016 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We received feedback about the service from 12 people and we spoke with one person about their experience of the service. We received feedback about the service from 14 staff and we spoke with six staff including the registered manager, deputy manager, a business support consultant, one senior carer and two care staff to gain their views about the service. We also took account of the views of four relatives and three health and social care professionals.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

This was the first inspection of this service since it was registered on 28 May 2014.

# Is the service safe?

## Our findings

People told us they had confidence in the service and felt safe when staff were in their homes delivering care. People said, "I trust my I Say staff." People's comments included, 'I Say has given me more independence and to be more happy in myself now that they help me with my mental health.' And, 'I moved to this service six months ago, this was the best move I have ever made'.

The provider took a balanced approach to risk and developing people's independence. One person said, "I know I am at risk when I try to carry out certain tasks for myself due to my condition, but staff understand this and keep me safe."

A health and social care professional commented that, 'The service offered is very person centred; I would strongly recommend this service in the future as I have in the past.'

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People had consistent care from regular staff so they were protected from risk. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. The provider did not use external agency staff and all staffing cover was provided by the staff employed by I Say Supported Living. Staff we spoke with confirmed that they were rostered with the same people and the staff rota verified this.

Staff supported people in the right numbers to be able to deliver care safely. Some people needed care and support from two staff because of their illness or condition. We could see that people had been assessed for this. We checked the assessment with staff and against the staff rota and saw that two staff were allocated to 'double handed calls'. The staff rota was completed two weekly in advance to ensure it supported the flexibility needed to assist people to direct their own care and routines. Staff doing these calls we talked with told us they worked as teams of two when required. This was also documented in people's daily care notes.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. (Spot checks are supervisions of staff in the field.) People who received support from staff with their medicines were given their medicines as required by their

GP. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk whilst they were in the community or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. People told us that staff helped them understand the risk they may face and what steps to take to stay safe. For example, letting people know places they were going and taking a mobile phone and staying safe when using the internet or social media sites. One person said, "Having a personal alarm and the on call number puts my mind at rest." We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

Incidents and accidents were fully investigated by the registered manager to ensure steps were taken to prevent them from happening again. The incidents recorded so far in 2016 had all been fully recorded and investigated with actions taken to reduce the risk recorded. They had also been shared with people's care managers where appropriate. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the registered manager would monitor incidents and accidents.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.



# Is the service effective?

## Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "I have a person centred care package, I have agreed what I need staff to help me with". Others commented, 'This is a very good service', and 'This is a very well-managed company with excellent staff.'

A health and social care professional commented that, 'I Say staff are just brilliant, caring and focused. They care for people who have been moved around services many times, but they enable people to achieve consistency of support, I rate I Say very highly.'

Staff said, "The training I get helps me deliver to people's needs, it has helped me learn to deal with any problems I may face when delivering care". Another said, "I love what I do, and I speak to my manager about any issues I may have delivering care or about my own personal development."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks and audits.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had making their calls. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. For example, staff supporting one person had received training in techniques to calm people who had behaviours that may harm themselves or others. This showed that staff were getting the right training based on people's needs so that their care was effective.

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. This service was not providing food and drink to all of the people receiving support. This was because there were others at home with people or people took care of their own needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff. People told us that when staff helped them with their meals, staff did this with them rather than for them. This encouraged people to remain independent.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to

do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help or ensure they passed the information onto relatives or care managers so that this was organised to protect people's health and wellbeing.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in autism and learning disabilities awareness, caring for people with epilepsy or diabetes and specialist training in percutaneous endoscopic gastroscopy (PEG) tubes, inserted into people's stomachs so that food, fluids and medicines could be introduced. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by the registered manager or other senior staff whilst at work and were provided with guidance about their practice if needed. Registered managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

## Is the service caring?

### Our findings

People described the care that they received very positively. All of the people, their relatives and health and social care professionals who responded to our survey about how caring the staff were, responded with one hundred percent satisfaction. People said, "The staff always have cheery smiles", and "I like to have a chat with the registered manager who gives me a lift to work". Other people commented, 'All of the I Say staff are polite and pleasant, you can have a laugh and a joke and a conversation with them'.

People told us that they experienced care from staff with the right attitude and caring nature. People told us that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. The registered manager also delivered care to people as part of the care team. This gave them the opportunity to ask people about their experiences of the care.

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, calling people by telephone to ask their views and sending people questionnaires. People's comments from the recent quality audit feedback process included, 'The registered manager is superwoman,' 'I am now happier and feel more independent than before,' and 'All the staff are very helpful and help us a lot.'

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's

confidentiality.

## Is the service responsive?

### Our findings

People's needs were reviewed and kept up to date and the registered manager and staff were always available to listen to people's views. One person said, "I have requested changes to the way staff support me and this has happened".

A health and social care professional told us, 'The registered manager met with my client and myself to make and agree suggestions about improvements to the care plan. Time was given for the new care plan to develop so that the agency could provide a high level of support.' And, 'The registered manager often contacts our team and myself to ensure we are aware of any issues our clients face with their support, health or wellbeing.'

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. People told us and we saw examples of how they had written their own care plans and that staff followed these. For example, there was evidence that when people started using the service their risk assessments were completed as a priority.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. The registered manager told us the initial review of the care plan would take place after six weeks and then every three months. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and managers reviewed people's care notes to ensure that people's needs were being met.

Staff gave us examples of how they had changed their practice when people's needs had changed or they needed a different approach to ensure they delivered the care. For example, for one person who became anxious and upset when making normal choices now uses pictures to decide what they want to do and staff are very careful not to bombard the person with too much information. Some people had support to attend work and recreational activities as part of their care and support packages. This included swimming, cooking and attending exercise classes.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Other information showed that an occupational therapist had been involved in developing people's care packages and support plans and guidelines of care for staff to follow. This meant that people benefited from care that always followed best practice principals.

People were supported to maintain contacts with their GP and other health monitoring sessions with community nurses to assist them to stay healthy. People had health action plans and hospital passports which gave key information to health and social care professionals about the person, for example, it would be used by hospital staff if the person was admitted to them.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There were four examples of how the registered manager and staff responded to complaints. These had been logged, investigated and the outcomes recorded. When necessary the registered manager had formally apologised to people if the service they had received fell short of the standards expected. All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

## Is the service well-led?

### Our findings

The registered manager was also the provider and had been leading the service since 2011. They were supported to develop and manage the service by an experienced deputy manager and business support consultant. The management team at the service provided a good balance of skills experience and knowledge. They were all passionate about the people they delivered care to and about the quality of what they did.

People told us that the service was well run. They had no complaints about the way the service was managed.

The registered manager had carried out quality audits every three months. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risks were minimised by assessment and responses to staff concerns such as poor lighting or environmental hazards.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers. The registered manager had plans to develop more daytime activities for people who used their service known as a 'Skills Space.' This was to promote choice and develop people's day-to-day living skills and to introduce them to new ideas and opportunities.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice. They told us that the registered manager was approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.