Plymouth Supported Living Limited

Plymouth Supported Living

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

The inspection of Plymouth Supported Living took place between the 7 and 11 December 2018. We announced the visit 48 hours before. This was to give staff the time to let people know we were coming and why.

When we last inspected the service, we found breaches of the Regulations. This was due to concerns about how the medicines were managed, how staff were being supported and, the leadership and governance. We asked the provider to tell us how they were going to put this right and checked this plan had been adhered to.

On this inspection, we found improvements; with some clarification need around medicines to ensure the records were accurate. These were all in place by the time the inspection concluded.

Plymouth Supported Living provided care and support to 10 people living in a 'supported living' setting, 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 people had a learning disability.

People lived in two separate parts of a complex owned by Plymouth Highbury Trust. One building was called the Lodge (where two people lived) and Highbury House (where the other eight people lived).

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should live as ordinary a life as any citizen. This including us checking compliance with the national plan, 'Building the right support' and best practice. For example, how the service ensured care was personalised, the person moved on if needed, people's independence and ensure people were linked with their community.

The service had a registered manager. 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. They were supported in this role by the deputy manager and trustees of the parent body Plymouth Highbury Trust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were assessed in line with the Mental Capacity Act 2005.

People were supported to be accepting of each other and of others. Their faith, sexuality and life choices were respected and explored by staff to ensure people's right to choose how to live their lives. This included

identifying those people who were vulnerable because they could not identify risk in others and putting means in place to make this part of the discussions and care planning with and for people.

People and families felt safe in their homes and with the staff who supported them. Staff knew how to keep people safe from harm and ensured they received a personalised approach to identifying if they were unhappy, depending on their communication and comprehensive abilities. People's care plans were detailed and written with people or those relatives who knew them well. People's medicines were administered safely.

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. Staff were available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. Staff ensured people had choices about how to meet their needs while balancing the need for people to eat well, keep hydrated and stay healthy. Detailed 'hospital passports' were in place so important information about people's needs and communication methods was able to be shared easily with other health care professionals when needed.

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. Every effort was made to enable people to express themselves; this included knowing people well and using assisted technology as relevant.

The service was responsive to people's needs and they could make choices about their day to day routines. People followed their hobbies and maintained links with the community, which provided them with mental and social stimulation. People were also supported to try new things or volunteer.

People and family could make a complaint and were confident action would be taken to address their concerns. The registered manager and trustees treated complaints as an opportunity to learn and improve. Staff knew people well and identified if people were unhappy; every effort was then made to find out why this was and put things right for the person.

The home was well led by an experienced registered manager. The registered manager and trustees had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information can be found in the full report which can be found on our website at www.cqc.org.uk

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 were protected from the possibility or abuse by trained, informed staff and systems to keep them safe.

People had the risks associated with their life and health assessed. They were involved in identifying being supported in how they could live safer lives.

People were looked after by enough staff who were recruited safely.

People's medicines were administered safely by trained, competent staff.

People were protected by and informed about good infection control practices.

The service learnt from events and incidents through audits and on feedback.

Is the service effective?

Good

The service was effective.

People's care reflected current guidance in supporting people to live full lives that they had control of.

People's health, food and hydration needs were met.

People were supported by staff trained to meet their specific needs. Staff were supervised, supported and checked to ensure their ongoing competency.

People were assessed and supported to be competent in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service was well-led.

A positive culture was evident in how the service was managed.

The trustees and registered manager regularly checked the quality of the service was good.

People and staff were supported to play an active, decision making role in the running of the service.

Clear management frameworks were established to ensure good governance was in place.

The service worked closely with a range of agencies and aimed to continuously learn and develop

Plymouth Supported Living

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 inspection took place on the 7, 10 and 11 December 2018 and was announced 48 hours in advance. This was to support the staff to have time to prepare people for our arrival in order to prevent unnecessary distress.

The inspection office visit activity was on the 7 and 10 of December 2018. We also made phone calls to family and staff on the 10 and 11 December 2018.

Two inspectors completed the inspection. We used information the provider sent us in the Provider Information Return. This is 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 informally met eight of the 10 people currently living at the service. We also had a look round the buildings to observe how people's needs were being met by the fire safety, layout and décor.

We reviewed the care and medicine records of three people, three staff recruitment files and a further three staff's supervision, appraisal and competency checks.

We spoke with four relatives over the telephone and had email feedback from another. Three professionals gave us feedback by email. We spoke with the registered manager, deputy manager and met some staff when we visited the buildings. We spoke with four staff over the telephone.

We also reviewed how the service and provider were ensuring the quality of the service, staff training records, supervision and competency checks of staff practice. Feedback on the service such as compliments, complaints and responses to questionnaires were also read.

Good

Is the service safe?

Our findings

At our last inspection in 2017 we rated the last inspection as requires improvement. This was because people's medicines were not always managed safely. At this inspection, we found the concerns have been put right.

People's medicines were given by trained staff who had their ongoing competency checked. Clear records were kept. We did identify people had prescribed 'as required' pain relief that were also identified as possible homely remedies. Also, the medicine administration records produced by the pharmacist were not clearly identifying where medicines were 'as required' and had two codes that were identical but if used could lead to confusion. The service contacted people's GPs and pharmacist to sort this out immediately so it was corrected and all staff were informed to ensure going forward that confusion could not arise.

People's medicines were ordered in a monthly cycle. Systems were in place to ensure the safe movement of people's medicines should they have to go out for the day or overnight. Systems were in place to manage life sustaining medicines such as oral rescue remedy for people living with epilepsy. Staff were trained in giving this medicine and, clear protocols were in place if the medicine was not successful in meeting people's needs. This also included when the person was out of the building on a social or leisure visit.

People were cared for by staff who knew how to identify abuse and what action to take should this be required. Staff had training that was updated often. Staff felt any concerns would be taken seriously and were aware of how to whistle blow if required. Staff had knowledge of the vulnerability of those they were caring for; they understood potential issues of exploitation and were aware of what signs to look for. People's records clearly identified the people who would be at risk from strangers for example, and supported staff to reinforce safety messages with people who could be vulnerable of being harmed.

People had detailed risk assessments in place to manage a range of issues. Risks were identified that reflected that person's needs at the time and advised staff how to reduce the likelihood of the risk affecting people. People who had higher levels of independence were supported to keep themselves safe in the community with staff supporting them to maintain this.

The service was staffed in line with people's identified needs. When people required a higher staff ratio to keep themselves safe, this was provided. Staffing was reviewed as necessary depending on people's needs.

Staff were recruited safely to work with vulnerable people. The registered manager had brought in a new value based interviewing process. This was to identify prospective staff member's attitude and aptitude to working with people with a learning disability. People were more involved in the process; prospective staff were observed in how they related to people and people asked for their view. All new staff underwent a probationary period where the ongoing suitability of each staff member was assured. Time each month was set aside to meet with management to measure and support each new staff member's progress.

New staff were being recruited via a dedicated social media site but this meant their initial application was

not being held on their paper file. This meant the permanent copy also did not then demonstrate the new staff work history. The registered manager advised they would look at how to print or store the online application.

Infection control policies and practices kept people safe from the possibility of cross infection. Staff were trained, people were supported to keep themselves safe and the systems were reviewed often to ensure people were still safe. Where people took part in housework and food preparation, they were supported to do this safely.

The service learnt from events to keep people safe. This included reflecting on audits and feedback about the service. Staff, people, family and professionals were involved in this process. All were then listened to for new ideas and ways to ensure for example, risk assessments and guidance to staff was up to date and accurate and reflected people's risk status. A staff member said, "We report accidents and incidents; anything that happens and the forms are also something to refer back to, for example, if a bruise appears. The forms go to management. We can use them to look at triggers and patterns, especially for challenging behaviour."

Good

Is the service effective?

Our findings

At our last inspection in 2017 we rated the last inspection as requires improvement. This was because people received support from staff who had not received regular supervision, appraisal, or their competency checked.

On this inspection, we found the concerns of last time had been addressed and, as the other areas remained compliant, the domain has been rated good.

Staff were trained in a range of topics identified as essential training by the provider. There was a rolling programme of training that was updated as needed. Staff were also trained in areas that reflected people's needs. This included training in epilepsy (including essential rescue remedies), autism and key equipment essential to sustaining life. Training was up dated often.

The service had a detailed induction in place that included new staff being trained in essential areas, reading people's care plans and risk assessments, undertaking shadowing shifts and having feedback on their progress before they started to support people in the service.

Staff were supported to reflect on how they were doing through regular supervision and checks of their competency. A staff member said, "I had a supervision within the last 8 weeks. You can talk about anything; how you're feeling in your job role, the people we support, suggest ideas – I recently suggested new equipment for one person. They were assessed by the occupational therapist and the equipment ordered. It was very quick."

Staff knew people well and people had their needs and choices respected. New ways to keep supporting people to reach their potential were sought by staff. People could set realistic goals to achieve and were supported to reach these. It was not clear how their choices and goals were regularly reviewed to ensure they were on target and current. We discussed this with the registered manager who started to look at how this could be achieved.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes and hospitals this is called the Deprivation of Liberty Safeguards (DoLS). DoLS do not apply to Supported Living services. However, people can have their freedoms limited if authorised by the Court of Protection. The registered manager understood DoLS not applying to supported living services and, people's freedoms were not restricted.

People had approved deputies in place in respect of their finances and the service ensured people could see advocates at any time. This meant there were people independent of the service to ensure their human rights were being met.

People's ability to consent to their care and support was carefully assessed in line with the MCA. People were given the opportunity to consent to their care at every opportunity with their chosen communication method used if they were unable to give verbal consent. Decisions about people's health were made in their best interests in discussion with key professionals, staff who knew them well and their family. For emergencies, hospital passports were in place and staff attended hospital with people to ensure continuity of care and to enable health professionals to continue to relate well to people. The registered manager and staff were clear on how the MCA applied to their work and understood how to ensure consent was gained in their day to day relating to people.

People were supported to make healthy food choices and drink enough fluid to maintain their health and welfare. People were active in choosing what they wanted to eat and drink and developing and maintaining skills in shopping and cooking with staff support as required. Where risks were identified, support from health professionals were sought and guidance followed. For one person, this also meant making decisions in their best interests that were clearly recorded and reviewed.

A staff member said, "I can raise a concern and [the registered manager or deputy] will respond and tell you what happened. For example, for dysphagia. They will help us understand what we need to do. Any changes to care, we read and sign that we have had that information. We share information well as a staff team well; in the last 4 weeks we had a new eating assessment for one person and the care plan updated quickly."

People had their health needs met. Best interests decisions were made for people as required. People were supported to identify health needs and attend their GP with staff supported as needed. People's health needs were reviewed as required. The service had links with specialised nurses, dentist and opticians as needed. Everyone was supported to take part in national health screening in line with their age. Staff also encouraged people to check themselves for any changes. Easy explanations were used to discuss why this was important. This meant any concerns could be identified.

People were supported to be accepting of each other and of others. Their faith, sexuality and life choices were respected and explored by staff to ensure people's right to choose how to live their lives. This included identifying those people who were vulnerable because they could not identify risk in others and putting means in place to make this part of the discussions and care planning with, and for people. A staff member said, "Everyone is treated with respect and all different needs respected".

Within the Lodge and Highbury House, every effort was being made to make the homes adapt as people become older and less able to move around. This meant since the last inspection, for example, two people swapped rooms with consent. This was because the person needed more accessible accommodation. The trustees were considering how to meet people's needs in the long term. This was to ensure advance planning as needs changed. People's rooms were due to be redecorated in 2019 and two people excitedly told us how they had been involved in planning this and choosing their colours and fabric.

Good

Is the service caring?

Our findings

The service remained good.

A family member said, "[My relative] is happy there. Caring? I think so. They would be able to tell me if there was a problem" and another said, "I speak with [my relative] once a week; he is always happy. They staff treat him with respect and they have and good natured staff. No concerns about the staff." A third relative said, "The staff are lovely and very caring."

A staff member said, "I love it. I love my clients, they make it all worth it".

People had ultimate control of their care and deciding how they wanted their life being supported by Plymouth Supported Living to be like. People were supported to express their views in line with their ability to understand information and then communicate what they wanted. People had key workers assigned to them to ensure their views were known. Staff used a range of approaches and/or media to enable people to relate what they wanted to do.

People received care which was kind and respected them as individuals. People were encouraged to be as independent as they could be. Strong links with the community were encouraged and facilitated by the staff. People's lives were being enhanced by the staff. The registered manager and trustees constantly observed and monitored standards of care to make sure people were treated with kindness and respect. These checks also made sure both houses were homely and respected as people's homes by staff and visitors.

People were treated with kindness and compassion. We observed staff interacting positively with people and being responsive to any need they had. People were accepted for who they were and by staff and a provider that valued people's individual contribution to the service. People and staff were observed speaking warmly, friendly and, with appropriate humour with each other.

A relative said, "The staff respectful? Absolutely. And their independence – they encourage him to wash himself and try to dress with great dignity. The staff genuinely get really upset when he's poorly".

People were looked after by staff who were kind and caring. Staff spoke about the people they looked after with energy and compassion; all staff expressed how much they liked the people they went to work to support. All spoke about how much they enjoyed their work.

People could spend time in communal areas or in the privacy of their own room. People's privacy and dignity was promoted. Where people were unable to promote their own dignity, staff discreetly helped people. People were requested to not go into other people's rooms unless they were invited and this was respected by everyone living in the two houses.

A staff member said, "We ring the doorbell before we go in and say, 'hello' to everyone. We offer assistance

[ensuring people know they can decline], making sure everyone is aware it's their home".

People were offered comfort and support when they found it hard to express themselves and this distressed them. People were supported to make choices about how and where they received support.

A staff member said, "I enjoy all our clients; they are all have their things that make the day different, there's such a variety of things we support them with. I like helping them to interact and how they look at life. It makes your day enjoyable."

Good

Is the service responsive?

Our findings

The service remained good.

People had a range of needs, complexity and ability to communicate. People being cared for by Plymouth Supported Living had lived together for some time and knew each other well; there was a close partnership working with families and important professionals. What people liked, disliked and wanted to achieve were recorded and central to their care planning. Staff demonstrated they knew people well and understood the principles of personalised care. People's care plans were detailed and personalised. The rights of people to be in control of their lives was integral to how the service ran. People, families, staff, and relevant professionals were involved in planning their lives and ensuring information gained was accurate and up to date.

A relative said, "The have reviews every year; they involve him as much as possible. They have as much choice and control as possible. Staff understand and communication well with him."

Staff told us they regularly read the care plans and contributed to their content. Staff could identify people's change of demeanour that could signal something was wrong. The care plans added the extra detail of how staff had learnt to read when people could be in pain or anxious, for example. Staff also knew that people's presentation may change and would remain inquiring as to what that could be telling them. Staff also acted as advocates for people to ensure other professionals listened to the person or to them, to ensure needs were met as identified.

People were supported to follow their hobbies and try new things. One person volunteered in a local group. People could also have down time and spend time being quiet, watching TV or a film on their own, together or with staff. People attended community groups locally, went shopping with staff to choose their clothes and food. People also were supported to attend local barbers, hairdressers and beauticians. One person used to have their hair dyed by staff but staff wanted to explore them having this achieved at a local hairdressers as other people at the service did. A lot of time, effort and the special relationship with the salon made this happen.

One family member told us how their relative had been horse riding and to the theatre. Another said how their relatives likes to collect DVDs that they look at with staff. A staff member said, "One person said she wanted to go to Disneyland so we took her. She was in awe and it was a such a nice experience, quite emotional."

Staff demonstrated they knew people really well and responded to their needs. They also wanted to expand people's lives and encourage them to achieve goals and take small steps in life that made their life fuller. Examples were of people going on special holidays and trying out new activities.

A family member said, "They take [my relative] to Plymouth Argyle matches on Saturday. He does like to be out. Definitely – he's out all the time."

People's end of life was explored with people. Everyone had a funeral plan in place which has been developed with the person to reflect how they want their end of life to look like. A relative said, "We have discussed their end of life plans and funeral plans."

The service had a complaints policy in place. This was made available in an easy read version to people. Checking people were happy and had no concerns was explored with their key worker and at residents' meetings. Any concerns or complaints were investigated and checked to ensure the person or family member were happy with the outcome. People received personal letters from the manager if concerns had needed to be investigated. People were supported by advocates and consulted to ensure they were happy with the outcomes; time was not an issue with people given all the support, help and guidance to make the decisions.

A relative said, "They phone me up as soon as anything happens. I would know how to complain if needed".

Good

Is the service well-led?

Our findings

At our last inspection in 2017 we rated the last inspection as requires improvement. This was because people could not be certain the service was well-led because there was no registered manager in place. The need to address leadership and governance had been recognised; not all changes had been achieved and some actions had yet to be started.

On this inspection, we found these concerns have been addressed. We also found the service had continued to be reflective and willing to learn from people, staff, professionals and the inspection. A great deal of change in culture, approach and the quality of the service had been achieved since the last inspection. A culture of continuous improvement was obvious in every discussion we had with the registered manager.

Plymouth Supported Living is owned by Plymouth Supported Living Ltd and overseen by Plymouth Highbury Trust. Plymouth Highbury Trust is a charity that specialises in the care of people living with a learning disability. They run many in house and outreach services including advocacy services. To prevent conflict of interest though, relationships had been developed with an advocacy service in Cornwall so people being cared for by Plymouth Supported Living had independent support, guidance and oversight.

A registered manager was employed to oversee the running of 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 supported by a deputy manager. Since the last inspection, the registered manager and deputy manager had more clearly defined their roles and responsibilities and worked well together to ensure there was clear leadership and governance.

Since the last inspection, a clear pattern of audits had been brought in. The trustees attended often and reported their findings to Trustee meetings and the registered manager. This looked at a whole range of operations alongside speaking with and checking peoples' needs were being met.

At the last inspection three primary values had been developed. The three values to underpin the service were: 'Positive'; passionate about the rights of people, promote uniqueness, talents and gifts and always do our best. 'Caring'; respectful, Patient, Kind. 'Person Centred'; the person we support is in control, their home and their life. We found on this inspection, the values had become central to how the service was moving forward. From the recruitment and supervision of staff to how people were viewed and cared for, the values were evident. These were led by the registered and deputy manager.

Staff and family members were positive about the management of Plymouth Supported Living. All staff felt the registered manager and deputy manager were approachable and open to new ideas. Family too felt comfortable in raising questions and new ways of working together.

A staff member said, "The office door is always open; I can ask any question. People also know management

and can phone them". Another staff member said, "Relatives get asked for their opinions and they are involved".

The registered manager ensured they remained up to date in respect of current guidance. They also attend local support forums to ensure they learnt from other similar services and registered managers.

The registered manager and trustees understood their responsibilities in respect of the Duty of Candour (DoC). The DoC is the requirement to act openly and honestly when things go wrong. This includes the need to apologise.

The registered manager and trustees had systems in place to ensure the settings were safe and well maintained.