

# Accomplish Group Lifestyles (South West) Limited Dorset Supported Living

## Inspection report

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Date of inspection visit:  
13 October 2018

Date of publication:  
26 November 2018

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Dorset Supported Living provides care and support to people living in a '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.

Dorset Supporting Living is also a domiciliary care agency. It provides personal care to people living in their own specialist housing. At the time of our inspection it provided a service to three people within its supported living house and one person in their own home. The people receiving support from the service were living with a range of conditions related to acquired head injury, autism and their physical and mental health.

We saw that staff were exceptionally responsive and reflective in the way they responded to people's changing needs, monitoring the care delivered and seeking advice and guidance to ensure the best possible outcomes for people. This meant people experienced very good outcomes and received personalised care and support.

People were fully involved in planning. Staff had a detailed knowledge of people's individual needs.

Staff respected people's choices, and supported people to spend their time in ways that worked for them.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and advocated on people's behalf to ensure their access to appropriate support from other agencies. Staff also supported people to take medicines safely.

People were supported by skilled and caring staff who worked to ensure they lived their life the way they chose. Communication styles and methods were understood and staff supported people to understand the choices available to them.

People were enabled to have autonomy and choice over their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

People, a relative and a professional told us they could confidently raise any concerns and these were addressed appropriately.

Quality assurance systems involved people and led to a safer and better quality service.

## 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 supported by staff who understood the risks they faced and how to reduce the risks of abuse.

There were enough safely recruited staff to meet their needs.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and training they needed to carry out their roles.

People had access to health care and were supported in ways that promoted their physical and mental health.

People were supported by staff who understood the principles of least restrictive care and supported them to make decisions.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who cared about them and promoted their independence.

People were treated with dignity and respect.

### Is the service responsive?

Outstanding ☆

The service was exceptionally person centred and responsive and this was reflected in positive outcomes for people.

People were fully consulted, listened to and valued.

Staff had a detailed knowledge of people's needs and were

highly personalised in their approach.

Complaints were managed effectively.

### **Is the service well-led?**

The service was Well Led.

People were able to contribute to quality assurance work and this led to changes in the service.

Staff and people spoke highly of the registered manager.

There were robust quality assurance processes in place that reflected the needs of the service.

**Good** ●

# Dorset 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.

This announced inspection took place on the 13 October 2018 and we made calls to professionals following this visit. The inspection team was made up of one inspector. The service registered with the Care Quality Commission in November 2017 and this was the first inspection of the service.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties including a local authority quality monitoring team. The provider had submitted a Provider Information Return (PIR). 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.

During our inspection we spoke with two people. We also received feedback from two relatives. We spoke with four members of staff, and the registered manager. We received feedback from a social care professional who had worked with the service. We also looked at three people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records.

## Is the service safe?

### Our findings

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. People told us they thought the staff were 'knowledgeable' and that they felt safe. One person told us: "I do feel safe. The other tenants are lovely people and I can always go to my room if I want space." We saw that people were relaxed in the company of staff or happy to speak with staff on the phone.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to retain, and develop their, independence and determine the support they wanted. For example, one person had been supported to use public transport and staff were reviewing the risks this involved as they became aware of them. They were doing this in a considered and reflective way framed by respect for the person's rights. This had meant that risks were being managed proportionately. Another person had worked with staff and health professionals to manage risks associated with relationships. Records and staff feedback indicated that this had led to increased independence and confidence. Risk assessments were developed as risks emerged and remained under continued review. We found that information related to one risk a person faced when drinking was not consistent throughout their care plan. Staff were confident they understood the risk and were consistent in their explanations. The registered manager told us they would contact the Speech and Language Therapy team immediately after our inspection to confirm their support was appropriate and ensure the guidance was clarified.

Staff also understood their role and responsibilities to protect people from abuse. Staff spoke confidently about the indicators of abuse and were able to explain who they could report to both inside the service and to external agencies. Where people had been at risk appropriate professionals had been informed and internal investigations had been conducted when requested by statutory agencies. Staff had worked with people to help them manage risks that could result in safeguarding involvement.

People had help from, safely recruited and appropriately trained, staff. People were supported on a one to one basis during the day time and had shared support at night. The number of support hours people needed had been determined by the statutory agencies funding their care and Dorset Supported Living was able to meet these needs. Staff recruitment processes were safe and ensured that appropriate checks were made on the suitability of candidates. People were involved in the recruitment process in ways that suited them. The registered manager described how two people enjoyed taking part in the process and were supported to do so. They told us that the minimum involvement would be people being told about a candidate and asked if they sounded compatible with the home. When agency staff were used they maintained consistent faces. One person reflected on this and told us: "I see pretty regular faces. That makes us more comfortable to work with them. We have a pretty consistent team." We noted that the process in place to ensure that agency staff had been reviewed and inducted safely had not been followed in all cases. The registered manager explained how they would address this through meetings with the agency and reviewing the process with staff.

People received their medicines when they were needed and in ways that suited them. There were systems

in place to ensure that medicines were stored safely and that administration was safe. Medicines were checked daily and this meant that errors were identified quickly. Where issues were identified, for example missed or missing medicines, they were addressed by considering whether changes were needed to the system of medicines administration or whether staff needed additional training and support. People told us their medicines were handled safely. People were able to change the way they took their medicines to reflect their lifestyle and degree of confidence. One person had asked to change the time of their medicines so they were not needing to take medicines as often during the day. They had been supported to make this change with their GP. Another person was working toward self- medicating. One person told us: "They always do the medicines at the right time."

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. The communal areas in both houses were clean when we visited.

There was an open approach to learning when things went wrong. Accidents and incidents and any resultant complaints were recorded and monitored. Information was shared appropriately with other professionals, people and relatives. Advice was sought, actions taken and learning was shared amongst the staff team through team meetings and informal discussion. Staff reflected that they would say if they had made a mistake and that they would be confident to do so.

## Is the service effective?

### Our findings

People told us they were happy with the way their care and support was managed. Records reflected that comprehensive assessments had been carried out with the input of the person and those that knew them well. A social care professional commented on the detailed and personalised nature of the assessment process and how this had led to effective care planning. The registered manager described the characteristics defined by the Equalities Act were reflected at assessment and this meant that care plans protected people from discrimination.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff had worked with the appropriate agencies to apply to the Court of Protection where this was necessary.

Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish a person wanted the support and care they were offering. Care plans reflected people's input and staff checked this regularly in ways that suited the individual. Where people could not consent to their care regular reviews of their care plans were undertaken with people who knew them well to check that their best interests continued to underpin the care they received.

The team were supported to keep up to date with research and good practice by the provider organisation. There were leads within the provider to develop practice related to acquired brain injury and autism and the registered manager reflected on occasions that they had referred to these leads for advice and support.

People were supported by staff who understood their care and support needs and could describe these with confidence. Staff had received training to ensure they could provide this support safely. People told us this training was effective. One person told us: "The staff have been brilliant. I would recommend the team." Staffing covered areas necessary to ensure safe support such as fire safety, safeguarding, health and safety. Where practical competency was required such as with helping people to use equipment to move safely or giving medicines these had been formally reviewed. Training relating to the needs of people was also provided and this meant staff had all received training related to mental health, autism and acquired brain injury. One person had joined staff on a training that related to a condition where they had personal experience. They had enjoyed this and been happy to share their views and experienced with the group as an expert by experience. New staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. The induction process for all new staff included peer mentoring which enabled staff to support each other as they developed their knowledge and skills. Staff told us they also had access to training provided by external groups to develop their professional competence.

Staff received regular supervision and annual appraisals. Supervisions covered their individual needs and the role functions they carried out such as managing money. People were encouraged to feed into staff appraisals and were afforded to opportunity to make their comments anonymously prior to the appraisal



meeting. This meant that goals set for staff were influenced by the observations and needs of the people they supported. This was new and the first appraisals using this process were just being completed when we visited.

People were supported to maintain their health. Records showed that people were supported to access a range of health professionals and the information necessary to support them to maintain their health was detailed in their support plans. One person had been referred to the community dentist and been able to accept a check-up in their own home. This potentially difficult appointment had been organised by staff who were confident to access support and advocated for the needs of the people they were supporting.

People were supported to plan meals in ways that promoted their health and wellbeing. People were helped to shop for food and staff helped them to prepare meals. People were supported to have enough to eat and drink and the systems in place to ensure this were robust.

## Is the service caring?

### Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed, staff explained their general needs and then moved quickly to the things they respected about the person and the things they knew that made them reassured and happy. People valued their relationships with support staff. One person said: "They are respectful. They respect the way I want to do things. We have our little jokes."

Staff spoke with respect and kindness about people and their discussions with us were full of references to shared experiences from trips out to awards ceremony attendance. People told us they liked the staff; making comments such as: " They are friendly."

Care plans focussed on people's strengths and their independence and autonomy. Where people needed a high level of support the parts of the tasks they could carry out were clear. Staff worked in a way that supported these roles as central to the job in hand and this meant people were directing and active in the tasks of daily life. People were encouraged to take on respected social roles. A professional commented how the person they worked with was encouraged to host them when they attended a social gathering at the person's home.

Staff had a strong understanding of the physical and emotional impacts of the conditions people were living with. This ensured that dignity was promoted at all times with respect for people's well being reflected within the support provided.

Care plans detailed communication needs and staff used this information to ensure that people were able to make as many decisions as they could about their own day to day lives and to contribute to group decisions. Some people were happy attending meetings or having formal recorded discussions about their lives, others preferred a less formal approach without the associated pressures of paperwork.

## Is the service responsive?

### Our findings

We heard and saw that staff were highly responsive to people's needs and preferences. As a result of the personalised care and support people received their health and general well-being improved. A relative commented: "We are very happy with the staff that look after (person's name), seeing (person's name) now compared with a year ago is just amazing, the rapport with regular staff has helped (person's name) immensely." A professional commented on how responsive the staff team were saying they were always proactive ensuring that the detail was in place to ensure they got the support right for a person. They commented that the exceptionally tailored approach of the whole team in following detailed care plans was reflected in the person's positive experience.

Care was personalised to individual needs and when staff described people's care they focussed on the people's strengths and achievements before they described the detail of how people were supported. This recognition of strength within a frame work of support provided when needed had led to people developing in confidence alongside improvements in emotional well being. One person who used the service reflected on this saying: "I have seen how the staff team go to some lengths to find the best ways to support people."

A central aim of the service was to ensure people's quality of life by providing person centred support that reflected the values of the organisation. Strong emphasis was placed on people supporting people to live the life they wanted to live. For example, one person had been supported in ways that had boosted their confidence and reduced their anxiety. They were now living their life in a way that reflected the organisational value of being brave; a value they had found resonated. Staff had liaised with other professionals and organisations to get them the resources they needed to take control of areas of their life. Staff spoke with respect and pride about the achievements this person had made. Another person had needed very different support to achieve different outcomes. For them reduced anxiety whilst taking part in some aspects of personal care had made a marked difference to their life. This had been achieved through consistent, calm approaches from staff who reflected individually and as a team about what was working well. Another person had achieved a major goal they had set themselves and had asked that staff and professionals understand they did not want to set further goals at this time. Staff were respectful of this whilst ensuring support was available when it was needed. They were mindful to keep this decision under review with the person and those who loved them.

Staff worked with people to find innovative solutions to challenges they faced. One person had not used public transport for a long time and the risks involved were identified as high due to difficulties the person experienced in measuring their expressive communication. Staff had discussed the challenges and discussed the detail of how to reduce these risks. This had led to the person getting out to the Air Show. Photos of the day showed the risks involved in the travel had been worthwhile. This person also struggled to retain the belief in the skills they retained. Pictures up around their home reflected the tasks they undertook and formed a visual reminder that made doing the activities again easier.

Staff had a clear understanding of how people communicated best and used this to support them. One

person used both words and body language to communicate. Staff understood the cues that indicated the person may have pain and were then able to ask directly. This enabled the person to communicate. This information about communication was recorded clearly and was made available to other professionals. Information was also provided to people in ways that suited them best. The service met the Accessible Information Standard. The Accessible Information Standard, which became law in 2016 aims to make sure people with a disability or sensory loss are given information in a way they can understand. The organisation had an open commitment to all people that used their services regarding inclusion. This was made possible by the detailed understanding of staff about how people communicated. We discussed this with the registered manager who described how three people had all very differently made the staff aware that they had concerns about prospective tenants within the supported living accommodation. All three people had been heard and this had led to the registered manager reflecting and improving the assessment process for potential tenants.

Responsive care was provided each day because staff had effective and recorded handovers between each shift change. These provided staff with clear information about people's support needs and kept staff informed if there were changes. Daily notes were consistently completed and enabled staff to get a quick overview of any changes in people's needs and their general well-being. These daily records were directly reflective of support plans which enabled ongoing review of whether the support provided was appropriate.

People had their health monitored to ensure staff would be quickly aware if there was any change that might necessitate an alteration in how their care was planned and delivered. Any deterioration in a person's condition was communicated, and action was taken promptly to ensure health needs were met at all times. We saw, for example, that a potential infection was flagged to the person's GP immediately and the effectiveness of treatment was monitored and altered to ensure the best outcome for the person. Staff told us they felt they had all the information they needed to provide the right care for people. This ensured that people received consistent care and support.

People were actively encouraged and supported to maintain and develop interests which were important to them and this contributed to people living meaningful lives. The staff team were developing and becoming increasingly confident to seek creative ways to embrace people's individual needs and choices. This meant people lived their lives how they wished to. People were able to take part in a range of activities supported by staff if necessary. People were involved in a wide range of pursuits such a college, art work, support groups alongside spending time with family and friends. These included both new and emerging interests alongside activities people had enjoyed previously. Staff also provided support to plan and undertake trips to places of people's choice such a theme parks and areas of natural beauty. One relative identified concerns that their loved may need further encouragement. The staff team continued to reflect on the support they were providing.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to each person, their histories and the culture of their families and friends. People were also supported appropriately to retain autonomy and dignity whilst expressing their sexuality. This had been achieved through discreet and respectful support from staff who understood the importance of this aspect of people's lives and felt enabled to provide appropriate support if it was appropriate.

The service had a complaints procedure which was given to people and their relatives when they moved into the service. People said if they had any concerns or complaints, they felt they could discuss these with the staff, senior staff and registered manager. One person said: "Any worries I can email (the registered manager)" another person told us : "It is easy to talk through difficulties with any of the staff." They felt any

concerns and complaints would be responded to appropriately. The service had a record of any complaints made and how these had been responded to in the past. We saw that staff had supported people to make complaints when it was necessary in other areas of their lives. One person had been supported to complain to their landlord and staff had advocated on their behalf when this had become necessary. People were made aware of advocacy organisations and the registered manager had sought advice regarding the availability of advocacy to support people with a number of complex decisions.

The service was not, at the time of inspection providing end of life care to anyone. If it was appropriate care plans outlined how and where people would like to be cared for when they became very unwell. There was open discussion where appropriate and staff were able to support people to express their concerns and wishes.

## Is the service well-led?

### Our findings

Staff were proud of their work and felt involved in improving the service alongside people, and senior management. All the staff we spoke with were proud of their work and made comments such as: "We are a very good team. When asked to explain this, they gave examples of the skills of their colleagues and told us they were listened to and supported by the registered manager. They were clear in their understanding of the values of their work and how this underpinned the team.

Staff understood their roles and responsibilities and understood who they could seek guidance from. There was a registered manager who knew the staff and people using the service well. 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 understood their responsibilities to notify the Care Quality Commission and had done so. People, staff, and professionals all commented on the skills of the registered manager in ensuring a smooth running service where people could be open with their views. One person commented: " (Registered Manager's name) is excellent."

People and relatives were asked about their view of the service and this contributed to plans to improve the service. We saw that the comments people had made had been checked with them and where appropriate actions taken. The latest survey of people's views was about to be undertaken.

Quality assurance processes were effective in identifying areas for development and in reinforcing values. Robust monitoring led to improved outcomes for people and staff and reflected the needs of the service. For example, staff training reflected people's needs following an analysis of the service, staff training reports ensured staff remained up to date with good practice and audits were undertaken to reflect the needs of the service. This included daily medicines audits which had resulted in very few medicines errors. The registered manager was involved in developmental work to ensure the provider organisation's processes and documentation supported best practice with people with acquired brain injury. This work was ongoing and the registered manager felt their feedback had been welcomed and taken on board. For example, care planning paperwork was going to be clearer about people's individual goals.