Leicestershire County Council

Melton Supported Living Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This service provides care and support to people living in five different 'supported living' settings, so that they can live in their own homes 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.

At our last inspection in February 2016 the service was rated overall Good. At this inspection we found that the service had deteriorated and received an overall rating of Requires Improvement.

This inspection took place on 10 and 11 April 2018 and was announced. At the time of the inspection the service was supporting 13 people with their personal care needs.

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.

Improvements were required to the handling of safeguarding incidents, and to accidents and incidents within the service. Investigations into these matters were delayed and ineffective at ensuring prompt action was taken to prevent similar issues and concerns occurring again.

Improvements were required to ensure that staff completed regular and effective training. Staff were not effectively monitored to ensure they completed their training in a timely way, and this was of concern at our last inspection and sufficient action had not been taken to resolve this.

Improvements were required to the auditing systems that were in place to ensure they were effectively reviewing people's care plans and risk assessments; and that when actions had been identified they were actioned promptly. In addition, improvements were required to the records of people's care to ensure they were accurate and contained current information and guidance.

The registered manager operated good recruitment practices and people were supported to take their medicines as independently as possible. There were adequate numbers of staff on duty to keep people safe and people had risk assessments in place which encouraged their independence and kept them safe.

People were actively involved in decisions about their care and support needs and there were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People's nutritional and healthcare needs were regularly monitored and staff were given regular supervision.

People were treated with care, compassion, and respect. Staff treated people well and each person was supported in a way that was individual to them. People were treated with dignity, respect, and kindness.

People were able to maintain their independence with the support of staff.

People and their relatives were involved in completing comprehensive assessments when people began to use the service and people's care packages were designed around each person's individual needs, styles, preferences, and values. People were supported to follow their interests and procedures to manage complaints had been established and people and their relatives were aware of how to raise concerns if they needed to.

At this inspection we found the service to be in breach of one of the Care Quality Commission (Registration) Regulations 2009 (part 4) and we are considering our criminal enforcement actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in all areas.

Improvements were required to how safeguarding issues, accidents, and incidents were identified and investigated.

People were supported to take their medicines as independently as possible.

Staffing requirements were flexible and people and staff were matched together for compatibility.

Is the service effective?

Requires Improvement

The service was not effective in all areas.

Improvements were required to ensure staff completed their training regularly.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated a detailed understanding of the Mental Capacity Act, 2005 (MCA).

People's physical health needs were kept under regular review.

Is the service caring?

Good

The service was caring.

People were treated with care, compassion, and kindness.

People were supported to make their own choices.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Comprehensive assessments were made before people began to use the service and staff were identified to help build strong relationships with people.

Staff had a good understanding of people's care needs.

People and relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well-led in all areas.

Improvements were required to ensure that people's care plans were reviewed regularly and contained accurate information, and that action to improve people's care was taken.

Improvements were required to ensure the provider submitted notifications to the CQC as required.

People provided positive feedback about the approachability of management and felt their views were listened to.

Melton Supported Living Service

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 10 and 11 April 2018. On 10 and 11 April we made telephone calls to people that used the service, relatives, and members of staff. On 11 April we visited one person in their home, visited the office to review documentations relating to the running of the service, and met with members of staff.

We gave the service short notice of our inspection to ensure that people using the service could decide if they wished to receive a telephone call from us and to ensure we had the correct contact details for people and their relatives.

The inspection was completed by one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and on this occasion their area of expertise was the care and support of people with physical or sensory impairments.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor

the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we reviewed the questionnaires the CQC had received. This included responses from one person who used the service, one relative, one community healthcare professional and four members of staff. We met one person in their home and spoke with another four people on the telephone. We spoke with four relatives of people that use the service, five members of the care staff team, two deputy managers, the registered manager, and the provider. We also received feedback from one healthcare professional.

We looked at care plan information relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, handover information, and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Improvements were required to how the registered manager responded to safeguarding concerns. We found that staff had a good understanding of safeguarding issues, and were able to identify and report these as they were required to do. However safeguarding concerns were not investigated promptly and the registered manager had failed to take prompt action to identify if any improvements or changes to people's care were needed.

Improvements were also required to the way in which accidents and incidents were reviewed and analysed. Staff understood when they were required to report accidents and incidents however we found that these were not analysed in any depth to identify trends or areas where the service could improve. Each incident was reviewed in isolation which meant there was a risk similar accidents and incidents could reoccur. We discussed these issues with the registered manager who agreed to make improvements to the way safeguarding concerns and accidents and incidents were addressed and reviewed.

People told us staff were good at helping them to take their medicines. One person said, "… they [the staff] help me take my tablets." One person's relative said, "[The staff] help [name] with their medication. There has been a change recently and the staff make sure everything is correct." Another person's relative said, "[My relative] takes [name of medication]. The carers make sure [my relative] has them at the same time each day." Staff were knowledgeable about how people preferred to take their medicines and staff told us they supported people by ensuring drinks/food items were readily available for people before they were given their medicines. People were supported to take their medicines as independently as possible. We saw that people were encouraged to make their own choices about how they received their medicines, and people and their relatives were involved in this decision. We reviewed people's records and saw that staff recorded when people were supported with their medicines in people's Medication Administration Record (MAR).

People told us they felt safe using the service and were able to explain why. One person said, "I feel safe here … they are good people." Another person's relative commented, "[Name] is very safe there. They have lived there for over three years and [the staff] all know [name] very well. [Name] would tell me if they were not happy about anything." Staff were able to build up relationships with people which enabled them to have a very good understanding of each person and their capabilities. Staff were aware when people required additional support to keep themselves safe, and when they were able to manage their personal care independently or with minimal support.

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about where people were at risk and were flexible with the support they provided. One member of staff explained that in any new situation they were constantly risk assessing people's safety and could take action to ensure people's risk assessments were updated. They said, "We're always considering if or when there is a potential risk and if we do, we let the seniors know."

The registered manager had systems in place to reduce the risk of infections. Care staff received training about good infection control practices and they confirmed that they had personal protective equipment available when they were supporting people with personal care. One healthcare professional responded positively in the CQC questionnaire to state that care staff followed good hygiene and infection control practices. Staff helped people to understand about cleanliness within their home and supported people to live in a clean environment.

Sufficient numbers of staff were available to support people with their care needs at the time they wanted it. Staff shifts were arranged to help people receive consistent care throughout their day which helped to reduce people's anxieties. Staffing rotas were planned in advance to help ensure people were supported by reliable and regular staff. This helped to ensure the staffing team had a good knowledge of the people they were supporting.

The registered manager had good systems in place to recruit suitable staff. Recruitment procedures were in place to minimise the risks associated with unsuitable staff working with people using care services. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manger completed checks on each new member of staff's work history and obtained references from previous employers. They also checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before the registered manager could consider them for employment.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, on 3 February 2016, we found that improvements were required to ensure that staff received regular training updates. At this inspection we again found concerns relating to staff training and that the systems in place to manage and review training required improvement. For some aspects of staff training, staff were given training workbooks to complete, however there were insufficient systems in place to ensure that this training was completed promptly, or that staff had understood the training they were required to complete. Following the inspection the provider took action to show that staff training was under review and staff had been booked to attend relevant training courses.

People and their relatives were happy with the skills and abilities of staff. One person's relative told us, "All the staff are very skilled in their job and [name] has very complex needs, which they meet as well as they can. [Name's] needs are paramount to the staff there. We did have one carer who had a skill deficit, in our opinion, or probably more of a lack of awareness. Our concerns were acted upon immediately and they do not care for [name] anymore." Staff told us they felt if they required additional training they could request it. One member of staff said, "We have plenty of excellent training. There is always something new to learn. I think we are highly trained in all areas; I have level 3 NVQ in Care." We received feedback from one healthcare professional who commented, "Due to such a high staffing level and turnover they can struggle to keep training in date but try to work with trainers and have sent staff out of their area to meet training needs."

People's care needs were effectively assessed by the staff to understand the support they required. These assessments were made with people and their families and the registered manager made considerations about the care and staffing arrangements that would need to be in place to safely transition people into the service. People already using the service were consulted about who they may share their homes with and their feedback was taken into consideration.

People's healthcare needs were monitored, and staff were knowledgeable about these. One person said, "The carers take me to the doctors but my [relative] takes me to the dentist [at my choice]." Staff were vigilant about people's changing health needs. One member of staff said, "One incident springs to mind where [person] was really not well. Because I knew them so well, I realised there was something not right and sent for an ambulance. My instincts told me they were very ill. It turned out they had [name of illness] which could have been life threatening. I was very pleased that I listened to my instincts and acted in time." Staff had a good understanding of people's health conditions and ensured they were supported to receive any treatment they required.

People's care needs were carefully monitored and staff worked proactively with external services to support people to have access to the support they required. For example, people were supported to use services within the community, housing organisations and other community healthcare services such as the podiatrist, psychiatrist, or hospital services.

Staff had guidance and support when they needed it. Staff were confident in the management team and

were satisfied with the level of support and supervision they received. One member of staff told us, "If I ever have a problem, of any kind, I can go to anyone for support." Another member of staff said, "I always feel very well supported by senior staff, and my colleagues. I would feel confident talking to anyone about any concerns I may have." We saw that staff received supervision from senior members of staff to help them with their performance.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent to the care they received. We found that staff received training in this area of care but further work was required to ensure all staff received regular refresher training to maintain their knowledge and understanding. Where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required. Staff were fully aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions about their care. The registered manager took action to ensure that the least restrictive options for people were used whenever possible.

People were supported on an individual basis to have their nutritional needs met. One person said, "I help with the cooking sometimes. We do the menu on Tuesday and then go shopping for the food." One person's relative commented, "The staff are very good with [name] as they are not very mobile… They support and encourage [name] with healthy choices to help [name]…"

People's nutritional needs were monitored and people were given the support they needed to have their meals safely. For example, one member of staff commented, "We have a few people on special diets and always make sure they don't eat anything which could make them ill. Also, if somebody has problems with phlegm etc. we make sure they eat safely without choking." Staff were knowledgeable about people's dietary requirements and supported people to make choices which supported their nutritional needs.

Good

Is the service caring?

Our findings

People enjoyed spending time with staff and they had been able to develop trusting relationships with them. People and their relatives were positive about how staff treated them. One person said, "They are all very nice to me here. They are kind and help me a lot." Another person told us, "[The staff] are good people here. I am very happy." We saw that people and staff were pleased to see each other and catch up on what they had been doing since the last time they were together.

The staff team had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. One person's relative commented, "The home is run for the people who live there. Everything revolves around their needs."

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person told us they were able to make their own choices and had recently decided to do some volunteer work. They said, "I have started volunteering three days a weeks and I help with tidying up." Other people told us their choices were respected and they felt listened to and valued. One person's relative said, "We have a good relationship with all the staff. We feel totally listened to." Staff understood the importance of encouraging people to make their own choices wherever they could. One member of staff said, "We always offer choices to people, wherever possible. They can be for such things as shopping, activities, and clothes to wear, but it's everything really."

People's privacy and dignity were supported and respected by staff. One person's relative told us, "I have never heard anyone speak disrespectfully to [people living here] and they do respect people's privacy. If [name] wants some quiet time in her room they will leave her to it. Also, I recently went to a doctor's appointment with [name] and the staff just stayed in the background. They were just there if needed. The staff were so respectful and showed they knew [name] very well indeed." Other people and relatives told us that staff knocked on people's bedroom doors before they entered and respected people's privacy.

People were supported to follow their beliefs and these were respected. Each person's care plan contained information about their beliefs and how they liked to celebrate special events and staff supported people with this.

The registered manager took action to ensure that people's families were involved with people's care. There were contact details available within people's homes of independent advocacy organisations that could further help support people and their families if required. An advocate is a trained professional who supports, enables, and empowers people to speak up. People's relatives told us they felt fully consulted and involved in their family member's care.

People were able to maintain relationships that were important to them and staff adapted their care and support to ensure people could spend the time they wanted to with their family or friends. We saw that staff

were respectful when people were on the telephone to their family and friends and gave them privacy during their telephone calls.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the planning of people's care. The registered manager used a template to ensure they captured consistent and accurate information about each person, utilising a variety of people who may have knowledge about each person's care needs, for example, the person themselves and relatives that may be involved in their care. This enabled the registered manager to create a detailed care plan about each person's care needs.

People were involved in the creation and reviews of their care plan. One relative said, "[Name] does have a care plan. In fact we are just in the process of going through it." Another relative told us, "[Name] has a care plan and we are involved. It is very person centred and we have added to it over the years as their needs have changed."

Staff spoke about people in a way that demonstrated they had a good knowledge of people's preferences. They knew people's individual routines, likes and dislikes and preferences. A staff member explained, "We usually work with the same group of people so we get to know what people need or how they like things." Staff were proud of people's achievements and the independence they had achieved since using the service. People were able to choose activities they enjoyed, for example going to community events or taking on volunteering opportunities.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or pictorial format if this was their preference, or if this was not available staff communicated to people so they could understand.

People were able to consider their end of life care. Basic end of life care plans were in place and people were encouraged to think about how they would like to be supported at the end of their life.

A formal complaints process was in place and this was available for people and their relatives to review. At the time of inspection no complaints had been made. We spoke with people's relatives about the complaints procedures and they confirmed they understood they could make a complaint if they wished. One person's relative said, "In all the years, we have never had a major complaint and any small niggles are sorted out straight away."

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the provider's understanding of the notifications required to be submitted to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send to us by law, in a timely way. During the inspection we identified that the registered manager had failed to submit appropriate safeguarding notifications to the CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).The provider and registered manager confirmed they had misunderstood the regulations in this regard and the CQC are considering further criminal enforcement action with regards to this.

Procedures to review the quality of the service required improving. The auditing systems were not sufficient to identify where improvements were required. For example, a wide selection of people's care plans were not reviewed on a regular basis to ensure they were accurate and up to date, accidents and incidents were not audited to ensure that prompt and appropriate action had been taken and training records were not adequately audited to ensure that staff received regular training. The registered manager relied on members of the management team to complete allocated tasks however these arrangements were insufficient to evidence that appropriate action had been taken.

Improvements were required to the action taken following the auditing procedures that were in place. For example, the registered manager completed a limited amount of auditing of care plans and had identified actions for staff to make improvements. There were insufficient systems to follow up on the actions that the registered manager had allocated to staff to complete, for example to improve people's care plans.

Improvements were required to the records that were kept of people's care. Care plan reviews were not always recorded, and people's risk assessments were not always updated when people's needs had changed. In addition, when staff had sought advice from a pharmacist about the administration of one person's medicines, they had not recorded their advice to ensure the method of administration was safe and suitable. Improvements were required to the organisation and storage of people's healthcare records. The records relating to people's healthcare needs were insufficiently stored to enable staff to monitor people's healthcare needs effectively.

The provider was required to have a registered manager in post and we found that they did. 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 latest CQC inspection report rating was on display within the service. The display of the rating is a legal requirement to inform people and visitors seeking information about the service of our judgements.

People and their relatives were positive about the management and culture of the service. One person's relative said, "We know the manager. She is always on hand and is very helpful if we have a problem."

Another relative said, "[I think the service is well managed]. From the top to the bottom it is an excellent service. [Name] is very happy living there and it puts our minds at rest."

The culture within the service was focussed on ensuring people received the care and support they required. Staff were committed to this and had a good knowledge and respect for people's needs.

People and their relatives, and staff were able to provide their feedback about the service. People and their relatives were able to speak to the registered manager about their care when they wished. In addition, surveys were used to obtain feedback, and they had recently been utilised to obtain staff feedback about how staff meetings could be improved. We saw that the registered manager responded to this feedback and had made some changes to how the staff meetings were conducted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications relating to allegations of abuse were not submitted to the CQC in a prompt and timely manner.