

Accomplish Group Limited

Midlands Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 1, 2 and 8 November 2018.

The service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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. Some people using the service lived in a 'house in multi-occupation' that could be shared by four people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. Another person lived alone in a house in a residential area with staff support.

At the time of our inspection, there were two people in receipt of personal care support. The service provides support to adults with autism, learning disabilities and mental health needs.

Not everyone using Midlands Supported Living receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post. 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.

At the last comprehensive inspection on 15 and 19 September 2017, we found the service to be rated 'Requires Improvement' and the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in relation to the governance of the service and the administration of medicines. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations; they stated that they would be compliant by 15 December 2017.

Staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way. However, the provider had not ensured that recorded MCA assessments and best interest decisions were carried out with people. Where people had other professionals involved in their support, for example to provide medical care, assessments were in place.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Regular audits ensured that medicines were stored and administered appropriately and any errors would be identified promptly.

Quality monitoring systems and processes were in place and audits were taking place within the service to

identify where improvements could be made.

People were supported in a safe way. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by senior staff. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels were suitable to meet people's needs, and the staffing rotas showed that staffing was consistent.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff. Staff were well supported by the registered manager and senior team and had regular one to one supervisions.

Where needed staff supported people to have access to suitable food and drink. Staff supported people to health appointments when necessary. Health professionals were involved with people's care as and when required.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. People were in control of their care and listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care and to help the service make improvements where required.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements that were needed were acted upon. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

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.

Staff consistently followed the procedures in place to ensure the safe handling of medicines.

Staff understood their responsibility to safeguard people.

Risk assessments were in place and were reviewed to enable people to receive safe support.

There were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was assessed.

Staff received training and support to ensure they had the skills and knowledge to support people appropriately.

People's nutritional needs were met.

People were supported to have access to appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Information provided by the service was available to people in accessible formats.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

There were appropriate systems and processes in place to monitor the quality of people's care.

A registered manager was in post and they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these.

Midlands 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 comprehensive inspection took place on the 1, 2 and 8 November 2018 and was announced. We gave the service 48 hours' notice of the inspection as care is provided in the community and we needed to ensure that staff were available to support the inspection. We visited the office location on the 1 November and completed the office visit and visited one person in their supported living accommodation on 2 November. We completed the inspection with a telephone call to a person using the service and their relative on the 8 November.

The inspection was undertaken by one inspector.

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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

Some people using the service had complex needs which impacted on their ability to provide feedback on their experiences. We spoke with one person who used the service with the support of their relative. We also visited one person in their supported living accommodation. We spoke with five members of staff, including the registered manager, two team leaders, a support worker and maintenance staff. We looked at records relating to the personal care and support of two people using the service and two people's medicines records. We also looked at three staff recruitment records and other information related to the management

oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Is the service safe?

Our findings

At the previous inspection in September 2017, we rated 'Safe' as 'Requires Improvement'. At this inspection we found the necessary improvements had been made and were sustained in day-to-day practice.

At the inspection in September 2017, the provider was in breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people could not be assured that they would be supported to receive their prescribed medicines safely. We therefore took enforcement action through the serving of a requirement notice. The provider produced an action plan in which they stated they would be compliant by 15 December 2017.

At this inspection we found that people's medicines were safely managed. People received their medicines in a safe way and as prescribed by their GP. Information on the support people needed to take their medicines was included in their plan of care. A senior member of staff told us, "We audit the [medicines] regularly, they are counted every day, we record this, sign that we've checked and make sure the balance is correct." Records showed that medicine stocks were checked daily to make sure they were correct and in line with the medicine administration records. Audits were carried out on a monthly basis to make sure records were up to date and the support people needed was provided. Competency checks were regularly carried out on the staff team to make sure they continued to offer people their medicines in a safe way.

At the inspection in September 2017, we found that although people were supported by sufficient numbers of staff, the deployment of staff needed to be reviewed by the provider to ensure that people consistently received their commissioned one to one care. At this inspection we found that staff were deployed to provide the care that had been commissioned for people. We saw that staff recorded the support that had been provided to people and this was recorded against the number of hours that had been commissioned. One person was not receiving their commissioned one to one hours, as they preferred to spend the majority of their time with relatives. The provider was recording the hours that were provided to the person and was in discussions with the local authority about how best to support them.

At the inspection in September 2017, we found that people could not be assured that appropriate action would be taken in response to accidents or incidents. At this inspection we found that staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. One member of staff told us, "We record and report any accidents and they can then be followed up." We saw records of incidents that had occurred within the service, these had been reviewed by the registered manager and action taken as necessary. Through regular team meetings and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People's support was provided in a safe way. People's relatives told us that they believed their family member was supported safely. Staff understood their responsibilities in relation to keeping people safe from harm. The staff we spoke with had a good understanding of safeguarding procedures, and knew how to

report abuse. One member of staff said, "It [safeguarding concerns] would be reported to the safeguarding team, we have the number in the house." Staff told us and records demonstrated that regular training was provided in safeguarding.

People had risk assessments in place so staff knew how to support them safely. A social care professional involved in commissioning support on behalf of one person said, "I have no concerns about the way staff manage the risks to [person's name]." Risk assessments were specific to each person and covered areas such as medicines, behavioural risks and safety in the community. Where risks were present, risk management plans had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence. For example, staff were provided with clear guidance on how to support one person manage how they responded in different situations and the behaviours that they may display.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a criminal record check, and had provided references and identification before starting work.

People were protected by the prevention and control of infection. Staff told us that they washed their hands and wore disposable gloves and aprons when providing personal care. People's care plans emphasised the need to reduce the risk of people acquiring an infection. For example, one person's care plan described the infection risk posed by poor dental hygiene. Staff were trained in infection control and followed the service's infection control policy and procedures.

Is the service effective?

Our findings

At the previous inspection in September 2017, we rated 'Effective' as 'Requires Improvement'. At this inspection, 'Effective' continues to be rated 'Requires Improvement'.

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 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. In community care settings, this is under the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. They told us how they supported people to make their own choices and asked for people's consent before providing their support. However, systems were not implemented to ensure that people's capacity to consent to their care and support was sought. We found that some people supported by the service were not able to consent to all aspects of the care provided by staff. The registered manager told us that the service had not undertaken any mental capacity assessments or best interest checklists with people. Although, where specific medical decisions had been necessary, the appropriate medical professional had undertaken a mental capacity assessment and associated best interest decision. The registered manager recognised that this was an area where the service needed to develop and agreed to ensure that the appropriate assessments were undertaken with people. These improvements need to be sustained and embedded in practice.

At the inspection in September 2017, we found that, although staff felt supported in their role, they did not always have access to regular formal supervision to enable them to reflect upon their practice and identify areas for development. At this inspection we found that staff were well supervised and supported. One member of staff told us, "Yes, I have regular supervision, I had a meeting just a month ago. We talk about our knowledge of the clients, teamwork, any problems, training and what goals we want to achieve." Records reflected that staff received regular supervision meetings and an annual appraisal.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. A member of staff told us, "The training is really good. I've done all my mandatory training, equality and diversity, health and safety, moving and handling, food hygiene and safeguarding. I've been able to do my NVQ level 3 and recently did level 2 medication training." Records showed that all new staff undertook an induction programme and completed ongoing learning to ensure their knowledge and skills were up to date. We saw that staff had access to specialist learning that was relevant to the needs of the people they were supporting such as autism, challenging needs and epilepsy training. A social care professional involved in commissioning support on behalf of one person said, "They have an autism specialist to support the staff and I can see the improvements in how staff work with [person's name]."

People's needs and choices were assessed before they came to the service to help ensure it was suitable for them. The registered manager described how they visited people with their relative's present, if appropriate, to discuss their needs and expectations of the service. Records showed that peoples' needs were thoroughly assessed, including their communication needs, culture and faith and medical needs, so staff were aware of these as soon as they began using the service.

Staff supported some people with their meals and encouraged people to maintain a healthy, balanced diet. People had care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. For example, one person had an ongoing medical condition and staff were directed to encourage them to drink plenty of fluids and eat foods that would help to alleviate the symptoms.

People were supported to access a wide variety of health and social care services. The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. A social care professional involved in commissioning care on behalf of one person said, "They keep me up to date and send regular reports." We saw that records were kept by the service in relation to other professionals involved in people's care, and that the service was able to communicate effectively for the benefit of the people using the service.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Records showed that staff regularly supported people to attend medical appointments and followed the advice of healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff and were treated with kindness, respect and compassion. People told us that they were comfortable with the staff who supported them, one person said, "[Staff name] is nice, I like them, I've got them to talk to."

People's choices in relation to their daily routines and activities were listened to and respected by staff. We saw that staff were allocated to support people on an individual basis and daily routines were centred around the person's preferences and needs. However, one person and their relative said that they felt that staff did not always provide them with the support they needed. This person's care was being monitored by the local authority as they were spending a lot of time away from the service. We discussed their feedback with the registered manager, who was aware of their feelings and working with them and the local authority to meet their needs. We reviewed their care records which demonstrated staff had regular discussions with them about the support they needed and how they wanted this to be provided.

People were involved as much as they were able to be in making decisions about their care. People were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes. People attended these and contributed as much as they felt able; we could see that where people were able they had signed their care plans to demonstrate their agreement.

Care plans identified what was important to people so staff could support them to make decisions about what they wanted to do. We saw records that reflected people's involvement in deciding how their support would be provided. For example, one person's care plan review stated that they wanted support to increase their skills in relation to their personal care; staff had discussed with them how they would achieve this.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs, their personal preferences and choices. People were able to choose whether they wanted male or female staff to provide their personal care.

The service was able to source information for people should they wish to use an advocate and advocacy information was available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality, one member of staff said, "I don't talk to friends or family about [person's name], they don't need to know."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Staff clearly felt a sense of pride about people's

achievements. A community health professional involved in one person's care told us, "They [care staff] have done an incredible amount of work with [person's name], they've done an amazing job."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One member of staff said, "When you work with [person's name] you have to come out of your own mind set and go into [person's name's] world." Staff explained that as they provided support to people with varying needs and abilities they adjusted their support dependent on each person's support needs.

From people's pre-assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. Some people required defined routines to enable them to cope with their anxiety and we saw that care plans described in great detail how their support should be provided. Where appropriate people had Positive Behaviour Support (PBS) plans in place. These supported staff to improve people's quality of life by minimising the use of restrictive practices and reducing the use of restrictive physical interventions in response to behaviours of concern. This ensured people consistently received appropriate care and support.

We saw some care plans that would benefit from increased detail about how staff should support people to manage areas of their lives where they had difficulty accepting support. We discussed this with the registered manager who recognised that more personalised detail was needed in some people's care plans. For example, where people were reluctant to accept support with their personal care from staff.

We saw that staff supported people with a wide variety of social activities to further develop their life skills. Staff had worked with one person to reduce their anxieties when they were out in areas that may be busy with other people. They had surprised their relatives by being able to meet them in a café when they visited.

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 (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw a range of information in different formats; for example, some information in people's care plans was provided in a, easy read, pictorial format and people had been supported to use picture cards. The provider had also accessed easy read information on people's rights in different areas to further support their independence.

People and their relatives were encouraged to raise any concerns or complaints. People said they knew who to speak to at the service if they had any complaints. One person told us they would talk to the team leader who oversaw their support as they trusted them to deal with any concerns. We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and the registered manager confirmed that support would be given to those who wished to make advance decisions about the end of their life.

Is the service well-led?

Our findings

At the previous inspection in September 2017, we rated 'Well led' as 'Requires Improvement'. At this inspection we found the necessary improvements had been made and were sustained in day-to-day practice.

At the inspection in September 2017, the provider was in breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had failed to implement effective systems to monitor, assess and improve the quality of care provided to people. There was insufficient oversight of people's medicines, accidents and staff supervision. We therefore took enforcement action through the serving of a requirement notice. The provider produced an action plan in which they stated they would be compliant by 15 December 2017.

At this inspection we found that the necessary quality assurance processes had been implemented and were sustained. Regular audits of medicines were in place and these had promptly identified any concerns so that appropriate action could be taken. The registered manager was using an electronic log to ensure they had oversight of all incidents in the service and appropriate action had been taken in response to all incidents. A plan was in place for staff supervision and the registered manager maintained oversight of this to ensure that all staff received supervision in a timely manner.

The system of governance and auditing covered all necessary areas of the service. The registered manager carried out a monthly audit that checked compliance in key areas related to people's support, staffing and health and safety. The provider also carried out a regular audit that provided them with comprehensive oversight of the service. We saw that any areas for improvement were clearly identified and acted upon by the registered manager or provider.

The service had a clear vision and strategy to provide positive care for people. The registered manager and senior care staff described how the service aimed to work with people, to support them to be as independent as possible and live life as they wanted to. The registered manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs.

The registered manager was in the process of preparing a quality survey to send out to people who used the service; we saw pictorial versions of this ready to be sent out. Tenants meetings had taken place in the supported living service and we saw minutes of meetings that demonstrated people's involvement. People also had access to individual meetings with their key worker where they could discuss their experiences of the service and any changes they wanted to the way their support was provided.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by the registered manager and senior staff in each of the houses. One member of staff said, "[Team leader in charge of house] is lovely, they are very helpful and I have confidence if they can't deal with a situation they would escalate it to the right person." We saw that regular team meetings were held which covered a range of subjects, including, people's support needs, team building, communication,

documentation and safeguarding.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked in partnership with other agencies in an open honest and transparent way to bring about improvement to the quality of care provided. Staff also shared information as appropriate with health and social care professionals when necessary; for example, health and social care professionals involved in commissioning care on behalf of people. We saw records of positive feedback that had been provided by health professionals complimenting staff on the support they provided for people and the positive impact this had made in ensuring their medical needs were met.

The management team had submitted notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.