

Cygnet (OE) Limited

Supported Living Staffordshire

Inspection report

Unit D
Hunters Row shopping Centre
Stafford
ST16 2AD

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22 May 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Supported Living Staffordshire is a service offering personal care to 11 people living within their own homes. The service supports adults with learning disabilities and autism. Nine people are supported within a collection of supported living homes and two people live in their own homes within the community.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Safe recruitment practices were in place and people were supported by regular staff that knew them well. Staff had all completed a thorough induction and undertook regular training to meet the requirements of their role. Sufficient staff were employed to meet the needs of the people supported by the service. Staff were supported through regular team meetings and supervision.

People received safe and effective care from staff that were kind, caring and compassionate. People's needs were fully assessed prior to them being supported by the service. Care plans and risk assessments were detailed, reflected people's individual needs and were regularly reviewed to ensure the most up-to-date information was available for staff to follow. Staff had a good understanding of people's needs and had developed positive relationships with them.

People were protected from the risk of harm and abuse. Clear policies and procedures were in place, staff had received training and felt confident to raise any concerns they had.

Medication was managed safely by trained and competent staff. Staff had access to medicines policies and procedures as well as best practice guidelines. Medication administration records (MARS) were fully completed and regularly audited to identify any areas for development and improvement. Staff had received infection control training and understood how to minimise the risk of infection being spread.

People's privacy and dignity was respected, and their independence promoted. Relatives spoke positively about the staff and management team. People, relatives and staff views were regularly sought.

People participated in activities of their choice and were supported and encouraged to maintain contact with friends and relatives. Staff communicated with people in ways that were meaningful to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 28/02/2018 and this is the first inspection.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Supported Living Staffordshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Supported Living Staffordshire has offices based in Stafford town centre. The supported living homes they support people to live in are in Stafford and Wolverhampton.

This service provides care and support to people living in eleven 'supported living' homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior support worker and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We spoke to three relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had all completed safeguarding training and had regular refresher updates. They were familiar with the reporting procedures and felt confident that any concerns they had would be acted upon.
- There was a safeguarding policy and procedure in place.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed and mitigated.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information.
- Some of the people supported by the service live with behaviours that challenge. Risk assessments were detailed and gave clear descriptions to staff of the behaviours and how they were to be managed. Staff had all received training in the safe management of people's behaviours.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- People were supported by regular staff that knew them well. Staff had a good understanding of people's needs through the positive relationships they had developed.
- Appropriate numbers of trained and qualified staff were employed to meet the needs of the people supported.

Using medicines safely

- Medication was administered by trained and competent staff.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.
- Medication administration records (MARS) were in place and had been fully completed. Regular medication audits were undertaken to ensure people received their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.
- Relative's comments included; "[Names] medicines are managed well and there have not been any issues."

Preventing and controlling infection

- All staff had received infection control training and had access to personal protective equipment (PPE).
- Systems were in place to safely manage and control the prevention of infection being spread.

Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of accidents and incidents. These records were reviewed by the registered manager and provider. This ensured action was promptly taken to identify trends and patterns and reduce future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, taking in to account their physical, mental and social needs prior to being supported by the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans reflected people's individual needs, preferences and personal choices. They included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment.
- Staff had undertaken training to meet the requirements of their role and to meet people's individual needs.
- Staff received an appropriate amount of support and supervision for their role.
- One relative's comment included "He has a regular staff team that know him well and understand his needs."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan their meals, shop for their own foods and prepare food and drink wherever possible.
- People's dietary requirements were met in line with their assessed needs.
- People's comments included "I'm having pizza for my tea, I chose this" and "I'm having curry for my tea, yummy!" Relatives told us they felt people were offered choice and were as involved as they could be in shopping and preparing food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that people were supported to attend healthcare appointments. Clear records were held of all healthcare visits to ensure staff had access to the most up-to-date information.
- Positive feedback had been received from numerous healthcare professionals and included; "The staff team have managed the transition of [Name] from hospital to supported living really well", "I cannot imagine many care providers going the extra mile as you have to support my complex client to give him the best chance of transitioning successfully" and "Your supported living settings have created a very special environment for all those who have moved in to their own homes. This is testament to the team."
- Relatives comments included; "I have regular contact with the management team for updates" and "Staff

contact me with updates, questions and queries. I feel well informed and included."

- People had access to local advocacy services to ensure their views were represented.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and they were not unlawfully restricted.
- Staff had received training and understood the principles of the MCA.
- Staff fully understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us they always sought consent from each person they supported before undertaking any tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion by staff. Their comments included; "[Staff Name] is very nice, I like her" and "I like the staff, [Staff Name] is fun and [Staff name] is kind."
- Relatives told us the staff knew people well and their comments included; "[Name] really likes two of her support staff, they are very good indeed" and "All staff treat [Name] as a real person and as an adult, this is so important."
- Staff had completed equality and diversity training and understood the importance of treating people as equals.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us their views were regularly sought. One comment included; "I am regularly asked for feedback from staff that support [Name] the management team and the provider. More importantly [Name] is also asked for feedback. Their wants and needs are listened to."
- Relatives told us people were involved in making decisions about their care and support wherever possible. Reviews of the care and support people received were regularly undertaken.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. Relatives told us that staff were very good at ensuring people were as independent as possible.
- Relatives told us that people were consistently offered choice and had full control over their lives. Comments included; "[Name] has chosen their own furnishings and has everything where they want it to be", "[Name] prefers female support staff and this has been put in place" and "[Name] chooses what time they get up and go to bed, what they have to eat and when as well as what activities they want to do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- People were supported by regular staff who understood their likes, dislikes and daily routines.
- Each person had a one-page profile that described things of importance, likes and dislikes and how they wanted to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available in easy read and pictorial formats. Staff communicated using pictures, Makaton (This is a language programme using signs and symbols to help people to communicate) and sign language.

Supporting people to develop and maintain relationships to avoid social isolation

- Relatives told us they could visit people at any time and were actively encouraged to visit regularly to maintain their relationships with the people supported.
- People told us they accessed the community to participate in activities of their choice. Their comments included; "I like to go to the pub for lunch", "I go shopping for food and clothes", "I like to go for a walk", "I go out for a drive in my car."
- Relatives comments included; "[Name] has a better social life than me. They are always out and about doing activities. He is encouraged to choose what he would like to do" and "[Name] is out and about every day with staff."

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team.
- Complaints were investigated and responded to in line with the complaints policy.
- People and their relatives were actively encouraged to share their views through regular contact with the management team.

End of life care and support

- At the time of our inspection nobody was being supported with end of life care.
- Staff described how they would support people at the end of their life to be comfortable and have a pain free and dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff team had developed positive relationships with the people they supported.
- There was a clear strategy in place to promote person centred care and support and to achieve positive outcomes for people. There was an open and inclusive culture as staff followed the provider's philosophy of care.
- Relative's and staff spoke positively about the management team. Their comments included; "I have regular contact with the staff and management team. They are approachable, open and honest", "The management team are accessible and will act promptly following any discussion we have", "I can go to my manager at any time, they are always sorted straight away" and "I am supported and encouraged in my role by the management team."
- The registered manager showed a commitment to providing high quality care by engaging with everyone supported by the service, their relatives, staff and other stakeholders.
- Policies and procedures to promote safe, effective care to people were available at the service. These documents were regularly reviewed and updated to ensure they complied with legislation. Staff had access to best practice guidance and up-to-date information to fulfil their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, professionals and staff were regularly asked for feedback about the service. This information was used to further develop the service.
- Staff attended regular team meetings and told us their views were sought, listened to and acted upon by the management team.
- Relatives were regularly invited to family forum meetings to hear about service developments and to share ideas they had for improvements to the service.

Continuous learning and improving care

- The registered manager and staff team had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date.
- There were clear systems and processes in place for learning from any concerns or complaints raised by people and their relatives.
- People's care plans, risk assessments and medicines records were regularly reviewed and updated. Actions were taken promptly to address any issues identified.
- Regular audits were undertaken across all areas of the service. Areas identified for development and improvement were addressed through action plans.

Working in partnership with others

- The registered manager and staff worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.