Cambridgeshire County Council

March Supported Living Scheme

Inspection report

20 Alder Close
March
Cambridgeshire
PE15 8PY

Tel: 01354654146

Date of inspection visit:
04 October 2018

Date of publication:
12 November 2018

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

This unannounced inspection took place on 4 October 2018. At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

March Supported Living Service provides care and support to people living in five 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.

March Supported Living Service provides a service to, people with a learning disability, people with a physical disability, older people, people living with dementia, younger adults and people with sensory impairments.

Not everyone using March Supported Living Service receives the regulated activity of personal care. 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.

At the time of our inspection there were 18 people using the service who received the regulated activity of personal care.

A registered manager was in post. The registered manager was on leave at the time of the inspection and an interim manager who knew the service well was available throughout the inspection. 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 service was safe. People were safeguarded by staff who knew how to recognise and report any concerns. The provider identified risks to people and managed them well. Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. Lessons were learned when things had not gone well and prompt action was taken to keep people safe. Staff administered medicines and managed them safely. Staff helped people to maintain a clean environment.

The service was effective. Staff met people's needs and had the right training and skills to do this effectively. People had a varied and healthy diet and enough to eat and drink. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered

manager worked with other organisations such as the local authority who were involved in people's care to help ensure that when people used the service they received consistent care.

The service was caring. People were cared for by staff and supported in a compassionate way. People's privacy and dignity were promoted and respected. People were supported and encouraged to use an advocacy service when needed. People using the service were involved in deciding how their care was provided. People were treated with fairness whatever their needs were.

The service was responsive. People's care was person-centred and at the heart of the service. Technology enhanced the quality of people's lives, this made them more fulfilling. People raised concerns and they were acted on. People, relatives and family members had the support they needed when any person needed end of life care.

The service was well-led. The registered manager provided support to staff in a positive way. People had a say in how the service was run. Staff had the right skills and values to make a positive difference to people's lives. Staff worked as a team to help people and each other. Quality assurance, audits and spot checks undertaken by the provider helped identify and drive improvements. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others including health care professionals.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

March Supported Living Scheme

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 checked 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 unannounced inspection took place on 04 October 2018 and was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire as well as notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 4 October 2018, we visited the service and spoke with seven people. We also spoke with the interim manager, two senior support workers and four care staff.

We looked at care documentation for five people using the service and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audits and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

The provider continued to have effective systems in place to help to protect people from the risk of harm. Staff received training in safeguarding and they knew about the reporting processes in place should they have any concerns about a person's safety. Staff were comfortable to challenge and report unsafe practice. One staff member said, "I check other staff on a regular basis to make sure they use equipment safely and that the person is safe. If I saw anything that could be causing a person harm I would report it to my line manager or the (Care Quality Commission)."

Staff treated people equally no matter where they lived or what their needs were. Where people used different forms of communication, staff were familiar with these and would recognise when people were feeling unsafe. One person told us, "I have lived here for a few years now and when I call for staff they are there quite quick [to respond]."

The provider continued to carry out robust recruitment practices to promote safety and ensure staff employed were suitable for the role. The checks on staff included photographic identity, previous employment history, references and evidence of qualifications. One staff member said, "I had to have a new criminal records check when I came to work here permanently. My interview was thorough and explored my skills and knowledge."

People had risks to their health, safety and wellbeing individually assessed and managed. Staff understood the risks relating to each person and what they should do to reduce them. For example, ensuring wheelchair brakes were on when stationary to prevent injury and ensuring people with swallowing difficulties were given food with a soft consistency to prevent them from choking. Risks to people were kept under regular review. Any changes were implemented in the person's care plan and risk assessment.

People were involved in managing risks. Risk assessments were person centred and restriction on people's freedom and choice was minimal. One person told us that they now had the confidence to go out with staff and that as a result they felt safe." A relative said, "My [family member] is so much better now. It is all down to the staff team who have given them so much more independence to stay safe but also now doing this for themselves."

There were sufficient staff with the right skills to meet people's needs effectively and in a timely manner. One person said, "I rarely have to wait more than a few minutes for staff. They always ask me if I can wait if they are helping someone else." Communal areas were constantly supervised and people were provided with help as and when required. Staffing levels were based on people's individual needs and fluctuated on a day-to-day basis according to the support each person needed. For example, any changes to people's care needs or in their independence. The staff rota reflected this.

People continued to receive their medicines safely and as prescribed from staff who were trained and assessed to be competent. Medicines administration records (MAR) were accurate and gave staff the information they needed to administer medicines correctly such as for people's as and when medicines for

pain relief. One person told us that staff always made sure they had taken their medicines as prescribed. Checks were in place to make sure staff signed for medicines when they had administered them. Any errors were acted on. For example, the registered manager ensured staff undertook additional training or supervision to help improve their practices.

The provider had systems and training in place to support the prevention and control of any infections. One person confirmed to us that staff always wore protective clothing when assisting them with personal care. Staff adhered to the provider's policies by wearing protective clothing, including gloves, when giving personal care to prevent the spread of infection. One staff member said, "We have plenty of aprons and gloves. We make sure we wash our hands under running water and dry them on clean paper towels." Communal areas such as kitchens were checked for hygiene standards.

Lessons were learned and improvements were made when things went wrong. The provider undertook investigations and analysis of incidents to check for any trends. Prompt action was taken to resolve issues, improve practice and prevent reoccurrence. For example, where medicines' administration errors had occurred other checks and recording processes were put in place. This had prevented further errors occurring.

Good

Is the service effective?

Our findings

People's care and support needs were assessed regularly to make sure the service could continue to meet these. Staff were supported to gain the skills they needed to meet each person's needs effectively and without discrimination. This meant that people were supported by staff who understood how to meet their needs well. Staff undertook a programme of training and refresher training on subjects that included autism, epilepsy, diabetes care, the Mental Capacity Act 2005 (MCA) and assistive technology. Staff used this tablet computer technology to help them communicate better with people who needed this.

Staff understood people's individual means of communication. One person showed us how they used a combination of sign and body language to inform staff of what they wanted to do. We saw that staff responded appropriately by getting the person their breakfast.

New staff undertook the Care Certificate as part of their induction to the service. This is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of social care workers. Following staff's induction, they had other support including regular supervision and updates to training. One staff member said, "It is a good chance to say what help I may need such as, discussing my working arrangements and the shifts I am able to cover and any additional training that I might need."

Staff supported people to prepare their own meals to help them to develop or maintain independent living skills and encouraged them to eat a healthy balanced diet. One person told us, "I help prepare meals and [staff] cook it for me. I like to watch and smell the food." We saw staff preparing meals with people in communal kitchens and dining areas. Another person told us that they loved fish and chips but staff encouraged them to eat a healthy and well-balanced diet.

The provider had processes in place to make sure that when people moved between services they continued to receive joined up care that was responsive to their needs. For example, when people went into or out of hospital they had a document which gave health professional information including people's communication skills and allergies. Where people accessed a range of health professionals the registered manager had coordinated this. This meant that staff had the information they needed about people's health conditions and status.

People received the support they needed to access health care services to meet their health needs. Care plans provided staff with the information they needed to consistently deliver safe and appropriate care. They included guidance from healthcare professionals such as speech and language therapists, tissue viability nurses and GP services. We saw how one person had been supported to have a wheelchair that was custom made to their measurements. This gave them more independence but also improved their wellbeing. One relative told us that staff made sure that their family member had regular check-ups and reviews of their medicines. Reviews of people's health needs and health support helped them to live healthier lives.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to make decisions 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living in the community can only be deprived of their liberty when authorised by the Court of Protection (CoP).

Staff were aware that people were supported to make decisions about their health and welfare such as by a relative or appointed advocate through the Office of the Public Guardian (OPG). The OPG protects people who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance. We saw how one person had a legal appointee who made financial decisions for them such as to buy a new specialist chair. One person told us that they did most things for themselves but staff supported them to make choices for food or attending educational courses college. Where people lacked the ability to choose their preferences staff helped people with these with gentle prompts and reminders including when it was time to take their medicines.

Good

Is the service caring?

Our findings

People received a caring service from staff who showed compassion and kindness in everything they did for people. People's care plans provided staff with guidance how people preferred to be referred to including their forename and their means of communication. Staff respected people's diverse needs and used alternative methods to communicate with them such as pictures, signs and objects of reference. Staff gave people time, listened to what they were being told and acted promptly and respectfully. One person told us, "I am ever so well cared for here. It's my home. [Staff] are so gentle with me and they only discuss my care with me." We saw how staff knelt or bent down to speak with people and offered gentle reassurance. They never passed a person by without an exchange of words or a chat about how they had got on whilst they were out. Another person told us how staff had helped them to go to their drama classes and said, "It was brilliant."

People's care plans gave staff enough information to give care and support that was tailored to the persons individual needs. Staff used their knowledge of people and how they preferred to be cared for to improve their emotional, social and spiritual wellbeing. One person said, "I like gardening and making boxes for flowers." We saw that the person gained much satisfaction from their gardening achievements without a weed in sight. One relative told us how following a stroke their family member's life had been transformed as a result of the care staff had provided. They said, "The difference is amazing. The improvements have been slow but sure. I see a difference every week I visit them (at the service)."

Staff respected people's abilities and gave support that was respectful and unhurried. For example, we saw how people who could become anxious in certain situations had been introduced to these over a period of time. For instance, going into the community and gradually increasing the time they did this and with friends they knew well. This helped promote wellbeing and kept the person calm in being able to live their life in their way.

Staff provided care and support to people in a meaningful way. They respected and promoted their privacy and dignity by knocking on people's doors. Staff asked permission before undertaking any tasks and checking to make sure people were pleased with what they had done. One person said, "[Staff] are not just my helpers, they are my friends and companions when I am a bit down." One staff member told us how they made sure people's curtains were closed and how they provided encouragement with personal care in a sensitive manner.

Staff supported people to further their independence and gain additional daily living skills such as, cooking, cleaning and getting dressed. We saw how one person no longer needed their overhead tracking hoist as they could now use their strength to get up and out of bed. This improved their dignity and gave them greater self-esteem in doing things for themselves.

Good

Is the service responsive?

Our findings

Staff were responsive to people's care needs and each person received their care in a way they preferred it. One person showed us where they had been on holiday and how staff had supported them to have a holiday with an organisation that promoted the person's abilities. This included those associated with farming, animal care and being out in the open air. The person said, "It was great. I have booked my next year's holiday already. [The organisation's] staff helped me to enjoy myself."

People's care plans were person-centred. They gave staff vital information about the individual including their strengths, abilities and where they needed additional support to develop or maintain independent living skills. For example, to access the community, prepare a meal or to attend a place associated with their religion. One relative told us how their family member, after much work by staff, was now able to go back to where they used to live to meet friends and others. This brought back happy memories. The relative said, "It's so nice to see them getting back to how they used to live. Doing their exercises and having staff who understand the importance of putting in the effort makes a huge difference. I know they'll walk again one day."
People were supported to access the community to increase their social skills and develop independent living skills. The service worked with other organisations to enable people to meet their social needs, hobbies and aspirations and lead more fulfilling lives. People attended for example, art, music, drama and cooking. One person told us how they had been making a Halloween lantern from a pumpkin. Another person described their art work. They said, "It gives me a focus." One person's care plan showed us how by accessing the community this had given the person confidence to do this again.

People or those acting on their behalf knew how to raise any concerns they may have about their care and to whom they could report these to. Staff used their knowledge of people who used non-verbal communications to judge if they were not happy or if the person had any concerns about their care and support. The provider gave people information about how to access the complaint's process as well as any support they may need to do this.

Compliments were used to show what worked well. One compliment stated, "You have done more in a few months than any other care provider has done in three years. The care staff have managed to get my [family member] to take their shoes and socks off and do many other things they couldn't do prior to using the service."

At the time of our inspection no person using the service had a need for end of life care. Although there were systems, policies and processes in place should this support be needed. For example, people's advanced decisions about resuscitation, funeral arrangements and any preferences such as the type of memorial service. The interim manager told us that they had previously supported people with end of life care and knew how to request support from palliative care nurses for any pain or anxiety relief as well as any religious support. This was planned to help ensure people could have a dignified and pain free death.

Good

Is the service well-led?

Our findings

There was a registered manager in post. On the day of our inspection they were on leave. An interim manager was supporting the service in their absence and they had access to a regional manager for advice if needed. The staff team consisted of senior support workers, team leaders and care staff. 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 service's previous inspection rating was displayed in the service's office and we had been notified about incidents that by law we need to be informed about. This showed us the registered manager and provider were aware of their responsibilities.

A range of mechanisms were in place to support staff including staff meetings, coaching, shadowing experienced staff and annual appraisals where staff objectives were set. One relative said, "I know I can rely on the support of the [management's] knowledge and skills." One staff member told us, "The management is very good. They have an open-door policy where we can either call in to see them or give them a ring on the phone. The support is positive. I feel able to discuss anything in an open and honest way."

The management carried out checks to ensure people were satisfied with the care and support they were given and to ensure staff continued to provide quality and safe care. One senior support worker said, "It isn't about trying to catch staff out, it is about making sure staff have the support they need and if any changes to equipment, staffing or health support is needed. It's good to see how people are at night and at a weekend too."

Information and support was provided to staff if ever they needed to report any unacceptable standards of care. One staff member said that they had been helped in such a situation and action was taken. The situation had not reoccurred. One person told us, "I trust all the staff. They are all very good at helping me. They listen to me and if anything isn't good enough I am sure that the [interim] manager would do the right thing to protect us."

The provider continued to seek people's, relatives' and health professionals' views as a way of driving improvements. The oversight of the quality of people's care, audits and governance was in place to help ensure the standard of care met or exceeded people's expectations. One relative told us, "I get on well with the senior support workers and they know my [family member] well enough to recognise if something needs changing." As a result of the providers survey people were given support staff of a similar age. This improvement helped people to access hobbies and interests of similar interest and understanding.

The overall quality of people's care was enhanced by staff who had the right skills and knowledge to understand and manage people's long-term health conditions. The registered manager had supported various staff to have a lead role in specific specialist subjects including diabetes and autism. The staff with lead roles shared their expertise with the staff team.

Lessons were learned following accidents and incidents such as, missed administration of people's medicines. Actions were taken such as the use of timers that alerted staff when people's medicines were due.

The provider worked with others involved in people's care including the local safeguarding authority, tissue viability nurses, GPs and social workers. This helped ensure that people's care was more coordinated. A health professional had fed back in the provider's survey that staff were proactive in trying new approaches in care for people including the use of sound therapies to help improve or maintain people's wellbeing and ability to sleep better.