

Royal Mencap Society

Bristol Supported Living

Inspection report

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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

Bristol Supported Living is a domiciliary care agency. The service provides personal care and support for people with learning disabilities who lived in their own homes. Not everyone using Bristol Supported Living receives the 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 consider any wider social care provided. At the time of the inspection three people were receiving support with personal care.

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

People we spoke with were happy with the care they received. People told us the care workers were professional and they were happy with how the service was run.

The provider's recruitment procedures were designed to ensure staff were suitable for the role. Staff members were not permitted to work with people until the necessary recruitment checks had been undertaken and were satisfactory.

Staff had access to training that was appropriate to their role. Staff had attended safeguarding training and knew who to contact if they had any safeguarding concerns.

People's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act. Staff understood the principles of the Mental Capacity Act 2005.

Care plans were personalised and individualised. Care staff had the necessary guidance about the support each person required and how people preferred to be cared for. Individual risks to people and the environment had been identified. Risk assessments were in place to help minimise the risk of harm occurring.

People and relatives told us people were treated with dignity and respect. They were positive about the staff and said they had a caring and kind attitude.

At the time of our inspection the provider had received no complaints. However, the provider had systems for handling complaints and responding to incidents and accidents which they said they would follow if

these occurred.

The service was well led. Communication encouraged people and their relatives to share their views and the provider undertook a range of audits to check on the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good. (published 17 January 2017)

Why we inspected:

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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? The service was safe	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led.	Good ●

Bristol Supported Living

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 undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service including registration assessments reports. The provider sent us their 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.

During the inspection

During the inspection we spoke with the registered manager, two service managers and four carers. We reviewed a range of records which included three people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same good.

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

Systems and processes to safeguard people from the risk of abuse

- People all told us they felt safe.
- There were policies in relation to safeguarding and whistleblowing and staff continued to receive training based upon these.
- The staff conveyed a good insight and understanding of safeguarding procedures and how to keep people safe. The staff also knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed.
- People's needs and type of care and support they wanted had been assessed prior to them beginning to use the service. Each person had a risk assessment to guide staff on how to protect them.
- Risk assessments relating to people's homes were in place. This included use of the stairs, and any equipment to be used in the home.

Staffing and recruitment

- Staff told us they had enough time to carry out their role and never felt rushed. One staff told us, "I always have enough time, sometimes [person] needs encouragement and time to do things, I just go at their pace. Rushing makes [Person] anxious and confused."
- There were enough staff to complete the planned visits. There had been no missed visits. One staff told us, "I am always there, even if it means I have to get there at 5am to make sure they get to work by 6am."
- The service was responsive to people and relatives informed us that staff were flexible with their support, where possible.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely:

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people were safe to continue to manage their own medicines, this was supported.

Preventing and controlling infection

- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded and used any incidents as a learning opportunity.
- The provider and registered manager used people's feedback and reviews of accidents to make improvements to peoples care experience .

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

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 care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's support plans were person centred and clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- Support plans detailed the outcomes people wanted to achieve and how they wished to be supported.
- Support plans identified the impact of these needs on people individually and how staff should support them in all areas. It was also to ensure people were able to live life to their full potential and as they chose.

Staff support: induction, training, skills and experience

- The training information showed the mandatory training updates provided to staff at the service
- People received effective care and support from staff who knew how they liked things done. We observed the staff interacted well with the people and responded to those who needed help.
- Staff received training that equipped them with the knowledge they needed to support people. The registered manager had a system for monitoring staff training to ensure training was up to date. The registered manager had planned and booked training to ensure staff had knowledge to support people. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Staff felt really supported by the service managers. They used the provider's performance and appraisal system. Staff members received feedback about their performance and discussed training needs during one to one supervision.

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

- People were supported to prepare meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- Staff made sure foods were available to meet people's diverse and cultural needs and preferences. People also helped decide on menu choices.
- The service sought the advice of dietitians or Speech and Language Therapists, as necessary, and followed any advice given.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's changing needs were monitored to ensure their health needs were responded to promptly.
- People were referred to various health professionals in good time to address any health or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing. One staff told us, "When one of the ladies we were supporting was unwell, we kept going back to the doctor, till we got a diagnosis."
- We saw the care for people's health and wellbeing was proactive and organised well.

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

- People's rights to make their own decisions, where possible, were protected.
- People agreed staff asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.
- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- People had specific support plans in place regarding their decision making. It gave a description of how people were able to make their own choices and to what degree.

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. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. 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

- The service continued to provide caring support to people who were also treated with kindness. Staff showed skill when working with people and it was obvious they knew them well.
- People were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members. People and relatives agreed staff were caring and kind. One person said, "Yes they are kind, yes nice ."
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. One person confirmed, "I go to church on Sundays".

Respecting and promoting people's privacy, dignity and independence

- People and relatives agreed staff showed them respect and were polite. Relatives agreed staff protected people's privacy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their doors, respecting their wishes for alone time and preserving dignity during personal care.
- People were encouraged and supported to be independent. Staff were helping with making choices, working together and involving them in day to day tasks which people really enjoyed. Staff told us, "We don't do it for [Person], we remind and encourage [Person] to use their towel. [Person will lock the door and give themselves a wash. We respect that and always give [Person] their personal space."
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in their home. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. Views were sought through care reviews, keyworker meetings, and verbal and written feedback.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's homes were personalised and decorated to their taste including pictures of friends and family, pictures and other items important to the person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff to ensure they were involved in social activities and events. One person said, "I like my carers, my favourite one is [name], we go shopping."

People and relatives, we spoke to, all told us about the staff taking time to have conversations with people whilst supporting them.

- Care plans detailed people's choices for their support, for example time of calls, who supported them and how they wanted to be supported.

- Care files showed people's needs were regularly reviewed and audited to make sure they were getting the support they needed. One relative told us, "The service has been opened for a short time. I have been involved in the reviews and I think they are doing a good enough job."

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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example speaking directly to a person or speaking in short, loud sentences.

- The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

- We saw evidence that identified information and communication needs were met for individuals. For example, one care plan was written, 'I am not always clear in my answers and opinion on things, especially because I almost always smile even if I am saying no or I don't want/like something, gesture a thumbs up. If I give a thumbs up back, then it is Yes or good, if I do a sideways thumb it means bad or no, downwards means sad'.

- Staff told us of one person they supported to make decisions using pictures and drawings to enable them to decide.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were given a copy of this to keep in their own homes. There had been no formal complaints made to the service in the last 12 months.
- Relatives told us they had no complaints but would discuss them with staff if they did.

End of life care and support

- The manager told us they would support people at the end of their lives if it was their wish to stay in their own home. At the time of the inspection no one was receiving end of life care . However, staff had received training on death and bereavement and the registered manager told us, this was an area for continued development.
- There was documentation in people's files in relation to advanced planning of their end of life wishes. This hadn't been completed for everyone as the manager recognised the sensitivity of these discussions and felt that it wasn't the right time for them .

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives were positive about the service and staff. One relative told us "they certainly seem to have the formula, [Person] settled very well. They are well trained." The register manager told us, "for some people, achieving a small thing is a big deal, so we work at peoples paces and celebrate each milestone."
- There was a procedure to follow were people to make a complaint. This included an investigation, an outcome and an apology was to be given to people and relatives.
- Where things had gone wrong lessons were learned, and these were used to improve the service.
- A relative told us about how initially care plans didn't fully reflect what was needed by a person. They told us they were confident they would be listened to and would have no hesitation to discuss how [Person] hours are currently being used.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was fully aware of their responsibilities and escalated all safeguarding concerns appropriately to the local authority. They had a good understanding of their responsibility to notify CQC of things which affected people who used the service, such as accidents and matters of concern.
- The quality and assurance systems in place effectively monitored the care provided to people. Regular audits were completed and the results from these were used to improve the service.
- Staff told us morale was good. One staff commented, "staff here work well together and do things to the best of their abilities." Another staff said, "The manager is very supportive, staff are recognised through 'You Rock Award'. We were all given it for a how we handled the transition. It was nice to get recognised."

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

- The service asked for feedback from people, relatives and staff to help improve the service.
- Staff told us that they discussed lessons learned from incidents and improvement ideas during supervision and team meetings.
- People and staff were asked for their views on the service and any concerns were addressed immediately by the registered manager. Staff told us "Managers are supportive, and you can trust them, they let you lead and ask how they can support you."

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible in their homes.
- Care records showed involvement from the local nursing teams, GPs and other health and social care professional