

Homely Supported Living Ltd

# Homely Supported Living

## Inspection report

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Date of inspection visit:  
29 August 2019  
30 August 2019

Date of publication:  
15 October 2019

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Homely Supported Living provides personal care and support in one setting to people with learning disabilities and autism who may have behaviour that challenges services.

### People's experience of using this service

People were protected from the risks of harm or abuse. Staff were knowledgeable about safeguarding and whistleblowing procedures. People had detailed risk assessments carried out to protect them from avoidable harm. There were systems in place to protect people from the risks associated with the spread of infection. Accidents and incidents were recorded and used as a learning tool to reduce their reoccurrence.

Professionals, relatives and staff spoke positively about the leadership in the service. The provider had systems in place to identify areas for improvement which included quality audits and seeking feedback from people using the service, relatives, staff and professionals. Staff had regular meetings to be updated on service developments and found these useful. The provider worked in partnership with other agencies to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

We were unable to rate this service at the last inspection (published 15 June 2019). As this was a focused inspection we were still unable to give a rating.

### Why we inspected

We received concerns in relation to staffing and medicines. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-Led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Our findings from the previous comprehensive inspection for those Key Questions were used when making our judgements at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homely Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

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?**

Details are in our Safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our Well-Led findings below.

**Inspected but not rated**

# Homely 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 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.

#### Inspection team

Two inspectors visited the service on each visit date.

#### Service and service type

Homely Supported Living provides care and support to people living in one supported living setting, so 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

This inspection was unannounced. Inspection site visit activity started on 29/08/2019 and ended on 30/08/2019. We visited the office location on both dates to see the registered manager and to review care records and policies and procedures.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records including one care record for a person using the service, including risk assessments. We looked at four staff recruitment records. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

We spoke with two care staff, one relative and a social worker. The registered manager sent us documents we had requested.

# 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 there was insufficient evidence to rate this key question. At this inspection there was still insufficient evidence to rate this key question.

### Staffing and recruitment

At the last inspection we made a recommendation about recruitment practice. At this inspection we found the provider had made improvements in this area.

- The provider now had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK, criminal record checks and written references.
- Records showed there were enough staff on duty with extra staff rostered on to enable people to engage in activities outside their home.
- The registered manager explained they used one regular agency worker to cover staff absences and to facilitate activities. This meant people using the service were supported by care staff that knew them well.

### Systems and processes to safeguard people from the risk of abuse

- A relative told us they felt their family member was safe with staff and they were satisfied with the measures taken by staff to keep them safe from the risk of abuse.
- Staff were trained in safeguarding and whistleblowing.
- Staff knew how to respond when somebody was being abused. One staff member told us, "If I suspected abuse I would check when and how it happened and then report it to management and I would record it immediately."
- Staff understood whistleblowing and the bodies they could whistleblow to. Comments included, "You would have to let the local authority or CQC know" and "I would take it further and report to the social services and police."

### Assessing risk, safety monitoring and management

- The provider had a system of carrying out comprehensive individual risk assessments to minimise the risks people may face.
- An initial risk assessment was conducted when a person first started using the service. This included relationships, employment, behaviours that may challenge services and potential future risks.
- One person had ongoing risk assessments for travelling in a vehicle, going out in the community, personal care, mobility, accessing the kitchen, behaviour that challenges and non-compliance with medicines.
- For example, this person's risk assessment noted that in case of illness, staff should request a GP home visit and request any attending GP or medical professional to wear casual clothing to help the person feel at ease and reduce the risk of them displaying behaviours which may challenge services.
- The provider had a system of managing people's money which included keeping receipts and a record of

all transactions.

#### Using medicines safely

- At the time of this inspection nobody was prescribed medicines.
- The provider had a medicines policy which gave clear guidance to staff on how to safely manage medicines.
- Staff had received training in medicines management. This meant that should a person begin to use the service who required support with medicines, staff would be able to do this.

#### Preventing and controlling infection

- The provider had an infection control policy which gave clear guidance to staff on how to prevent the spread of infection.
- Staff demonstrated they understood how to prevent the spread of infection. One staff member told us, "We always use [personal protective equipment], gloves, aprons and other things. We have been trained in infection control."
- The registered manager had a system of carrying out an infection control audit.

#### Learning lessons when things go wrong

- The provider had a system of recording accidents and incidents.
- The registered manager told us they were open to learning lessons. They told us they had asked for a professional view from the community team to assist the staff team to learn how to manage one person's behaviour and reduce the number of incidents occurring.

## 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 there was insufficient evidence to rate this key question. At this inspection there was still insufficient evidence to rate this key question.

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

- A relative told us they had no concerns about the leadership of the service, the manager was approachable and they felt any concerns they might raise would be listened to.
- Staff gave positive feedback about the leadership of the service. Comments included, "[Registered manager] is one of the best managers you can work with" and "[Registered manager] is very competent, is very easy to interact and communicate with."
- The registered manager told us, "Whenever [staff] do something good or positive I praise them. I recognise their efforts and hard work they do."
- Two professionals had completed a feedback survey for the service indicating they were very satisfied with the service. One of the professionals had indicated, "I am updated regarding relevant issues regarding [people using the service]."

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 understood the duty of candour and the need to apologise to those affected. They told us, "We have to be open and transparent with whatever we do in our work. We deal with it in a quick manner and we learn from it."
- The registered manager understood their responsibility to notify the local authority and CQC about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records showed the provider held regular meetings for staff.
- Staff told us they found the staff meetings useful. One staff member told us, "We have a staff meeting every month to six weeks. We talk. We speak our minds." Another staff member said, "We discuss how we work and discuss what we need to improve on."
- Staff confirmed there was a communication system in place which kept them updated on people's wellbeing. Responses included, "We do handover. We get enough information" and "We have good communication with handover."
- The registered manager told us they had set up a mobile phone group for the staff team which was used to send important messages including the staff rota and training information.



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

- A relative told us staff communicated well with them and kept them updated on their family member's wellbeing.
- The registered manager told us people and staff were treated equally without discrimination.
- We asked the registered manager how they would support someone who identified as lesbian, gay, bisexual or transgender (LGBT). They told us, "I will treat the person as I treat all the [people using the service]. I would assess their needs."
- Staff confirmed they were aware of equality and diversity.
- We asked staff how they would support a person who identified as LGBT. Comments included, "I would support them. We support anybody" and "I have worked with some [LGBT] people. I have been trained and respect them."
- Staff confirmed the provider treated staff equally and they all worked together as a team. One staff member told us, "We have good team work." Another staff member said, "We work very well [together]. The manager is a listening type."

Continuous learning and improving care

- The provider had quality assurance systems in place to identify areas for improvement. This included a two monthly infection control audit and a monthly first aid box check.
- The registered manager carried out an overall audit each month which included house cleanliness, care plans and risk assessments, food hygiene, daily activities, complaints, incidents and staff knowledge check.
- We noted during a recent monthly audit of daily notes it was identified staff had not given enough details of the support people were receiving. The action taken was the registered manager met with staff and provided them with training on record keeping.
- The provider had a system in place to capture feedback through surveys from people using the service, relatives, professionals and staff to identify areas for improvements.
- We saw the survey form for people using the service was pictorial and in an easy to read format. One person had completed the survey and had indicated they were overall satisfied with the care they received.
- A relative had completed a survey and had commented, "I feel happy that [person] is well taken care of and staff members are very nice and friendly and any worries I have, I can talk to them."

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people using their service. The registered manager told us they had a good working relationship with the community team and social services.
- The registered manager told us they now had a good relationship with the GP and said, "It is a good relationship now, [with the GP]. It wasn't like it before. Person didn't like going to GP or doctor, was hard to get home visits but they get it now."