

United Response

# Limborne Supported Living Services

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 15 September 2015 and was announced.

Limborne Supported Living Services is registered to provide personal care to people in a supported living environment. These were two houses where people had their own bedrooms and shared the communal living areas such as bathrooms, dining rooms, lounges and kitchen. Each person had a tenancy agreement for their

accommodation. People were supported with their personal care and assisted to live independently. At the time of the inspection a service was provided to 11 people aged between 23 and 62 years with needs related to a learning disability or mental health.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People were not always adequately protected from abuse or harm that may breach their human rights. Whilst the service had policies and procedures for reporting any safeguarding concerns, incidents were not always fully looked into and consideration given to making referrals to the local authority safeguarding team for investigation.

Risks to people were assessed and recorded, such as when they went out independently. There was corresponding guidance on how staff should support people so they could take part in activities and maintain their independence.

Sufficient numbers of staff were provided to meet people's needs. Pre-employment checks were made on newly appointed staff so that only staff who were suitable to provide care were employed.

People received care from staff who knew people's needs well and were able to communicate effectively with people so they could provide care in the way people preferred. Staff had access to a range of relevant training courses and said they were supported in their work.

People were involved in choosing and cooking their meals. This was done with the support and guidance of staff so people had a healthy diet.

People's health care needs were assessed and recorded. Care records showed people's physical health care needs were monitored and that people had regular health care checks.

Staff had positive working relationships with people and demonstrated a caring attitude. People were consulted about the way they wished to be assisted.

People were involved in any assessment of their needs and in care planning to meet those needs. Regular care reviews took place which people took part in so people's changing needs could be accommodated. People's preferences were central to how people were supported. This is called person centred care.

People were supported to attend a range of activities including supported employment, social activities, holidays and outings.

People had opportunities to raise any concerns which were listened to and acted. Relatives said any concerns raised were promptly acted on.

Staff were committed to their work and demonstrated values of compassion and respecting people. The service promoted people being empowered to make decisions about their lives and to develop independence. People were able to contribute to decisions about the service such as staff recruitment.

A number of audit tools were used to check on the effectiveness, safety and quality of the service. This included seeking the views of people and relatives..

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not always safe.

Whilst there were policies and procedures for the safeguarding of adults action was not always taken by the staff and registered manager when a safeguarding concern was raised with them.

Arrangements were made to safely manage risks to people when they took part in activities or where a risk was identified .

Sufficient staff were provided to meet people's needs. Checks were made that newly appointed staff were suitable to work with people in a care setting.

People were supported by staff to safely take their medicines.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who were trained and had the skills to provide effective care.

People's consent to care and treatment was sought and the registered manager and staff were aware of when to use the Mental Capacity Act 2005 and its associated Code of Practice if people did not have capacity to consent to their care and treatment.

People were supported to have a balanced and nutritious diet and their health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Good



### Is the service caring?

The service was caring.

Staff treated people with kindness, warmth and respect. People were consulted about their care which was provided in the way they preferred.

People were supported to be independent and to make their own decisions.

Staff were committed to ensuring people's rights were upheld.

Good



### Is the service responsive?

The service was responsive.

People received personalised care which reflected their needs and preferences. Care and support was arranged to reflect how people wanted to be helped. There were arrangements so people's needs were reviewed each month.

Good



# Summary of findings

People's lifestyle reflected what they wanted to do and they were supported to attend activities and holidays.

There was a complaints procedure which people, and their relatives, were aware of. The provider looked into any issues raised with them.

## Is the service well-led?

The service was well-led.

The quality and safety of the service was audited and checked and action plans implemented where needed. This included seeking the views of relatives and people about the quality of the service.

Staff demonstrated a set of values which included compassion, human rights and respect for people.

People and their relatives were consulted and had opportunities for contributing to the development of the service.

**Good**



# Limborne Supported Living Services

## 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. The 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 inspection took place on 15 September 2015 and was announced. We gave the provider 48 hours' notice of the inspection because it was a domiciliary care service and the registered manager might be out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service, including notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We visited the provider's office where we looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records. We spoke to four staff and to the registered manager.

We visited people in their homes, and, we spoke with five people to ask how staff supported them. Following the inspection we spoke to a relative of one person.

We spoke with a social worker who monitored the care of one person. This person gave us their permission to include their comments in this report.

This was the first inspection of the service since it was registered on 2 November 2014.

# Is the service safe?

## Our findings

People told us they felt safe with in their homes. One person told us staff were always available for support and they had a telephone number to call if they needed staff in any emergency. A relative also said they considered people were safe with the service's staff. The service had a copy of the local authority safeguarding adults procedures and there was a notice board in the service's office of the procedures staff should follow if they suspected abuse or were aware of any incident of abuse. The registered manager told us of an incident reported to the local authority safeguarding team. A social worker from the local authority commented how the registered manager and staff dealt appropriately with any safeguarding concerns. Staff were also trained in safeguarding people from abuse but, we found three examples where suspected abuse was not dealt with appropriately. For example, where there was an allegation of possible abuse, there were no records of the decision making process about whether to refer this to the safeguarding team at the local authority or not. A staff member disclosed possible abuse but this had not been acted on. Records showed an incident had occurred at a local day centre and the registered manager did not know if the day centre had reported this to the safeguarding team.

The provider did not operate a system of investigating and reporting abuse as soon as they became aware of it. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system for assessing risks to people and for making plans to minimise the risks. These related to activities such as road safety when people went out independently and possible risks to people from others. There were comprehensive care plans with guidance on measures to keep people safe when they undertook activities such as cooking and going out. Risks regarding people's behaviour was also assessed and there were care plans for staff to follow on managing behaviour which may challenge. People were supported to manage their finances and we saw care plans of how people needed to be supported so their finances were managed safely. Staff were aware of policies and procedures for keeping people safe and for dealing with any emergencies. These included procedures for contacting an 'on-call' manager during out of office hours if they had concerns about people and for contacting the emergency services. People told us how

they were able to go out independently and that they felt safe doing this and knew they could contact staff by telephone in an emergency. A social worker who monitored the care and support of one person said the staff managed risks well so people were supported to go out and about in the community and to lead full lives.

Each person's contract with the provider included the number of agreed staffing hours for care and support. There was a staff duty roster for each of the two supported living houses, both of which showed staffing was provided over a 24 hour period. Additional care hours such as when staff supported people on a one-to-one basis were recorded on the duty rosters. Staff were observed to be on duty as set out in the duty rosters. People said there were enough staff on duty to meet their needs and said they had access to staff support when they needed it. For example, one person said how they had one- to- one support from staff when they went out. A relative said there were enough staff but also said they would like more female staff on duty. Although most staff considered there were sufficient staff to meet people's needs, two said there were times when they were "stretched" in their duties due to time and commented staff were not always promptly replaced by new staff when they left. Both these staff said this had not affected the standard of care people received. A social worker commented that they considered there were sufficient staff to meet people's needs.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. There was a record of staff being interviewed. The registered manager and staff confirmed people were involved in the staff recruitment and selection process. Application forms were completed by staff and these included an employment history. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

People were supported by staff to take their medicines. The type of support was based on the degree of support people required. For example, some people were monitored by staff when they took their medicine. One person's medicine was administered by staff who observed the person taking the medicine. Other people required prompting to take their medicines which was recorded in their care plan. A record was made by staff when they supported people to

## Is the service safe?

take their medicines. People's medicines were stored in their own rooms. One person told us how they were supported with their medicines which they were satisfied with. Staff were trained in handling and administering

medicines, which was confirmed by staff and by training records. Staff also checked that people had taken their medicines which was then recorded on a staff handover record so the next staff shift had this information.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge to provide effective care. People described the staff as helpful and skilled. Staff were skilled in communicating with people to find out how they wanted to be supported. People said they discussed and agreed their care needs with staff. Staff were observed to interact well with people. For example, staff asked people how they were and if they needed help with anything. People said they were able to choose the food they ate, were supported by staff to cook meals and to have a healthy diet. A relative also described the staff as skilled in providing care and in supporting people with a healthy diet.

Staff told us they received an induction when they started work at the service. A staff member said the induction included instruction on the policies and procedures of the service as well as learning what the needs of each person were. The induction included a period of 'shadowing' more experienced staff so they learnt how to support people effectively. A staff member who recently started work for the service said, "The support we get is amazing. I can go to the manager with any issue." The induction followed nationally recognised staff induction procedures, which was confirmed by staff and the training records.

The service employed a total of 14 staff. The provider confirmed all staff had completed the nationally recognised induction, that four staff were trained in the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care at level 2 and one at NVQ level 5. Additional training was provided in first aid, moving and handling, person centred care, fire safety, epilepsy and working with people who have challenging behaviour. Staff said they were well trained and that their training was monitored to ensure they completed any updates in care procedures.

Staff received regular supervision which they said allowed them to discuss people's care needs and their own training needs. Records of individual supervision sessions with their line manager showed supervision took place every three

months. There was an annual review of individual staff performance, which was recorded as well as a record of setting objectives and development plans for the next year. Where needed, there were staff improvement plans where it was identified staff needed support or training.

The service had policies and procedures to guide staff on what to do if people did not have capacity to consent to their care and treatment as set out in the Mental Capacity Act 2005. This legislation sets out the procedures to be followed if people do not have the capacity to consent to their care and treatment. The provider informed us that each person who received a service had capacity to consent to their care and treatment. People told us they were consulted about their care and support and they had signed their care plans to acknowledge this. The staff and management team were aware of when they needed to assess anyone's lack of capacity to make certain decisions and what action they needed to take as set out in The Mental Capacity Act 2005.

People were involved in devising their own menu plans and in shopping for food. This was done with the support of staff. People said they were able to choose the food they ate, that they were involved in devising a menu plan and helped prepare the food. People said how they were supported to eat a healthy diet. People were assisted to maintain their weight by linking with specialist services. The provider told us none of the people who received a service had any special dietary needs or required assistance with eating.

People confirmed they were supported to have health checks and treatment. A relative informed us that people's health care needs were monitored. Each person had a file called, "Health Action Plan," which was used by the people's general practice surgery to record health checks and any treatment. This was in a pictorial format for easier understanding by people. These showed people had an annual health check, dental checks and treatment and eye sight tests. More specialist checks and treatment, such as with a chiropodist or the NHS services were arranged where this was needed.



# Is the service caring?

## Our findings

People benefited from positive and caring relationships with staff. People told us the staff were kind and understanding. For example, one person said, “The staff are kind. I get on well with them. They’re friendly and I can chat and talk to them.” Another person said how staff treated them with respect adding, “I am treated well and spoken to nicely.” People said they were consulted about their care and support and were involved in any decisions about this.

Staff were observed to speak to people by listening to what people had to say and responded in a manner which reflected values of compassion and respect. People were comfortable in approaching staff for advice or for a more general chat about their daily experiences, which staff then responded to.

We spoke with staff who demonstrated values of equality, such as ensuring people had full access to facilities and that people led a fulfilled life based on what people wanted. Staff were motivated and enjoyed their work with people. Staff enjoyed the company of those they supported and said how they treated people with kindness, warmth and love. One staff member told us how the staff induction emphasised the importance of treating people with respect and as individuals. The provider had policies regarding values of supporting people to take control of their lives by empowering people to play a full role in planning their support. People told us they were supported in the way

they preferred and were involved in planning their care. We saw people had signed their care plans to acknowledge they were consulted and had agreed to the contents. People were aware of their care plans, which were written in a way they could understand..

Care records detailed how staff should support people with psychological and emotional needs. These also showed staff took action to relieve people of symptoms of distress. There were also examples of where staff and people had identified what were positive and negative outcomes for people in terms of their daily experiences so appropriate action could be taken if needed.

People were supported to be independent. Care records showed people attended a range of activities in the community either on their own or supported by staff. For example, people told us they went to work and cooked their own meals with staff guidance. Staff said the service aimed to enable people to develop and maintain their independence but offered support and guidance at the same time, which they called an ‘Active Support Model.’ This approach was also confirmed by a social worker we spoke to who said people were supported to make choices in their lives and were supported to be independent.

People said they had privacy in the supported living accommodation, which included being able to have a key to their bedroom door. Staff were aware of the need to promote people’s privacy.

# Is the service responsive?

## Our findings

People received a personalised service which took account of their changing needs. People said they had opportunities to discuss their care needs with staff and that these were acknowledged in how they were supported. This included being involved in the assessment of their needs and making contributions to their care plans. People said they had monthly one to one meetings with a staff member where they discussed their care and support needs. For example, one person said, “I go through my care plan with staff and I can make any changes I want.” There was a complaints procedure which people said they knew how to use if they had a concern.

Care records showed people were involved in an initial assessment of their needs. Needs assessments were comprehensive and covered a wide range of care and social needs. The monthly one to one meetings people had with a staff member were recorded under headings such as ‘What has gone well?’, ‘What has not gone well?’, and, ‘What would you like to achieve?’ People had signed these reviews to acknowledge their involvement and agreement to the contents. Staff told us these reviews were useful in identifying people’s aims and goals. A social worker said the staff worked with them to review people’s care needs.

Records showed staff were responsive to people’s changing needs and made referrals to other agencies where this was needed. Staff told us people’s care and support needs were discussed each time there was a change of staff shift. These were called ‘handover meetings’ and were well recorded with clear details about any developments or significant events in people’s lives so all staff were aware of these.

Each person had care plans which were individualised to their specific needs and preferences. They were written with the person’s needs and choices as central to how they were to be supported by staff. This is called person centred

care planning. Headings such as, ‘What people need to know or do to support me,’ and ‘How I like and need my support,’ were used to record relevant information about care. There were details about how staff should communicate with people. Care plans regarding personal care were detailed and gave staff guidance on how to support people. A social worker commented that staff were ‘person centred’ when supporting people so individual needs and wishes were fully taken account of.

People were supported to maintain relationships with partners, spouses and family members. Care plans included any relevant information about this so staff could provide appropriate support.

Each person was supported to attend activities of their choice and had a schedule of activities which staff supported them to attend. These included employment, day care, outings and holidays. Staff said they supported people to choose and attend activities of interest such as concerts.

A copy of the provider’s complaints procedure was held with each person’s care records. People told us they knew what to do if they weren’t happy about the service they received. One person told us they raised an issue they were dissatisfied with which was dealt with and resolved to their satisfaction. The registered manager told us forms were available for people to raise any areas of concern about the service they received, which was then used to make any necessary changes in people’s care. The registered manager also made us aware of how they looked into and responded to a complaint which was included in the survey feedback forms when people and relatives were asked to give their views on the service. A relative told us staff responded to any queries they had and that the survey questionnaire allowed them to give feedback about the quality of the service.

# Is the service well-led?

## Our findings

People told us the service's registered manager was approachable and that they had opportunities to discuss any issues or more routine matters at the regular 'tenants' meetings.' Surveys were also used to obtain the views of people about the quality of the service they received. These were in pictorial format for easier understanding by people. The provider also sought the views of relatives of people by the use of an annual survey questionnaire. These showed relatives were satisfied with the standard of personal care and support as well as the way staff treated people. Every three months the provider held a 'Leadership meeting' with relatives, people and staff where subjects related to the care and support of people, and, the wider service provision were discussed. The registered manager described how the content of these meetings were used to consider any changes in service provision.

We observed people felt able to approach the staff and the registered manager about any issues they had. This included people asking for clarification and updates about the possible development of the service which people said they were consulted about.

The registered manager and staff were committed to empowering people to be independent and to making decisions for themselves as well as developing their own living skills. These values were contained in the provider's own policies and procedures. People were consulted and involved in decisions about their care and support and how they led their lives. Staff also demonstrated a set of values of compassion, equality and safety for people. People were also involved in decision making such as the recruitment of staff.

The service had a registered manager and in each of the two supported living homes there was a senior support worker who took lead responsibility for coordinating care and support for people. Staff described the registered manager as approachable, willing to listen and a good practice leader. Staff also said they had opportunities to discuss the care and support of people and to raise any issues they had at the regular staff meetings. Records of staff meetings were maintained and were available for us to see.

A social worker told us they considered the home to be well-led and that the registered manager communicated well with them, adding any issues raised were always listened to, acted on and resolved. The social worker added that they worked in collaboration with the staff to meet people's needs.

There were a number of audits also used to check the quality of care. One of these involved a quality check completed by a person from another area who used the provider's services, but did not live at Limborne Supported Living Services. These were carried out on an annual basis and were recorded in a report, which included observations on how staff treated people. There were further audits completed by the provider's area manager every two months when a report was produced on the findings. These covered medicines procedures, staffing and activities for people. There was a further audit by a registered manager from a different location which looked at risk management, care plans, staff supervision and medicines. A report was compiled for each of these audits so that areas for improvement were identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not operate systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>Regulation 13 (3)</p>