

# National Society For Epilepsy(The) Supported Living and Domiciliary Care Service

## 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

This inspection took place on 5 and 6 October 2016. It was an announced visit to the service. This meant the service was given 24 hour notice of our inspection. This was to ensure staff were available to facilitate the inspection.

The service is registered as a domiciliary care service. It provides care and support to people living in supported living schemes and in their own homes. It specialises in providing support to people in the community with epilepsy. At the time of the inspection they were providing support to 29 people. There was a registered manager in post as required. 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.

We previously inspected the service on the 11 January 2013. At that inspection the service was found to be non-compliant in supporting staff. We carried out a follow up visit in November 2013. We found the service had addressed those concerns and was fully compliant with regulations in place at that time.

At this inspection we found the service was providing safe, effective, caring, responsive and well-led care to people. People and their relatives were happy with the care provided. They described staff as kind, caring, patient and enabling.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence. People had support plans in place and they were involved in their care. The support plans outlined the schedule of visits and the support required at each call. The support plans were updated and reviewed in response to people's changing needs.

Medicines were safely managed with people supported and enabled to self-medicate.

People were provided with staff at the time they required. The service was flexible too and was able to provide person centred care to people in response to their seizures as well as support with interests, hobbies and health appointments.

People's privacy and dignity was promoted. Staff were respectful of the person's home and their environment.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively. People were supported by an established staff team who worked well together to benefit people.

People and their relatives were aware of the complaints procedure and knew how to raise concerns. They

confirmed issues raised were addressed. People were asked for feedback on the service to improve practice. The registered manager and the provider audited the service to satisfy themselves the service was running effectively. Where issues were identified action was taken to make improvements.

The management team were accessible, approachable and supportive. People who used the service and relatives were positive about the management team. People described the registered manager as "Fantastic boss, good at what they do, caring, helpful and someone they can have a laugh and chat with". Staff felt management listened and valued them which promoted a happy working environment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded and risks to them were managed.

People were provided with staff at the required times to meet their needs.

People's medicines were appropriately managed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably inducted, trained, supervised and supported.

People were supported to meet their health and nutritional needs. Health professionals and equipment was accessed by and for individuals as required.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity, independence and respect was promoted.

People's death wishes were taken into consideration.

### Is the service responsive?

Good ●

The service was responsive.

People were assessed prior to the package of care being

provided. Support plans were in place to outline the care required at each call.

People were able to use their care hours to be supported to pursue their hobbies and interests.

People were provided with information on how to raise a concern or complaint.

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**Is the service well-led?**

The service was well led.

People were supported by a service which was well managed.

People were given the opportunity to feedback on the service. Systems were in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were well maintained.

**Good** ●

# Supported Living and Domiciliary Care Service

## **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 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.

This inspection took place on 5 and 6 October and was carried out by one inspector. The provider was given 24 hours' notice of the inspection. This was because the location provides a domiciliary care service and we needed to make sure that appropriate staff and managers would be available to assist us with our inspection.

At our previous inspection in November 2013 the service was meeting the regulations inspected. This inspection was a comprehensive inspection to provide a rating for the service.

Prior to this inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports and other information we held about the service. We contacted health care professionals involved with the service to obtain their views about the care provided. We also contacted people who used the service, relatives and staff to get their feedback and experience of the service. We have included their written feedback within the report.

During the inspection we spoke with the registered manager and six staff. We visited and spoke with eleven people living in the supported living schemes and in their own homes. After the inspection we spoke with two people who used the service and three relatives by telephone.

We looked at a number of records relating to individuals' care and the running of the service. These included five care plans, medicine records for one person, three staff recruitment files, seven staff supervision records,

accident/incident reports and audits.

## Is the service safe?

### Our findings

People were protected against the risks of potential abuse. They were provided with information on safeguarding and guidance on how to report any concerns. Safeguarding was an agenda item on tenants meetings held in the supported living schemes. People told us they felt safe and safeguarded from abuse. They confirmed they knew what to do if they had any worries or concerns about the care they received. A relative commented "Staff do their best to support "X" manage difficult situations". Another relative commented "I am extremely happy with the care provided, "X" is so well looked after".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Policies, procedures and guidance were prominent on notice boards in the office and accessible to staff. Staff had been trained in safeguarding adults. During discussion with us they indicated they would feel confident to report poor practice or any other concerns that put people at risk.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People's support plans included a series of individual risk assessments in relation to risks associated with their epilepsy, behaviours, physical and mental health. Risks in relation to life skills such as cooking, cleaning, shopping and using public transport were also in place. Two people's needs had recently changed. The service was proactive in assessing the risks to one person in relation to their mobility. Appropriate referrals had been made and equipment was been sourced to enable staff to move and handle the person safely. The other person's independence had reduced in relation to cooking and eating their meals. Staff input to the person also increased to enable staff to fully assess the persons changed needs. This enabled staff to provide the right support to the person and support them to get any equipment they might need to manage the risks, whilst maintaining their independence. Staff were aware of the risks people presented with. They were confident and knowledgeable about how they supported people and managed the risks.

Environmental risk assessments were in place which outlined risks in people's homes and how these were to be managed. These were up to date and reviewed. Risks to staff in relation to health and safety, infection control and lone working were also addressed and managed. Health and safety audits were completed for the services where staff were based to promote a safe environment. People liaised with their landlord for maintenance issues. People told us staff supported them with this and intervened if required.

People were provided with equipment to keep them safe. People who required it had access to the emergency lifeline alarm. This meant they could access emergency medical support 24 hours a day. One person told us how they had recently used it and it was effective in getting them the medical attention they required quickly. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Staff were aware of their responsibility to report all accidents and incidents and were aware of the process for doing this. Accident, incidents reports were completed, reviewed, action taken and signed off by the management team.

There were sufficient staff deployed to meet people's needs. The service had rotas in place for each person



and staff were provided with a copy of their schedule. The rota was flexible and adapted to suit changes in people as a result of seizures. They had a team of established staff who had worked for the service for some time. They used regular bank staff to cover gaps in the rota and to allow them to be responsive to changes in people's needs. The deputy manager and care coordinators assisted to cover shifts when this was required. The supported living services had sleep in staff provided and the service had on call support available out of hours and at weekends.

People told us staff were provided for the care they required. They confirmed they were given a rota a week in advance so they were aware which staff were scheduled to support them and the time of the call. People told us staff generally came when they were supposed to and they were always told if staff were running late or delayed. People told us they had regular staff supporting them and new staff worked with their regular staff until they got to know them. Relatives were generally happy with the service provided. One relative who returned a written survey commented "I do not feel confident in saying that my family member receives the agreed amount of time for support that is agreed or whether that time is used constructively. I am not able to monitor regularly and my family member would not wish to "make a fuss"". The registered manager was made aware of the feedback to enable them to explore it with staff.

Staff felt the staffing levels were sufficient and they were able to give people the time they were scheduled to have and required. Travelling time between calls for people living in their own homes was not included in the call therefore staff had sufficient time to get from one person to another.

Systems were in place to ensure peoples' medicines were managed and administered safely. The majority of people receiving support were able to self-administer their medicines. People's support plans outlined whether they were self-administering their medicines and the support required. They outlined the medicine people were taking and any risks associated with self-administration. Systems were in place to audit that people who were self-administering their medicines took them as prescribed. People who required staff to administer their medicine had a medicine administration record in place. These were printed and provided by the supplying pharmacist. There were no gaps in administration of the medicine record viewed. Daily stock checks of medicines and monthly medicine audits were carried out to check that the medicine staff administered was given.

People told us they were responsible for their own medicine. A person commented "I take my tablets myself but staff check and remind me sometimes in case I forget." A person whom staff supported with their medicine told us "I get my tablets when I am supposed to."

Staff were aware of medicine procedures and the support individuals required. They had completed medicine administration training and medicine competency assessments to enable them to safely support people with their medicines.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The provider had followed good practice recommendations and had recently reapplied for Disclosure and Barring service check on existing staff. Files contained an up to date photo, application form, completed medical questionnaire and interview assessment records. The registered manager told us people who used the service were involved in staff interviews and prospective staff were observed engaging with people as part of their interview assessment.

## Is the service effective?

### Our findings

People and their relative told us they felt staff had the training they needed to support them. A person commented. "They are all very good, they know exactly what they are doing and the help I need". One relative told us "Some of the younger staff lacked life experiences which made it a bit more difficult for them to support their family member and manage some of the challenges". They acknowledged however staff do their best to support.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Systems were in place to ensure new staff were inducted into their role. The service had no recent new starters. The registered manager told us all new staff are expected to complete the corporate induction training and work alongside experienced staff in getting to know the people they will be supporting. The registered manager confirmed new staff are now enrolled on the care certificate training which is training to ensure care staff have the required skills and competences for their roles.

Staff told us they were aware of their role and responsibilities and they felt suitably skilled and trained to do their job. They told us there was good access to training. They were very positive about that training and the knowledge they had gained. All staff had access to training the provider considered mandatory such as epilepsy awareness, safeguarding of vulnerable adults, health and safety, moving and handling, infection control and fire. Alongside this a number of staff were enrolled or had completed the certificate in the care of people with epilepsy training. Staff had access to other specialist training such as autism awareness and dementia. A training matrix was in place which showed the training that had taken place. It highlighted when updates in training were due. Staff were booked on the update training when the next course became available.

Staff told us they felt suitably supported and received regular one to one supervision sessions with their line manager. Records showed staff were formally supervised every six to eight weeks. They were required to complete a personal development plan which linked into their training and development. All staff had an annual appraisal of their performance and objectives were agreed and set to develop their skills. The deputy manager and care coordinators worked in the office and in the supported living services in providing support to staff.

Systems were in place to promote good communication between management and staff. The staff in the supported living projects had daily handovers and a handover record was maintained. A communication book was used to keep staff informed of any changes. The registered manager, deputy manager and care coordinators had a daily catch up meeting. A weekly clinical review meeting took place which addressed changes in people's care needs.

People told us staff supported them to make an appointment to see a doctor if they needed that support. Others said staff go to health appointments with them whilst others made and attended health appointments on their own.

People's support plans outlined the relevant health professionals that were involved with people. They described the support people required in meeting their health needs. People's changing needs were monitored during visits from staff. This ensured changes in their health needs were responded to promptly. People were supported to make referrals to relevant health professionals as their needs changed. People in supported living were also supported to move on as their independence and skills developed. People had emergency proform's in place which provided the emergency services and hospitals with key information on people such as their personal details, next of kin, medicines, seizure types and protocol. This promoted effective continuity of care for people.

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.

Staff were trained in the Mental Capacity Act 2005 (MCA) and had a good understanding of the act. People's support plans outlined if they had capacity to consent on their care. People told us they were consulted on their care and their wishes were acted on. A person commented "Staff check with me what I want done and how they can help."

People's support plans outlined the support people required with meals. Some people required staff to visit them at meal times to support them to cook their meals. Others did their meals independently. Staff were aware who posed risks with eating and why. Support and aids were provided to minimise the risks.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. A number of people talked positively about certain staff members in the supported living scheme. They described them as "A god send" and "We have fun, they make me laugh." Other people described staff as "Brilliant, helpful, patient, lovely and genuinely good caring people." One person commented "Staff treat me as an equal." Another person provided written feedback and commented that "A small minority of the staff providing my care should be more compassionate." They did not provide contact details or any examples of why they thought that to enable it to be followed up.

A relative commented "Staff are excellent with "X" and they make "X" feel worthy and good about themselves".

Senior management carried out observations of staff practice. People receiving care were asked for feedback on staff members practice and records were maintained of the observation and feedback. Action plans were put in place to address any issues of poor practice observed. These were followed up in one to one meetings with the staff member.

The service had staff on the team who were trained as dignity champions. They promoted good practice in relation to promoting people's dignity. This was reinforced to staff in team meetings. Staff who provided written feedback commented "I feel we aim to promote our clients respect and dignity. I feel we go above and beyond our duty to make sure our clients are safe and healthy."

People told us staff promoted their privacy and always knocked on their flat door and waited for a response before entering. They confirmed staff were respectful towards them. During our visit to people's homes we saw staff were respectful of the person's home and their environment. They always knocked on people's doors and sought their permission before undertaking any task within their home.

During discussion with staff they were passionate about the work they did and the people they supported. They talked about people as individuals in a caring and respectful way. They had a good knowledge of people and were empathetic towards them. They were keen to promote people's independence and involvement in their care whilst recognising others needed more support as their needs had increased.

People were encouraged and enabled to be involved in their care. They told us they felt involved in their care. People took an active role in their care plans and plan of care. These were signed and agreed with them. They were provided with information relevant to their care in a user friendly and pictorial format.

The registered manager told us they were able to access advocates for people when it was required. Information was available on how to access advocates. There was no advocacy in use at the time of the inspection.

A support plan viewed included the person's end of life wishes. This was person centred, detailed, informative and showed the person was involved in the discussions. This ensured their wishes were known

and respected.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs. One person told us how their care package was provided around their seizure activity to promote their safety and well-being. Another person told us they are able to save up their support hours and use it to go out for an activity once a month with a staff member. One person who returned a written survey commented "I have been with the service a long time and I am very happy with the help I get."

People were assessed and the care required was agreed prior to receiving a package of care. This was to ensure the service could meet their needs and provide them with the care they required. Their support plan and schedule of visits were then put in place.

People were involved in developing their care, support and treatment plans. They told us they had contributed to them. Relatives confirmed support plans were in place. One relative who returned a written survey commented "I have had to remind my family member's support workers about the need for their review meetings. I have had to remind them about agreed tasks that have been part of the plan". This was fed back to the registered manager to reinforce to staff.

Support plans were personalised and outlined in detail the care people required at each call. They were signed by individuals and agreed with them. Support plans were kept up to date and reviewed as needs changed or three monthly. People had a named keyworker. This was a named staff member who worked closely with individuals. They met with the person regularly to address any issues they had. Records were maintained of those meetings and actions agreed.

People's support plans included seizure descriptions and protocols for managing the seizures. The staff rota was flexible to enable staff to respond flexibly to changes in people's needs as a result of seizure activity. Staff were also responsive to changes and deterioration in people's health and well-being. They were proactive in supporting them to get the right support to prevent further deterioration.

People's support plans outlined if staff support was provided for activities and supporting the person with their leisure activities. Some people required staff support just for leisure activities and to pursue their interests and hobbies.

People told us they would talk to staff if they had any concerns. Relatives told us they felt able to raise concerns and felt confident they would be addressed. The service had a complaints procedure in place. People were provided with a copy of it. Staff knew how to respond to any concerns people raised. A system was in place to log, investigate and respond to complaints. The folder was well organised and accessible with complaints numbered and cross referenced. The service had systems in place to record compliments and individual compliments about staff were fed back to the staff members.

## Is the service well-led?

### Our findings

People and their relatives told us the service was well managed. They said the registered manager, deputy manager and care coordinators were approachable, always accessible and available. One person told us "The manager is lovely, a good manager and we can have a laugh and a chat". Another person commented "The current manager is the best manager I have ever known, they are a fantastic boss. They are nice, caring and is good at what they do". Relatives described the management team as "Amazing, professional and supportive of them".

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff told us they felt the service was well managed. They described the management team as knowledgeable, supportive and committed to providing the best care for people. Staff told us they could talk to the registered manager at any time and said "Management had an open door policy." Other staff members commented "Staff work well as a team, I feel valued and listened to" and "Good manager who cares about the people they support as well as staff, they are involved in the service and visit people so they get a feel for the service themselves."

Staff who returned written surveys commented "I feel I have a great support network with the managers. I feel they are easy to approach and will explain anything that I do not understand. I do feel that they always have time for me." "The manager always responds to emails and will send on information to staff when we need to know anything. The manager is always friendly to staff and clients, and is really easy to approach."

The registered manager and management team were positive role models to staff. They worked alongside staff in promoting good practice. They were committed to providing a person centred service to people. They were aware of the vision and values of the service which was to support people to live fulfilled life's, be independent and take positive risks. Management were keen to promote the service they provided. This was to enable them to expand, grow and develop but also recognised the challenges they faced in developing the service.

The registered manager kept themselves up to date with current practices and attended manager forum groups and external training. They had notified CQC about significant events. The management team were all aware of their responsibility to do that. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Audits of medicines, accident, incidents, complaints, staff practice, health and safety, infection control, care plans, records in people's homes, training and supervision of staff were taking place. Alongside this the provider carried out bi- monthly comprehensive audits of the service. Action plans were put in place to address issues from audits. These were added to the services development plan, regularly reviewed and signed off when completed.

Written feedback from stakeholders involved with the service told us "Senior staff at the Epilepsy Society are

engaged with us and they have been receptive to support and advice."

People/staff/relatives were empowered to contribute to improve the service. Systems were in place to promote this. People who lived in supported living had tenant meetings which enabled them to discuss issues relevant to them. People had the opportunity to meet with their key worker regularly to discuss their needs, support required and influence change in their support. People were also asked for feedback on staff providing their support as part of the observation of staff practice checks that took place.

People and staff had confidence the registered manager would listen to their concerns and they would be received openly and dealt with appropriately. Staff meetings took place regularly. Staff felt able to contribute to those and put ideas forward to develop the service. An annual survey was carried out in March 2016. Feedback was sought from people who used the service, relatives, stakeholders and staff. The feedback provided was positive. People and relatives indicated they were happy with the service they received and staff indicated they felt suitably supported.

Records required for regulation were well maintained, up to date and fit for purpose. They were well organised, regularly archived, accessible and kept secure. People had signed to consent to the service keeping their personal information on file and available to staff and others who required access to them.