

St Helens Council

Supported Living 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

Supported Living Service provides personal care and supported living services for people living in their own homes. Thirty people were in receipt of a regulated activity at the time of this inspection.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

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

At this inspection we found the service remained Good.

Why the service is rated Good.

Feedback provided from people included "I'm safe", "Staff know me and keep me safe when needed" and "They keep me safe and warm." People told us that they liked the staff that supported them and thought they were caring. Their comments included, "Staff are nice", "They [staff] are kind when I get upset" and "I like them and they like me, we have fun."

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Procedures were in place to protect people from abuse and staff had a good understanding of these procedures. People's medicines were safely managed to ensure that they received their medicines when they should. Safe recruitment procedures remained in place to help ensure that only people suitable for the role were employed to deliver care and support to people.

People told us that staff always asked their permission prior to carrying out any activity or task. Staff had a clear understanding of a person centred approach to care by ensuring that people's consent was sought at all times and their lifestyle choices were adhered to. There had been a delay in the registered provider applying to the Court of Protection for the renewal of Deprivation of Liberty (DoLS) authorisations in place under the Mental Capacity Act. This had been identified by the registered manager and was addressed at the time of this inspection.

Assessments of people's needs took place on a regular basis and were used to identify any new or changes to people's needs and wishes. People told us they were involved in assessments and reviews of their care needs. Care plans contained detailed information that staff needed to know to ensure assist people with their care and support in the way they preferred. People's care and support continued to be delivered by

staff who received regular training and supervision for their role.

Staff supported people in a manner that promoted their independence by maintaining and developing new skills. Staff continued to show a good knowledge and understanding of the people they supported.

People continued to be fully involved in planning their own care and support and making decision about how their needs were met. With the support of the staff team, people set goals that they wished to achieve. Each person had their own care plan which detailed their needs, wishes, took into account people's lifestyle choices, views and preferences . Each plan clearly detailed what support people needed and how staff were to delivered this support as the person wanted. A complaints procedure was in place which people had access to.

The registered manager continued to oversee the service provided to people and demonstrated a thorough knowledge of the legislation in place to provide safe, effective care to people using the service. Staff spoke positively about the support they received from the management team. Staff told us they were proud and enjoyed working at the service as it was well managed. Policies and procedures remained in place to offer best practice guidance and advice to staff in relation to their role. The service had access to the registered provider's human resource and health and safety departments that provided up to date guidance and support.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains good.

Supported Living 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 at the offices of the service on 17 December 2018 and 21 January 2019. On the 2 and 3 January 2019 we visited eight people at their homes. All of these visits were announced as we needed to make sure that people we needed to speak with were available.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information that we had received from the registered provider which included statutory notifications, safeguarding alerts and information from other agencies.

We looked at records relating to people's care and support needs, medicines records and people's care plans. In addition, we looked at records maintained in relation to the management of the service and policies and procedures.

Prior to the inspection the registered manager had completed a provider information return (PIR). This document gave the service the opportunity to tell us what they do well, areas of planned improvement and the services plans for the future. As part of the PIR process seven health care professionals had completed a questionnaire about their experiences about the service. We contacted St Helens Healthwatch who told us that they had no recent information relating to the service.

Is the service safe?

Our findings

Policies and procedures in relation to safeguarding people continued to be in place and accessible to all staff. Staff demonstrated a good awareness of what actions they needed to take in the event of witnessing or being made aware of any abusive situations. In addition, staff had a clear understanding of their responsibility to report any concerns about people's safety. Training records demonstrated and staff told us they received regular training to keep people safe. People told us that they felt safe living in their homes with the support of staff. Their comments included "I'm safe", "Staff know me and keep me safe when needed" and "They keep me safe and warm."

Identified risks to people continued to be assessed and where possible, minimised. Risk assessments in place related to people's health, safety and protection whilst in their own home and whilst out and about in the community. Information from these risk assessments contributed to the planning of people's care and also identified any specific support needed to maintain people's safety whilst not restricting lifestyle choices. All risk assessments were reviewed and where required updated on a regular basis to ensure they remained relevant and effective in minimising risk to people.

Staff had a clear understanding of how to support people in the event of an accident or emergency. Clear procedures were in place as to how to record any incidents that occurred, Staff had access to the management team and support when the office was closed. Staff told us that there was always a senior member of staff accessible for advice and support when needed. The registered providers 'Careline' was also available to offer support when the office was closed.

Accidents and incidents were recorded and investigated to minimise the risk of the incident re-occurring. A clear reporting process was in place and the service was supported by the registered providers health and safety department to minimise any further incidents.

Safe recruitment procedures remained in place. Newly recruited staff had been subject to criminal records checks prior to starting their employment. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers make safer recruitment decisions and prevent unsuitable staff being employed. The service was supported by the registered provider's human resources department for the recruitment of all staff.

People continued to receive their medicines safely. Identified staff ensured that people's medicines were consistently available to be administered and clear records were maintained. Detailed procedures were in place for the safe management of people's medicines. People were supported to maintain as much independence as possible with managing their own medicines. For example, one person told us that they managed some of their medicines themselves and staff supported them with other medicines. People's assessed needs in relation to their management of medicines was clearly recorded and reviewed on a regular basis.

Sufficient staff were available to meet people's needs. People told us that they were supported by the same

team of staff for the majority of the time and that they always knew the staff that supported them. Staff explained that on occasions, due to sickness and holiday they could be asked to support other people. However, for the majority of the time they worked with the same people.

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Authorisations under the Mental Capacity from the Court of Protection were in place for people who required them. However, a number of these authorisations were out of date and re-applications had not been submitted. This had been identified by the registered manager. Following discussion, the registered provider made arrangements for any outstanding applications to be made on behalf of people.

People told us that staff always asked their permission prior to carrying of any activity or task. Staff had a clear understanding of a person centred approach to care by ensuring that people's consent was sought at all times and their lifestyle choices were adhered to.

Assessments of people's needs took place on a regular basis and were used to identify any new or changes to people's needs and wishes. People told us they were involved in assessments and reviews of their care needs. Care plans contained detailed information that staff needed to know to ensure they could assist people with their care and support in the way they preferred.

There was a continued emphasis on the importance of people eating and drinking well. People told that they participated in the planning, preparation and cooking of their meals with the support of staff. Care plans contained detailed information as to how people's foods needed to be prepared for them to eat safely and enjoy their meals. For example, the maximum size of solid food to be served. In addition, care plans recorded any specific dietary needs in relation to weight management and health needs to ensure that people received a healthy diet specific to their needs.

People's care and support continued to be delivered by staff who received regular training and supervision for their role. Staff were required to update their training annually in relation to fire safety, first aid, health and safety and medicines management. Where required staff received SPACE training to support people in a safe effective way when they challenged the service (SPACE is a training course to equip staff with the knowledge and experience to manage situations when a person challenges the service). Staff told us that the training was very good and that they always had access to a senior member of staff to discuss any issues within their role.

People told us their medical needs were met and when required a GP would be called for a consultation. In addition, records showed that people had access to speech and language services and other community health care professionals when needed. Each person had a Health Action Plan. This plan explained things

that the person could do to keep themselves healthy and others who could help them with keeping healthy. In addition, the plan gave the opportunity to record immunisations, weight and timescales for visits to the dentist, podiatry and optician. Information was available within the plans to demonstrate which staff and health care professionals the person had given permission to share their information with.

People were supported to furnish and decorate their homes to provide a safe, comfortable place to live. One person showed us their home and areas that staff had decorated for them with paint of their choice. It was evident that thought and planning had gone into the design of furniture to ensure it met the person's needs and lifestyle choices.

Is the service caring?

Our findings

People told us that they made their own choices about when they got up and went to bed, how they spent their time and what they wanted to eat at mealtimes. In addition, they told us they were asked if they had a preference to staff of a specific gender when receiving personal care and support.

Staff supported people in a manner that promoted their independence by maintaining and developing new skills. Staff were seen to encourage people to carry out tasks within their home. For example, one person was being supported to prepare vegetables for their evening meal. Another person told us "I sometimes help in the kitchen but it's not my favourite thing to do."

People told us that they liked the staff that supported them and thought they were caring. People's comments included "Staff are nice", "They [staff] are kind when I get upset" and "I like them and they like me, we have fun."

Staff spent time getting to know people, their likes and dislikes. People knew the staff well and were comfortable in their presence. They told us they liked to do particular things with certain staff, for example, cooking and going out for coffee as they enjoyed their company doing these things.

Staff continued to show a good knowledge and understanding of the people they supported. When one person became upset whilst talking about a family member, staff were quick to identify this and supported the person to feel better by gently speaking to them and offering a reassuring arm around their shoulder.

The registered provider has a 'non uniform' policy for staff to promote equality and remove boundaries between people and the staff supporting them. In addition, policies and procedures were in place to develop and support people in a manner that did not impact on their chosen lifestyle and human rights. People's care plans considered individual's needs and wishes which were identified as a protected characteristic under the Equalities Act.

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. Lockable filing cabinets were available for the safe storage of paper records. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

Is the service responsive?

Our findings

People continued to be fully involved in planning their own care and support and making decision about how their needs were met. With the support of the staff team, people set goals that they wished to achieve. These goals were fully planned for and recorded any actions and resources needed for the person to achieve their goals. People's progress on their achievement was regularly reviewed and when needed, revised.

Each person had their own care plan which detailed their needs, wishes, took into account people's lifestyle choices, views and preferences . Each plan clearly detailed what support people needed and how staff were to deliver this support as the person wanted. Where required, specific care plans had been developed for particular areas of people's day to day care and support. For example, personal care, ability to make decisions and consent, mobility, physical and psychological support.

For people requiring positive behavioural support, any identified 'triggers' or 'situations' that may cause a person to challenge the service were recorded. This information helped staff support people in a manner that minimised the risk of the person needing further interventions for the management of their behaviour. These plans were detailed and staff were fully aware of what actions they needed to take in the event of a person challenging the service. One person told us that when they challenged the service, staff responded calmly and made them feel safe. The use of positive support plans had successfully reduced the amount of situations in which people challenged the service over a period of time.

Health passport were available for people. These passports included detailed information about a person in relation to how they communicated, what medicines were prescribed and specific instructions as to how the person wanted to be supported. This information helped health care professionals understand the needs of a person in the event of them requiring urgent care and support, for example, if they were admitted to hospital.

Information was available to people in different formats to meet their needs. Staff were seen to communicate with people by use of facial expression, gestures and in some instances by use of specific signs people had taught them. This enabled staff to understand how people were feeling and establish the person's choices. For example, in relation to an activity or food choice.

People continued to be protected from the risk of social isolation. People were encouraged and supported to attend meaningful activities, educational and social events within the local area to develop friendships and maintain a community presence. Staff continued to support people with home based activities such as cooking, hobbies and interests. For example, one person told us that they liked to watch the quiz shows and sing. Another person enjoyed computer games with the support of their staff team.

A robust complaints procedure continued to be in place. A clear system was in place for the registered manager to receive, investigate and monitor any complaints or concerns received. People knew who to speak to if they were unhappy about the service and they told us the names of staff they would speak to if they were unhappy or sad. Copies of the services complaints procedure was readily available within the

service.

Is the service well-led?

Our findings

Regular internal audits took place to ensure the service remained safe for people and that any improvements needed were identified. These audits included medicines management, care planning documents and identified risks to people. The auditing systems had identified that Court of Protection authorisations to restrict people's liberty had not always been renewed in a timely manner. Action was taken to ensure that the registered provider made the appropriate arrangements for these applications to be submitted.

The registered manager had been in post since August 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager continued to oversee the service provided to people and demonstrated a thorough knowledge of the legislation in place to provide safe, effective care to people using the service. There was a clear line of accountability within the management structure with defined responsibilities for the assistant managers and team leader who supported the registered manager.

Staff spoke positively about the support they received from the management team. They told us that they were supportive, knowledgeable and always available to offer advice. Staff told us they were proud and enjoyed working at the service and it was well managed. During discussion, it was evident that the registered manager and assistant manager knew the people being supported well and were familiar with their needs and wishes.

Policies and procedures remained in place to offer best practice guidance and advice to staff in relation to their role. The service had access to the registered provider's human resource and health and safety departments that provided up to date guidance and support.

To promote the safe effective running of the service, the registered manager worked closely with other services within St Helens provided by the registered provider and other health care provisions.

The service continued to seek the views of people through the care plan reviewing process. In addition, a questionnaire survey was regularly circulated to gather people's views on the service they received. The most recent survey carried out in 2018 demonstrated that the majority of people were very happy or happy with the service they received. Comments included "I'm happy here", "I enjoy going out for dinner, shopping, flower arranging and seeing my family" and "The staff being nice and going to the day centre makes me happy."

The registered manager continued to notify the Care Quality Commission of key events within the service as they were required to do.

The rating from the previous inspection was clearly displayed within the service.