Supported Living UK Limited

Murrills House

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

Overall summary

The inspection took place on 24 September 2015. We gave notice of our intention to visit Murrills House to make sure people we needed to speak to were available.

Murrills House provides personal care services in their own homes to people who are living with a learning disability and may have other physical or mental health needs. At the time of our inspection there were three people receiving personal care and support from the service.

There was a registered manager in post. 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 provider made sure staff knew about the risks of abuse and avoidable harm and had suitable processes in place if staff needed to report concerns. The provider had procedures in place to identify, assess, manage and reduce other risks to people's health and wellbeing. There were enough staff to support people safely according to their needs. Recruitment procedures were in

Summary of findings

place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled safely and people took them at the prescribed times.

Staff received support to obtain and maintain the skills and knowledge they required to support people according to their needs through regular training, supervision and appraisal. Arrangements were in place to record people's consent to their care and support. Staff advised and supported people to eat and drink healthily and to access other healthcare services when needed.

People appreciated the stable, caring relationships they could develop with staff. Staff shared in people's achievements in working towards their goals and aspirations. People had support when they needed it, and were supported to be independent when appropriate. People were able to influence the care and support they received, and staff put people's needs and preferences at the centre of the service.

Staff provided care and support that was individual to the person, reflected their preferences and met their needs. Care and support were based on detailed plans which were reviewed regularly. Staff could show that their support had led to positive outcomes for people.

There was an open and empowering culture. The registered manager applied appropriate management systems which combined informal and formal methods. The registered manager was available and approachable. Systems were in place to monitor and improve the quality of service provided.

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 safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and checked they were suitable to work in a care setting.

Trained and competent staff supported people so they received their medicines at the prescribed times.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff made sure people understood and consented to their care and support.

People were supported to maintain a healthy diet, and to attend appointments with healthcare professionals.

Good

Is the service caring?
The service was caring.

People and their support workers shared goals and aspirations and took pleasure in achieving them.

People could get involved in and influence the service they received.

People's independence and privacy were promoted and they were treated with respect.

Good

Is the service responsive?
The service was responsive.

People's care and support were assessed, planned and delivered to meet their needs.

Individual support plans were reviewed regularly and updated to meet people's changing needs. Support was successful in helping people meet their goals and aspirations.

The service had a complaints procedure but people had not had cause to use it.

Good

Is the service well-led?
The service was well led.

There was an open, empowering culture which focused on people's individual needs and progress.

Staff were motivated to provide support to the required standard.

Systems were in place to make sure high quality care was delivered.

Good

Murrills House

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 24 September 2015. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we had about the service including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke by telephone with two of the three people who used the service, and a family member of the third. We spoke with the registered manager, two members of staff and a social care professional who was familiar with the service.

We looked at care plans and associated records of two people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, training records, policies, procedures, meeting minutes, the staff handbook and two staff records.

Good

Is the service safe?

Our findings

People told us they felt safe and staff made sure they took their prescribed medicines at the correct time. One person said they felt safer and would "rather be with their support workers", and another said they felt safer than they did before they were supported by Supported Living UK Limited.

The provider supported staff to protect people against avoidable harm and abuse. Staff were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Staff told us they were confident any concerns raised would be investigated and handled properly. They were aware of contacts they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had regular refresher training in the safeguarding of adults.

The provider's policies and procedures for safeguarding were included in the staff handbook. They contained information about safeguarding and whistle blowing, the types of abuse and signs to look out for. Arrangements were in place to protect people from the risk of financial abuse.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with behaviours that might be dangerous for the person or others, self-neglect, financial support and failure to return home. There were documented strategies for managing and reducing the risks identified, and actions for staff to take in response to the risks. Risk strategies had been developed in collaboration with police and ambulance services. In one case the person had a named contact in the local police service, and in another, arrangements had been made for the person's details to be made available automatically to the ambulance service. Emergency plans were in place with checklists for staff if the person needed to go to hospital or did not return to their home when planned.

Risk assessments were in place to reduce the risk to people when they took part in social and community activities on their own. These included voluntary work, day care services and taking part in social events such as discos. Action plans were in place for staff to check people had their keys and mobile phones before they left their home and for people to call their support worker at different stages of their journey. Other people had technological solutions such as a GPS (global positioning satellite) tracker to help staff support them in the event of an incident or accident when the person was out in the community.

There were sufficient staff to support people according to their needs and keep them safe. Arrangements were in place for staff working alone, including on call support. The registered manager told us they had a stable team of staff which meant they did not recruit often. They described a robust recruitment process designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including identification, evidence of satisfactory conduct from previous employers and checks with the Disclosure and Barring Service (DBS).

Staff looked after people's prescribed medicines by making sure they were stored appropriately and available when needed. They prompted and reminded people to take their medicines at the right time. Staff received appropriate training, and guidance was in place which including identifying the person's medicines, awareness of possible side effects, support plans for medicines to be taken "as required", and how to dispose of unused medicines. The registered manager or a senior staff member confirmed and recorded staff members' competence to manage medicines.

Medicines support plans were individual to the person and took into account how their condition affected them personally and how they responded to treatment. Records were complete and accurate, including the dose taken of "as required" medicines. This allowed staff to judge when a subsequent dose could be taken safely.

Good

Is the service effective?

Our findings

People and their family members were satisfied staff had the necessary skills and knowledge to support them and made sure people consented to their care and support. One person said, “They know what we have agreed”. Another person said, “They know what they are doing. Any hiccups they manage to sort out.” A family member of another person told us they were “definitely” happy that staff were competent and trained. They had “no problems” with any of the staff.

There was a programme of online refresher training for staff which was monitored by the registered manager by means of the completion certificates which they received. Additional training was available in supporting people with specific physical and mental health conditions. All except one member of staff had achieved or were studying for a relevant qualification in health and social care. Staff found the training provided to be effective, specific and “to the point”.

Staff were supported to provide care and support to the required standard by regular individual supervision sessions, observations and appraisal. Some of these were delegated to senior staff. Records of individual supervisions were kept, and the registered manager had an overall record of when they had taken place. Staff told us they felt supported in their roles, and that they were an effective, “experienced team”.

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. It did not apply to any of the three people they supported as they were all able to communicate their consent to their care and support. People had signed consent forms to record their agreement to their support plans, including those relating to their personal finances and medicines. Consent records were also in place to show people agreed to staff holding keys and coming into their homes.

People were supported to prepare their own meals. One person told us they had just finished preparing their main meal for the day when we phoned. Staff gave advice on shopping, menu planning and meal preparation. They encouraged people to make healthy choices, for instance to drink fruit smoothies. They took into account people’s preferences and goals when advising them about food choices.

People were supported to access healthcare services when they needed to. Staff helped them to make appointments and accompanied them with their agreement. This allowed them to update people’s care plans where necessary following the appointment. Records were maintained of appointments and other contact with the person’s GP and specialist nurses. One person was having regular blood tests, and others had attended outpatient clinics and opticians.

Good

Is the service caring?

Our findings

"I would not change [Registered Manager's Name] for the world" was one person's comment when asked if they found the service to be caring. They said the registered manager and staff helped them with their "emotions and feelings", were "good listeners" and "always there to help".

A second person said staff were "really good". "They care. They are like family, always there and involved. It is nice to come home with someone here who cares." Referring to a particular difficult period, they said, "They were really understanding. They were there for me."

The third person's family member said the service involved them and their loved one in decisions about their care. They described staff as "sympathetic and caring", and said "there is always someone there" for them to go to. They found staff respected the person and behaved properly when in their home.

A social care professional observed there was "good compatibility" between people and their support workers. The support provided had allowed people to overcome problems. Staff were aware of people's family background and history. They were proactive in arranging and supervising contact with people's families. Staff had a good knowledge of relationships which were important to people, and helped them to manage and maintain them. They supported people to visit relatives in hospital, and provided emotional support when necessary.

Staff were willing to support people outside their working hours, for instance if they wanted to take part in an evening social event. They accompanied one person on holiday, and were supporting them in their goal to explore the country. Another person had a goal to go on holiday, and staff were supporting them towards achieving that goal. Where people had an objective to be independent in the community, they were supported in this. The service adapted the support provided to the person to meet their individual needs.

When people achieved or made progress towards their goals, staff shared their sense of achievement and took pride in their contribution. They described one person as "in a good place at the moment" and "fantastic", and compared their confidence and independence favourably with how they were the last time we inspected. Staff said they always "put the person first", and would not hesitate to take action if they had concerns about their treatment. They said they would not "take no for answer" where the interests of people were concerned.

People appreciated that there was a stable group of staff which meant there was consistency in their support and they always knew who would be coming to support them. They were happy with the level of support they received and that staff respected their dignity and privacy. One person had requested only female staff if support workers were working alone in their home, and the service accommodated this request. People were involved in reviewing their care plans, and the provider arranged for an advocate to help them if necessary. When recruiting new staff, the registered manager discussed the likely selection criteria with the people they would be supporting. After a successful interview the candidate was taken to visit the people before a job offer was made.

Staff were aware of the need to respect people's privacy when they were supporting them in their homes. People were able to have time to themselves in a different room, or to take a nap if they wanted to. Confidential personal information was secured appropriately in the office.

None of the people supported by the service had expressed individual needs or preferences arising from their religious or cultural background. One had spoken about going to church, and staff were ready to support them in this if they decided they wanted to. Staff training included material on equality and diversity.

Good

Is the service responsive?

Our findings

People were very satisfied their care and support met their needs and reflected their preferences. One said, "I am happy with everything." They were aware that the support they received made it possible for them to live in the house they shared, and they said, "I like it living here". Another person described how the support they received had helped them with their confidence and independence. They had a voluntary job for four half days a week which the support they received made possible. The third person's family member was happy that the support they received met their needs and that the service was responsive to changes in their needs and conditions.

A social care professional found that staff worked well with the people they supported and were responsive to their different needs. They said the care and support was tailored to the individual, delivered what the person needed, and they had seen people become "more settled". They said the registered manager worked with the community mental health team "to get things right".

People's care and support were based on detailed plans which took into account their preferences and their individual conditions. Where support involved the use of a specialist device to address a person's medical needs, there were clear instructions for staff showing when and how to use the device as well as other steps to take to keep the person safe. Care plans included information for paramedics in an emergency, and health action plans which were intended to help people make healthy lifestyle choices. In one example an advocate had worked with the person to develop their individual care plan.

Care plans were reviewed every month, and changes were clearly indicated. Staff maintained records of support provided and improvements and changes in people's conditions. They were able to show where the support they had provided had led to positive outcomes for a person and the frequency of adverse events had reduced. Examples of these were giving people different strategies for dealing with their feelings, and improving their independence and confidence to take part in community and social events. Staff said one person had "come on leaps and bounds". They had shown the person what was possible and assisted them to achieve it. This in turn had made the person more receptive to ideas and suggestions.

Staff supported people in activities of daily living and to develop their life skills by using prompts, reminders and encouragement. People were supported to take part in community events, either independently or with support. These included discos, social events, movies, gymnasium exercises and swimming. One person went to a local day centre, and another was a member of a local club. Staff also encouraged activities such as craft projects while people were at home. One person had not wanted to talk to us at our last inspection, but their confidence had improved this time and they took part in this inspection.

The service had a complaints procedure which was available in an easy read format. The registered manager and staff said they would support people to make a complaint if they wanted to, but they had not needed to.

Good

Is the service well-led?

Our findings

A social care professional told us they found the registered manager to be very responsive and "hands on", and that all their staff seemed to work well. The registered manager told us they were able to focus on people's individual needs because it was a small service with a stable group of staff. Staff said they felt empowered, and the registered manager was approachable and understanding. They said good teamwork had led to the success of the service.

The registered manager had a management system in place which combined informal contact with people, their relations and staff with more formal meetings. They were always "present" and contactable by telephone. They visited people in their homes at least once a week and picked up any minor concerns on a day to day basis.

There were regular meetings with staff and with people in their homes. Minutes of these showed they were used for two-way communication and people were encouraged to make contributions to the discussions. The registered manager prepared information packs for staff on individual subjects such as the Mental Capacity Act 2005. They delegated some activities to senior staff.

Staff responded to the registered manager's management style. They said they were able to talk to the manager at any time, and were happy with how the service was managed. They were able to organise certain aspects of the service themselves, such as arranging cover over the Christmas period to make sure all shifts were covered. The manager said the size of the service meant they could invest time in making improvements.

The registered manager used an external consultant for human resources procedures. They worked closely with social service care managers, and other services such as police and ambulance to develop joint action plans for responding to incidents and emergencies. The manager had an appropriate qualification in health and social care, and maintained their registration as a qualified learning disabilities nurse. They also had informal networking contacts to help keep their skills and knowledge up to date.

There was a system of checks and audits to monitor and improve the quality of service provided. Quality assurance checklists were used approximately every three months which covered risk assessments, safety and security, financial controls, reports and monitoring forms, medicines, accidents and activities. They were also used for recording formal observations of caring interactions between people and staff.

People, their relatives, staff and visiting professionals were invited once a year to complete a quality survey questionnaire. The survey for the current year had recently been sent out, and there were no returns at the time of our visit. The results of the survey from the previous year had been collected and analysed. They were positive and comments included "staff are my family", and from a visiting professional, "Staff are friendly and seem to genuinely care."