

Supported Homes Limited

Supported Homes Limited - 1 Emerald Close

Inspection report

1 Emerald Close
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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 Homes Limited – 1 Emerald Close is a supported living service. This service provided care and support to people living in four supported living settings, so that they could live in their own home as independently as possible. People's care and housing were provided under separate contractual arrangements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There was four people using the service on the day of our inspection.

At our last inspection we rated the service good. At this inspection we found 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.

People who used the service told us they felt safe. Staff told us, and records we looked at confirmed, that staff had undertaken training in safeguarding. Policies and procedures were in place to guide staff with any safeguarding concerns.

The service used a 'positive risk' taking approach and we saw risk assessments were in place to keep people safe, without restricting their freedom and choices. These were reviewed on a regular basis to ensure they remained effective.

Recruitment systems and processes in place were robust. We saw references, identity checks and Disclosure and Barring Service checks were completed before staff were employed. People who used the service told us and records we looked at showed adequate numbers of staff were on duty.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Records we looked at showed staff completed an induction when they commenced employment. We saw a programme of training was available and courses staff had completed included, epilepsy awareness, first aid, fire safety, health and safety and conflict management. Staff also received regular supervisions and appraisals. This ensured staff were knowledgeable, skilled and supported in their roles.

People had access to health care professionals such as GPs, community psychiatric nurses, dentists and opticians. This ensured people's health needs were reviewed and met.

People who used the service told us staff were kind and caring. We did not have the opportunity to observe staff interactions with people, however, staff we spoke with spoke about people in a kind and respectful manner.

Staff members knew people well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

The service delivered person centred care using the recovery model. The aim of this was for people to eventually become independent and move on. We saw detailed, person centred care plans were in place.

The registered manager had processes and systems in place to monitor and improve the quality of the service.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below

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 remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained good.	Good ●

Supported Homes Limited - 1 Emerald Close

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 was a comprehensive inspection which took place on 12 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a supported living service for younger adults who are often out during the day. We needed to be sure they would be in.

This inspection was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with one person using the service, one member of staff, the registered manager and the regional director.

We looked at a range of documents and written records including four people's care records, two staff

recruitment files and staff training records. We also looked at a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person commented, "Yes I feel very safe. If I didn't I would ring the office because I have the number, or I would go and see the staff." Staff we spoke with confirmed they had received safeguarding training and that safeguarding policies and procedures were in place. There were systems and processes in place to safeguard people from abuse.

We asked the registered manager how they ensured risks were monitored and managed within the service. They told us, "I visit each of my services once or twice a week. I spend some time going over things and discussing them with the team manager and staff group. We also do de-briefing when we bring the staff team together to discuss risks." The service used a positive risk management approach when assessing people's risks. All the risk assessments we looked at supported people to remain safe without restricting their freedom or choices and were reviewed to ensure they remained current.

Most people who used the service were self-medicating and took responsibility for their own medicines as part of their rehabilitation and independence. All staff had undertaken training in medicines and their competencies were reviewed on a regular basis. People had medication care plans and risk assessments in place to direct staff on any support people needed, such as prompting. The service had a medicines policy and procedure in place, which was accessible to staff. Medicines were managed safely within the service.

We saw robust recruitment systems and processes were in place. We reviewed two staff personnel files and found there were no gaps in employment, references were gained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

One person who used the service told us there was always enough staff on duty to support them. We asked a staff member what they thought of the staffing levels within the service. They told us, "Staffing levels are good. We have enough staff. We also have staff coming in for one to one hours as well." The registered manager had a system to help determine the correct staffing levels for each person.

There were systems and processes in place to ensure the premises were safe. There were health and safety checklists in place which included the safety of fire equipment and gas and electrical installations. There was a fire risk assessment in place and each person had a personal emergency evacuation plan. The service also had a business continuity plan in place; this detailed how staff were to respond in the event of loss of services such as gas or electricity.

Staff had received training in infection control and knew their responsibilities. One staff member we spoke with confirmed that personal protective equipment, such as gloves, was always readily available.

On a monthly basis the service discussed lessons learned. We saw there was a summary of the topic to be discussed, areas for review and an action plan. The registered manager told us, lessons learned were

discussed in team meetings or in individual supervisions.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this, in a supported living setting, is before the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people who used the service had capacity to make their own decisions. One person's records we looked at showed they lacked capacity to make decisions about their medicines and finances. We saw appropriate action had been taken and support was delivered in the person's best interests. Staff members had received training in MCA and DoLS. People using the service had choice and control over their lives and were not subjected to any unlawful restrictions.

Records we looked at showed staff had the necessary skills, knowledge and experience to support people who used the service. One person who used the service told us, "I think the staff are knowledgeable yes. They go above and beyond." One staff member we spoke with told us they had an induction when they commenced employment and they were currently undertaking the Care Certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life. Training records we looked at showed staff had completed courses in topics such as, epilepsy awareness, first aid, fire safety, health and safety and conflict management. Other records we looked at showed staff received regular supervisions and appraisals to support them in their roles.

As part of their rehabilitation, people who used the service were supported and encouraged to be as independent as possible with their dietary and nutritional needs. People planned, budgeted and prepared their meals, with as much support as necessary. Dietary advice was also given by staff to encourage people to eat healthy.

People's needs and choices were assessed prior to using the service to ensure effective outcomes were achieved. Pre-admission assessments were detailed and provided the service with adequate information to make a decision if they could meet a person's needs. We asked the registered manager how they worked together with other organisations when a person was referred to or leaving the service. They told us, "The transition phase has become a pivot for us. We look at things like going into the current facility to shadow and work with staff to gradually integrate. If we get it right at this point the chance for success is great. We review people every two weeks, nobody stays static." This process ensured a smooth transition from one service to another.

Records we looked at contained detailed information on people's health and well-being. One person we spoke with told us they would tell staff if they were feeling unwell. People had access to health care professionals such as GPs, community psychiatric nurses, dentists and opticians.

Is the service caring?

Our findings

One person we spoke with told us, "Staff are kind and respectful. They always listen." We were not able to observe staff interactions during this inspection; however, staff spoke about people in a kind and respectful manner. One external professional who gave us feedback on the service told us, "[Name of client] speaks highly of the staff and level of support offered. The staff are very thorough and professional."

We looked at how the service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Staff had received training on equality and diversity. One staff member told us, "Equality and diversity is about treating everyone equally but also understanding everyone's individual needs." Care records we looked at contained information relating to people's sexuality, cultural/spiritual needs and relationships. The service had equality and diversity policies and procedures in place.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. One person told us they were involved in reviewing their support plans, in particular their 'recovery star' [the recovery star is a recovery model the service used]. Care records we looked at showed the progress people were making towards achieving their goals and aspirations. For example, one person's records showed they had progressed with their living skills and self-care.

People's privacy, dignity and independence was respected and promoted. The service empowered and enabled people to be independent. The purpose of the service was to enable people to be as independent as possible, in order for them to be able to move into less supported types of accommodation. One person we spoke with told us they felt their privacy and dignity was respected. They also commented, "Staff always knock on my door before they come in." Staff we spoke with were very clear in their understanding about meeting people's wishes in relation to privacy and dignity.

One person's records we looked at showed they had communication difficulties. We saw when a communication difficulty was highlighted, a 'how to communicate' sheet was put in place. This contained detailed information for staff on the most effective means of communication with the person. For example, staff to speak slowly and in a low tone. This promoted positive interactions.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

Staff we spoke with confidently told us they would be happy for a relative to use the service.

Is the service responsive?

Our findings

People who used the service received personalised care that was responsive to their needs and wishes. The service was using the recovery model. The aim of this was for people to eventually become independent and move on. We saw detailed, person centred support plans were in place. These contained information about people's goals and aspirations as well as their needs and wishes. Support plans we looked at demonstrated that people had been involved in the development of them.

People were supported to engage in activities within the local community and pursue their hobbies and interests. We saw people had undertaken many activities such as attending a day centre, shopping, local walks, football, gym and library. We also saw that one person who used the service had a volunteering job within a garage. This promoted people's social inclusion and rehabilitation.

We looked at how people's concerns and complaints were addressed. The service had a complaints policy and procedure in place which was also available in an 'easy read' format. The service had not received any complaints since our last inspection.

People were supported to maintain relationships with those important to them. The registered manager frequently spoke about how they involved families with the care and support of their relatives, in particular, those who were moving out of the family home and into more independent living.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We saw information was readily available in 'easy read' formats to support people. People also had 'how to communicate' documents in place to guide staff on the best way to give people information.

Technology was used to support people to receive care and support, this included, use of pagers. The registered manager told us these were initially brought in for staff to use, however they were currently given to people who used the service so they could summon for staff if they needed assistance. They also told us of other technology available including epilepsy watches [devices that can be used to detect seizures], Wi-Fi, mobiles phones, electronic 'tablets' and computers.

We spoke with the registered manager to ask if they discussed end of life wishes with people who used the service. They told us this process was often very informal; staff would gradually gain information from people in a way that did not upset them. This was an effective way to gather information about a sensitive subject which may upset or confuse the people using the service.

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

People who used the service knew who the registered manager was. We asked staff if they felt the manager was approachable. One staff told us, "[Name of registered manager] is very approachable, 100%. He is very easy to talk to and there is no barrier. He will sit down and listen." One external professional gave us feedback about the registered manager, stating, "I particularly like the approach of the area manager [name of registered manager], he is very person centred and keen to provide an excellent service to service users." We found the registered manager was very knowledgeable about the people who used the service.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. We found that the interim manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. A number of audits were conducted in the service; these were significantly robust to ensure any issues were highlighted and action taken. Audits were used to improve the service.

People who used the service, staff and others were consulted on their experiences and shaping future developments. We saw surveys were sent out to people to gain feedback on the service; these were sent out on an annual basis. We saw the results of some surveys and found these were positive. We saw service user meetings were held on a monthly basis; the outcomes and actions from these meetings were fed back into management meetings for discussion. Staff told us they had regular meetings, including group supervisions. These were held after management meetings so the outcomes could be discussed with staff.

We asked the registered manager what they felt the key achievements of the service had been. They described how they had successfully worked with a person who was in crisis, they described how the person had flourished since using the service and the achievements of the staff in that process. We also asked how they drove improvements within the service. They told us, "In terms of my work career, this is the best company I have ever worked for. They are innovative and listen to ideas from all levels of staff. We have a leadership and development programme and we can nominate people for courses. They invest in development."

The registered manager and the staff were transparent with the inspection process and responded to all our requests for information.