

Royal Mencap Society

# Sandwell Supported Living

## Inspection report

Suite 512, Hawthorns House  
Hawthorns Business Centre, Halfords Lane  
Smethwick  
West Midlands  
B66 1BB  
Tel: 07951905376

Date of inspection visit:  
05 September 2016  
06 September 2016

Date of publication:  
07 October 2016

### 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 the 5 and 6 September 2016 and was announced. At our last inspection in September 2014 the service was meeting the regulations of the Health and Social Care Act 2008.

Sandwell Supported Living Smethwick provides personal care and support to six people with a range of needs which include learning disabilities and physical disabilities that live independently in the community.

There was a registered manager in post, but they were not based full time at this location. The service was managed on a daily basis by a branch manager who advised that they were supported by the registered manager. The branch manager was present during our inspection.

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 and associated Regulations about how the service is run.

People were safe and the provider had systems in place to safeguard people from harm. People received their medicines as prescribed and staff had received training to ensure they administered medicines safely. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information about how to minimise identified risks to ensure people were supported in a safe way.

Staff received regular training opportunities to ensure they had the skills and knowledge to support people in accordance with their needs and the values of the provider. Staff were described as caring and respectful.

The branch manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported them to make their own decisions.

People received support from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. People were supported to maintain their health; we saw that staff alerted health care professionals if they had any concerns about their health.

Representatives felt that the service provided met people's need and they were aware of the complaints procedure. Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

## 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.

Staff understood their responsibilities to keep people safe and protect them from harm. Recruitment procedures ensured only suitable people were employed. Systems were in place to ensure people received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to deliver support in a way that met people's needs and wishes while ensuring they always had the person's consent to provide care. Staff ensured people had access to sufficient food and drink. Staff monitored people's healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were described as caring and compassionate in their approach. Staff told us how they maintained people's dignity, privacy and independence.

### Is the service responsive?

Good ●

The service was responsive.

Representatives felt that the service provided met people's needs. People's needs and preferences were assessed to ensure that they would be met in their preferred way. Representatives knew how to raise any complaints or concerns and were confident they would listened to.

### Is the service well-led?

Good ●

The service was well led

Staff told us they were well supported by the branch manager who promoted an open and transparent service. Systems were in place to monitor the quality of the service provided. Staff

understood their roles and responsibilities and were given support by the management team.

---

# Sandwell Supported Living

## **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 September and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Sandwell Supported Living provides a domiciliary care service, and we needed to make arrangements to visit and speak with people using the service, staff and to have access to records. The inspection was undertaken by one inspector.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We visited and spoke with two people. Due to the complex needs of the people being supported they were not able to give us their views of the service. In order to gain feedback about the experiences people had using this service we spoke to three representatives. This included two relatives, and an advocate. We also spoke with five staff, the assistant manager and branch manager. We looked at a sample of records including three people's care records, three staff recruitment and training records. We looked at the way medicines were managed for two people. We looked at the provider's records for monitoring the quality of the service.

# Is the service safe?

## Our findings

When we visited people they did indicate to us that they felt safe by using signs and their body language. Representatives we spoke with also confirmed that people were safe when being supported by the staff. Comments included, "I have no concerns about the safety of people", and "I think [person's name] is supported safely at all times and I am happy with the support provided. The staff know what they are doing and ensure [person's name] is safe at all times. I have no concerns".

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk of harm or abuse. One staff member told us, "I have had the training and I would report any concerns I had to the branch manager who would take the necessary action". Another staff member said, "We have training around safeguarding and annual refreshers. I would report any concerns to the branch manager and I know I can also inform the local authority or CQC if needed". Information provided to us, and the records we saw showed that the branch manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

The provider managed risks to people in order to protect them from harm. We saw risk assessments were in place in accordance with the needs of people. For example we saw risk assessments in relation to people's medical conditions, accessing activities, using equipment and various other assessments applicable to people's needs. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance provided. They described the actions they would take to enable people to be as independent as possible but to protect people from harm. For example, staff explained to us about how they kept people safe in the community, and how they supported people who were at risk of choking. We saw these records had been kept under review and were updated annually or when people's needs or circumstances changed. Staff confirmed they were informed of any changes in a timely manner.

Staff we spoke with demonstrated their knowledge of how to respond to any emergencies or untoward events such as if someone became ill or had an accident. One staff member said, "There is a manager on-call when the office is closed every day so we have someone we can call for advice or support if we need this".

The provider told us in their PIR that staff had received training on completing incidents reports. Staff we spoke with confirmed this and they provided examples of when these were completed. We saw that a system was in place for these reports to be submitted to the branch manager who analysed the information and signed them off detailing what action would be taken in response to the incident where required.

Representatives we spoke with had no concerns about the staffing levels provided and they told us people had the support they needed to enable them to live independently and have fulfilling lives. One representative told us, "I have no concerns; people receive the support they need to live independently".

Another representative said, "There has never been any issues with the staffing. The staff enable [person's name] to live independently and to go out to the places they enjoy".

The branch manager confirmed that the staffing levels were agreed as part of the pre- assessment process for each individual. The provider told us in their PIR how they aim to have a full staff team in place in the next 12 months. The branch manager confirmed that they have recruited to some of the vacant posts and that they have a live advert out at the moment. She advised that current staff shortfalls were covered by the existing staff team and regular agency staff to ensure people received support from a consistent team of staff.

All of the staff we spoke with confirmed they had provided the required recruitment information before they commenced employment. There was a recruitment process in place to ensure that staff who worked at the service were of good character and were suitable to work with people. A review of the records showed that checks had been made to ensure staff were suitable to support people in their own homes. We saw from the records that staff did not commence employment until all of the necessary checks were completed. Out of the three records we reviewed we found two application forms which did not contain a full employment history. The branch manager explained that these gaps would have been discussed during the applicant's interview. However she was unable to locate this information as the records may have been archived. The branch manager confirmed that this would be rectified and the information obtained from the staff members as soon as possible to update the recruitment records in place.

We reviewed some of the recruitment information the service obtained for the agency staff they used. We found that confirmation had been received to ensure these staff members had the appropriate recruitment checks in place and had completed core training. The branch manager confirmed that agency staff worked alongside experienced staff members.

Representatives told us that people were well supported with their medication and they had no concerns in this area. All of the staff we spoke with told us that they felt they had the knowledge and skills they needed to administer medication safely and they confirmed they had received training. One staff member said, "I have completed medication training and I have been observed to make sure I do this safely". Another staff member told us, "We have training and then we are observed every year to make sure we administer people's medication safely". We saw that medication support plans were in place for people for the staff to refer to. We found that people who were prescribed 'as required' medicines had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medication. Staff we spoke with had the knowledge about what to look for so they knew when this medication was needed. We saw that medication was kept securely in people's homes, and records were in place to demonstrate that people had received their medication as required. We saw that staff were not dating prescribed creams when these were opened and the branch manager took action to address this with staff. We saw that systems were in place to report any medication errors and action was taken by the branch manager to address staff member's performance when an error had occurred.

## Is the service effective?

### Our findings

Representatives told us they thought the staff were knowledgeable and had the required skills to meet people's needs. Comments we received included, "I am very happy with the support that is provided the staff work well with [person's name] and they seem well trained and knowledgeable", and "I have confidence in the staff they support [person's name] very well".

Staff we spoke with told us they had access to information and training to ensure they had the skills and knowledge for their role and they understood the needs of the people using the service. One staff member that had recently commenced employment with this service told us, "When I first started I had an induction which included completing core training and a workplace booklet. I then had shadowing opportunities working alongside experienced staff, which enabled me to meet people and to get to know their routines and support needs. This was good as it meant I was able to be introduced to people and to get to know their care needs before I then started providing their support". The branch manager confirmed that the workplace booklet incorporated the care certificate which is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care. Another staff member said, "I have worked at the service for a few years now and they are very good with the training. We have regular updates and training which is specific to the needs of the people we support such as dysphasia training". This is training about how to support people with swallowing difficulties. Records we reviewed confirmed that staff had received training relevant to their role. We saw that a system was in place which alerted the branch manager when staff required refresher training to enable her to plan and arrange this.

Staff confirmed they felt supported by the management team and by each other. Staff told us they had regular meetings with a manager which provided them with an opportunity to discuss any issues they had, and they received feedback on their performance. One staff member said, "We have 'shape your future' meetings throughout the year and we discuss my role and the people I support and any training or development needs I may have. I feel very well supported in my role." Another staff member told us, "I do feel supported the managers are really good and always contactable, I can call on them whenever I need to". We saw that the 'shape your future' meetings also incorporated the values of the provider to ensure staff were supporting people in accordance with these. Staff were expected to provide examples of how they embedded these values when they were supporting people. Staff members' performance was monitored throughout the year and they received an overall performance rating and appraisal at the end of the year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we found that they were.

Representatives we spoke with confirmed that people were supported to make their own decisions in all



aspects of their lives. One representative said, "The staff give people choices and gain their consent when they are supporting them".

The branch manager and all the staff we spoke with were aware of the principles of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff understood the need to ask people's consent, and were able to explain how they obtained consent to provide care on a daily basis. One staff member said, "We have received training about this and we discuss how we support people to make decisions on an on-going basis. I always ask for permission before providing support to someone and I always give choices in relation to what clothes someone wants to wear, or the food they want to eat, or how they want to spend their day. People are supported to make their own decisions at all times". The branch manager was able to demonstrate how best interest meetings had been undertaken to ensure certain decisions that were made were in the best interests of the person. For example in relation to people's medical needs, and where they lived.

The branch manager told us that the principles of the MCA were discussed with staff regularly to ensure this underpinned their practice. Staff received information cards about MCA and DoLS to assist in their understanding of the legislation and how this impacts on their role when supporting people. The branch manager advised that applications for certain people had been submitted to the Court of protection. We found that some people used bed rails and equipment which for safety reasons monitored their movements. We saw that risk assessments were in place for this, and the staff were able to tell us why these were in place. But it was not always clear from the records, the rationale for this and who had made the decision for these to be installed. We discussed this with the branch manager who agreed to ensure this information was recorded clearly in people's care records.

Representatives we spoke with told us they had no concerns about the way people were supported to eat and drink enough. One representative told us, "Staff support people to go shopping and to make healthy choices when buying food". Another representative said, "I know the staff take [person's name] shopping and they advise on healthy eating but they also respect their choices". Staff told us that they understood the need to ensure that people's nutritional needs were met. We saw that referrals had been made to healthcare professionals such as speech and language and the dietician when concerns were raised about people's eating and drinking needs. We saw that staff were following the recommendations and plans that these professionals had provided.

Staff told us how they supported people with their healthcare needs. For example, supporting them to visit the doctor if they felt unwell or to attend routine appointments. People's health needs were identified in their health support plan and we saw that people had hospital passports. This is an easy read document which people can take with them so healthcare professionals have information about people, and their support and communication needs, so that they can support them in accordance with their preferences. Records demonstrated that staff monitored people's healthcare needs to ensure that people received appropriate medical intervention and attended their routine appointments. This was confirmed by the representatives we spoke with. One representative said, "The staff are really proactive and if in doubt they would take [person's name] to the doctor if they were feeling unwell". Another representative told us, "The staff make sure [person's name] attends all their routine appointments. They also keep us informed of the outcome and about [person's name] well-being".

## Is the service caring?

### Our findings

Representatives that we spoke with told us the staff were professional and provided good care and support. One representative said, "The staff are good, friendly and caring they provide good care". Another representative told us, "The staff are great, approachable and kind".

During our visits to people in their homes, we were able to observe for a short period of time the way staff and people interacted and the support that was provided. We saw that staff treated people with respect and in a kind and compassionate way. We saw that people were comfortable in the presence of the staff and we observed friendly banter between the branch manager, staff and people.

Staff encouraged and involved people to make decisions wherever possible. We saw that some people had their own unique ways of communicating and information about this was provided in the communication passports that each person had. For example some people used facial gestures and signs which staff were familiar with so they were able to understand what the person wanted.

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. We found that care records reflected people's preferences in respect of the gender of the staff they wanted to provide their support. All the staff that we spoke with showed concern for people's wellbeing. Staff understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "I always encourage people to do as much for themselves as possible or else they will lose their skills. Our aim is to maintain people's independence and to enable them to do things for themselves so that they can live independently and have quality life opportunities". Staff were respectful of people's cultural and spiritual needs.

We found that people were supported by the same staff members to ensure they had consistency of care. This enabled people to develop working relationships with staff who knew them well and provided support in accordance with their support plan.

We saw that some people were involved with advocacy services to ensure that the decisions made were in their best interests. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives.

## Is the service responsive?

### Our findings

Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs. How they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could with staff support. One staff member told us, "We are led by the people we support and we ask them what they would like to do and the tasks they want support with". We saw that support plans were detailed and tailored to meet individual needs. They were provided in an easy read format to enable people to understand their support plan. We saw that people who were able to had signed their plans and agreed their support needs. The branch manager told us that she intended to reintroduce monthly meetings with people so that staff could discuss their support plans with them and have records of these discussions and outcomes.

Staff told us that monthly meetings were held to enable the staff team to discuss people's support needs, well-being, and to ensure their needs were being met and routines were led by the person. Representatives we spoke with also confirmed their involvement in the way support was provided. One representative said, "I have been involved throughout and I am invited to reviews or to share my comments about the support that is provided".

Representatives told us that people were supported to follow their interests and take part in social activities. One representative said, "[person's name] has a better social life than I do. They are supported to do the things they enjoy". Another representative said, "[person's name] is supported to go out daily to do what they want, they take the lead and they support them with this". We saw that information was recorded in people's support plans about their interests and hobbies. The records confirmed that people were supported to access social events they enjoyed and people went out daily to places they liked. People were also supported to go away on holiday if they had requested this.

Representatives we spoke with were aware of the complaints procedure and had confidence that any issues raised would be addressed. One representative said, "I have no complaints but I am sure anything I did raise would be addressed quickly". Staff told us that they had not received any complaints or concerns from people but they knew the process to follow. One staff member said, "I would support the person to make a complaint and inform the branch manager". Staff had a good knowledge about how some people with limited verbal speech would demonstrate they were not happy. For example people would be withdrawn and not interact with staff.

We saw that a complaints procedure was in place which was available in an easy read version. We saw that a system was in place to record any complaints the service received. The PIR that we received and the branch manager confirmed that the service had not received any complaints since our last inspection.

## Is the service well-led?

### Our findings

Representatives we spoke with thought the service was well managed and run in people's best interests. One representative said, "I am happy with the support provided and the branch manager is approachable and friendly, she makes sure everything that should be done is done and she monitors the service to make sure staff are meeting [person's name] needs". Another representative said, "The service is good and they support [person's name] well. They enable them to live in their home and to have a good life, so I am happy".

The branch manager supported us to visit people and we saw that people knew them. We saw that people felt comfortable in their presence and had a good relationship with the branch manager, who visited people regularly to check on the support they received. Discussions with the branch manager and assistant manager demonstrated that they knew people well and knew about their specific needs.

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, "Things have improved since the branch manager took over, she is reliable and gets things done". Another staff member said, "The service is managed well, we have clear leadership and direction and we are all open and transparent in the way we work and share information. I really enjoy my role and we all share the same values of ensuring people have fulfilled lives". Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs. The branch manager told us about the award systems and incentives that were in place for staff who were nominated due to their 'excellent' contributions and work practices. This included receiving vouchers or being part of the 'you have talent' process which included career development opportunities.

We saw there were clear lines of accountability in the way the service was managed. The branch manager was supported by an assistant manager and they both monitored the support that was provided to people. They provided staff with support and they both worked together to monitor the service. The branch manager told us she had daily contact with the registered manager which ensured she was 'up to date' with everything. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at this service.

We saw that surveys were in place to obtain people's feedback. These were in an easy read format to enable people to complete them. We looked at the results of the recent survey that had been undertaken. Feedback was positive and demonstrated that people were happy with the support provided.

We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends. Audits were undertaken to monitor the safety, effectiveness and quality of the service provided. The branch manager told us about the systems in place. This included her completing a monthly continual compliance tool to demonstrate that she has audited all the records and undertaken unannounced visits to people to ensure they were safe and well and to observe staff practices. These reports amongst others were seen by the registered manager to enable her to keep up to date with the service. The branch manager advised that the registered manager visited people and the office regularly to undertake

her own checks to ensure the service was being managed in people's best interest. The branch manager said she felt supported by the registered manager and had regular meetings with her.

We found that the branch manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law. We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.