

Living Support 4 U LTD

Living Support 4 U

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Living Support 4 U is a 'supported living' service that provides personal care to people living with dementia, mental health conditions, sensory impairments and physical disabilities. At the time of our inspection there were no people living in 'supported living' settings, however, the service was providing personal care to 8 people living in their own houses and flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Medicines were not safely managed. Staff were not assessed as competent before they supported people with their medicines. The provider's medicine policy lacked detail and did not cover all aspects about managing people's medicines safely.

Moving and handling risk assessments were not always detailed.

Recruitment checks were not always robust to ensure staff were suitable to work with vulnerable adults.

Although people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the systems in the service did not always support this practice. The provider had not assessed people's mental capacity and people's care plans lacked details around their cognition and understanding.

Elements of care plans were person-centred and provided some guidance for staff about how to support people's needs, however, there was room for improvement. The care plans in place did not consider the person's end of life wishes. Although people's communication needs were met by the staff (as they knew people well) and the service was aware of the AIS, people's care plans lacked information about their communication styles and needs.

Systems and processes to assess, monitor and improve the service required embedding into practice.

People's needs were assessed prior to starting with the service and meet and greets were carried out as part of people's initial assessments. People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed.

People's views and decisions about care were incorporated when their care packages were devised. People were involved in making decisions about their day to day care.

People were treated with dignity, privacy, and respect. People's independence was encouraged where possible and this was reflected in people's care plans. Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. People told us staff treated and supported them well.

People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns.

No formal or informal complaints had been made at the time of our inspection.

Staff demonstrated a commitment to people, and they displayed person-centred values. People and relatives' feedback were sought through regular contact and feedback forms. Staff views were sought through regular meetings and supervisions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 13 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to the management of people's medicines and mitigating risks relating to the health, safety and welfare of people.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Living Support 4 U

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; at the time of our inspection there were no people living in 'supported living' settings. However, the service was providing domiciliary care. This is personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 June 2023 and ended on 15 June 2023. We visited the location's office 9 June 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 3 people's care records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not safely managed. The service was observing and promoting 6 people with managing their medicines; this daily support was not always recorded in people's daily notes and no medication records were being used.
- Staff were not assessed as competent before they supported people with their medicines. The provider had not undertaken medicine competency assessments on any of the staff employed. Medicine competency assessments ensure staff are suitably skilled to support people with their medicines.
- The provider's medicine policy lacked detail and did not cover all aspects about managing people's medicines safely.
- Moving and handling risk assessments were not always detailed. The service was supporting 1 person with a hoist; the risk assessment lacked details of the appropriate sling fittings that staff should use to support the person safely.

We found no evidence people had been harmed however, the provider had failed to safely manage people's medicines and mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action; the medicine policy was updated and medicine records were implemented to documented medicine support. The provider also assured us staff medicine competency assessments will be completed. This was yet to be embedded into practice.

Staffing and recruitment

- Recruitment checks were not always robust to ensure staff were suitable to work with vulnerable adults. Although the provider was obtaining staff references and conducting DBS checks [provides information including details about convictions and cautions held on the Police National Computer], gaps in staff employment histories had not been explored. The provider assured us the explanation for the gaps will be obtained and assessed.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. Rotas confirmed staff shifts were covered and people received regular staff for their care visits. People told us, "I have the same carers coming in to help me" and, "The staff are always on time, they ring me when they are on their way."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received training in safeguarding people. Staff we spoke with were confident about how to report concerns. One staff member told us, "I have received safeguarding training, I would report any concerns to the manager."
- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe, I am happy with everything" and, "I feel safe with these carers."
- No accidents or incidents had occurred, however there was a suitable recording system in place.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A relative told us, "They [staff] wear aprons, gloves and a mask [when staff visit relative]."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and meet and greets were carried out as part of people's initial assessments. Care plans were developed according to people's needs.
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. A person told us, "The agency [service] arrived and went through the care plan." A relative added, "[Relative] has regular reviews and family are involved."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had not assessed people's mental capacity. Mental capacity assessments were not in place and people's care plans lacked details around their cognition and understanding. This had not negatively impacted anyone using the service. The provider assured us people's care plans would be updated and mental capacity assessments would be undertaken as part of people's care planning. This was yet to be embedded into practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their food, the level of support was agreed and recorded in their care plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Timely care was provided. People and relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed. A relative told us, "We get the same carers coming in on time. They [staff] are very good."
- Staff worked in collaboration with people, their relatives, and professionals involved in their care.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training had been provided. One staff member told us, "I had training and an induction when I first started that lasted over 2 weeks. I also observed other carers as part of the training." A person commented, "The carers are very well trained, they are very helpful and efficient."
- Staff had opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We have supervisions, they are fine."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. People's religious or spiritual needs were incorporated in their care plans.
- People told us staff treated and supported them well. Comments included, "The carers are nice, kind and caring" and "They [staff] are more like family, they understand everything. They [staff] know me and my needs well."

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff support people in a way that allowed people to have control over their lives and make day to day decisions. People told us staff listen to their views and support accordingly.
- People were involved in making decisions about their day to day care. A staff member commented, "I give them [people] choices by asking them. For example, I sit with my client and tell them what foods they have in and give them choices with food."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy, and respect. People told us, "They [staff] treat me with respect", "They [staff] respect my privacy and dignity all the time" and, "I trust the carers, they are very helpful. The carers respect me and my privacy." A staff member explained, "We close the curtains and doors when my client is getting dresses [to maintain their privacy and dignity]."
- People's independence was encouraged where possible and this was reflected in people's care plans. A relative told us, "The carers encourage [relative's] independency. Sometimes [relative] has low moods, they [staff] encourage [relative] to get dressed herself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Elements of care plans were person-centred and provided some guidance for staff about how to support people's needs, however, there was room for improvement. For example, care plans did not contain people's life histories and they lacked detail about people's preferred routines.
- People and relatives were involved when care packages were devised and involved in regular reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although people's communication needs were met by the staff (as they knew people well) and the service was aware of the AIS, people's care plans lacked information about their communication styles and needs.

End of life care and support

- End of life care was not being provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- The care plans in place did not consider the person's end of life wishes. We fed this back to the provider who assured us end of life wishes would be discussed and incorporated into care plans for those who wished to disclose them. This was yet to be embedded into practice

Improving care quality in response to complaints or concerns

- No formal or informal complaints had been made at the time of our inspection. There was an up to date complaint policy in place. A relative told us, "No complaints have been made. If there are any small issues, they [service] get them rectified straight away. We have contact numbers and we always ring them [service] when we need to. They [service] accommodate us and support us."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to assess, monitor and improve the service required embedding into practice. The provider was in the process of implementing auditing functions and various auditing tools had been devised. However, these systems were not in use yet and the provider was not aware of the issues we found during the inspection.
- Staff felt supported by the registered manager and management team. Staff comments included, "[Registered Manager] is nice, understanding and approachable" and, "[Registered Manager] knows what they are doing. They understand us [staff] and helps us."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated a commitment to people, and they displayed some person-centred values. A person told us, "I would recommend them [service]. This company is really good. Staff come on time [for my visits], and they are very helpful. I am not messed about with my routine or my rota. They [service] emails me the rota so I know who is coming."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people were positive. A staff member told us, "It is a good staff team and we work well together. We all have good ties with our clients."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour.
- The service worked in partnership with others to achieve better outcomes for the person using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives' feedback were sought through and regular contact and feedback forms. We reviewed the feedback forms and they were all positive. The registered manager told us they would be conducting people and relative surveys in due course, and they would analyse the results to drive ongoing developments and safety.
- Staff views were sought through regular meetings and supervisions. Staff said they could approach the registered manager and wider management team to share their views. The provider will be conducting staff

surveys in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems did not mitigate the risks relating to the health, safety and welfare of people Regulation 12(2)(b)</p> <p>Staff providing medicine support were not assessed as having the necessary competence to do so Regulation 12(2)(c)</p> <p>Systems did not support the proper and safe management of medicines Regulation 12(2)(g)</p> |