

Select Support Partnerships Ltd

Select Support Partnerships Ltd -Merseyside and Cheshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 15 and 16 May 2018 and was announced. The last inspection was completed in July 2014 where we found the provider to be compliant with all of the regulations.

This service provides care and support to people living in one 'supported living' setting, this is so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service is also a domiciliary care agency however there were no people being provided with this service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager who had been in post since September 2014.

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.

There were currently two people provided with care and support from Select Support Partnerships Limited with three staff employed to support them at their support living home.

Care records and risk assessments were very informative, well-kept and up-to-date. Each person using the service had a personalised support plan and risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support. There was an emergency continuity plan in all files looked at that would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant information. We also saw that medications were handled appropriately and safely.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed appropriately and in accordance with policies. Staff received a comprehensive induction programme regular training and supervision to enable them to work safely and effectively. There was also an up to date staff handbook that all staff were given and also staff were informed when there were any updates.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

The service had quality assurance processes in place including staff questionnaire reviews and service user quality of care and support questionnaires. The service's policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood their support needs. The two people we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'Service User Guide' and in place at the home of the two people.

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

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately inducted, received ongoing training and were provided with regular supervision and an annual appraisal.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided initial assessment visits where peoples' needs were looked at and family were included in assessing and creating a personalised support plan.

Is the service caring?

Good ●

The service was caring.

Confidentiality of people's care files and personal information was respected and stored appropriately.

People told us that their dignity and privacy were respected when staff supported them and staff showed a regard for peoples' individuality.

People told us that there was good communication between them and the service and staff understood them.

Is the service responsive?

Good ●

The service was responsive.

Suitable processes were in place to deal with complaints appropriately and people's comments and complaints were taken seriously and investigated.

People who used the service told us they were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Support plans and risk assessments were reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals.

Is the service well-led?

The service was well-led.

Clear quality assurance systems were in place to ensure the service provided safe and good care and people who used the service had opportunities to express their views.

The manager was very well organised and had clear roles and responsibilities for all staff.

The service had a manager who was registered with the Care Quality Commission.

Good ●

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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 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 15 and 16 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector. We were able to visit the two people living at their supported living home.

We asked for information from the local authority before the inspection. We also looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the service.

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.

During the inspection we spoke with two people at their supported living home. We also talked with five staff members including the registered manager.

We reviewed a range of documentation including two care plans, risk assessments, medication records,

finance records, records for three staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service is managed.

Is the service safe?

Our findings

We spoke with people living in supported living and we asked if they all felt safe. All replied that they did. One person commented "I do feel safe here, it's my house". Another person told us, "I am safe, yes". People told us they were safe and were happy in their home with staff support.

We looked at the safeguarding records at the office with the registered manager; there had been one safeguarding incident on the 6 December 2016. We spent time discussing the safeguarding notification and were shown actions that had been taken. All incidents prior to 2016 had been sent to the local authority and the CQC. This informed that the manager acted appropriately to safeguard people using the service. All staff spoken with discussed how they would initiate a safeguarding incident and would report straight away to the senior and manager and all staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at incident and accident records at the office and also looked at records in the community. Records looked at showed how the provider had initiated actions required for example one accident had occurred due to a person falling over. Records looked at showed actions had taken place immediately to ensure the safety of people and staff at the location.

We looked at the medication procedure in the supported living accommodation; all medication was stored in a lockable cabinet in the office. Staff administered medication and completed medication administration records (MAR's) for all of the people as part of their support. All MAR's we looked at had been completed appropriately and signed by staff. All staff informed us that they had completed medication awareness training. We were told that medication records were discussed as part of the handover meetings to make sure all medication had been prompted or administered appropriately. We were also provided with the handover records that had medication information in place.

We looked at the recruitment records for the three staff members currently employed at the service. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people. The registered manager explained an applicant would complete an application process to assess their suitability for the job, attend an interview and provide contact details of people to provide a reference. A Disclosure and Barring Service (DBS) check was also completed before staff began working at the service. DBS checks include criminal record and barring checks for person's whose role is to provide care or supervision.

We saw evidence that the registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

We looked at the support plans for two people who lived in supported living and both had a support plan and risk assessment records to inform what support staff were required to provide. Financial transaction records were looked at that showed how staff were constantly monitoring people's finances. Monies and balances were checked at every staff handover and this was discussed with staff spoken with who told us

this was the safe practice to follow.

Each person in supported living accommodation had an up to date Personal Emergency Evacuation Plan (PEEP's), this ensured that staff were knowledgeable in the procedure of any evacuation at the location. The risk assessments were specific to the individuals and very informative. Examples included transport, personal care support, health needs and medication. We saw that risk assessments had been reviewed regularly.

There was an emergency continuity plan in all files looked at that would be used for example if the person went missing or was taken to hospital. The information was a summary of the care and support required and other relevant information including health details, medication and specific details about the individual including an up to date photograph.

Is the service effective?

Our findings

It was clear from looking at staff files that staff had received a comprehensive induction when first employed by Select Support Partnerships Limited. The service had implemented the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification as well as carrying out their own induction.

Select Support Partnerships Limited had a range of training that included topics such as equality and diversity, fire safety, food safety, mental capacity, recording and reporting and person centred planning. The registered manager also accessed the local authority for face to face training and on safeguarding and whistleblowing. They had also accessed additional training on self harm and effective communication. Staff were up to date with training and told us they preferred face to face training rather than e-learning.

Records showed that staff had an individual supervision meetings four times minimum a year and an annual appraisal. One staff member told us "The manager is very supportive and acts straight away on anything we discuss". Another staff member told us "The manager will always do her best to support me and will always inform me of action outcomes and information on any issues I have raised". Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The provider conducted initial assessment visits where peoples' needs were assessed and family were included in assessing and creating a personalised plan. The care plans we looked at showed that each person's needs had been assessed and that they had a comprehensive programme of daily living and night time support.

The registered manager and staff worked within the legal framework of the Mental Capacity Act (MCA) 2005. The people being supported in their home had the capacity to make decisions around their care and support and this was respected and promoted by staff. Consent documents in respect of personal photographs, medication and the care support were contained within care files and signed by the people themselves. One person had been supported by a 'best interest' meeting in making decisions for their money management. One staff member told us, "We do ensure that [people] are independent and we support their choices".

We saw that the people using the services were involved in the planning of the menus and that peoples dietary requirements were catered for with the persons full knowledge and involvement. Peoples dietary information was available in their support plan, documentation included information on intolerances to certain foods. One person told us "The food is nice, staff cook. I like to go out and have meals".

We saw how people were able to personalise their home and rooms and they were able to make suggestions on décor and furniture. There was a new conservatory at the peoples' home we visited, both people told us they really liked it and one person said "I like sitting in there, it's in the garden".

Is the service caring?

Our findings

We asked people if staff were kind and respectful and all said yes. One person told us "Staff support me, I am happy", other person said "Staff are good, they help me".

Staff were observed to be caring, attentive, calm and supportive to people. Staff told us that they would liaise with advocacy services if and when required, we saw that information was held in peoples' support files. We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. One person said "I am happy, were going out".

We discussed the different communication techniques used by staff at the service. A staff member commented "Communication between us is very good and we have a very good relationship with [people] we know when to use other forms of communication including a PEC board". A PEC board is Picture Exchange Communication. A staff member also told us "We do liaise with families and they do visit. We involve families in the person centred planning meetings and at times they do join us".

We were able to observe staff supporting people with respect and we saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were supporting and people told us that in their opinion the staff helped them in any way possible. Staff told us "I really enjoy my role it's my vocation working with people to support their independence in the community. I genuinely love my job".

We were able to see feedback that had been received by the service and this included "Thank you [person] is so happy. We do appreciate all you and your team do and we are very happy with his support staff. [Staff] do a brilliant job".

We observed that confidential information was kept secure in the main office as well as the staff office at the peoples' home. The computer system used was password protected and all staff had a unique signing in password for access.

We saw through regular 'Tenants Forum Meeting Minutes' records that the people using the service were asked for their opinions and informed about the service including outings, charity events, what to do in an emergency and opening the front door to strangers. Actions were also recorded, a staff member told us that the actions taken are read out at the next meeting to update people.

Select Support Partnerships Limited had a service user guide in place that gave people a good range of generic information regarding the service that was provided including equal opportunities recreational activities and health and well-being. The service had added information regarding their own philosophy of care and their own principles and values. All information for people was also in pictorial form, this included person centred plans.

Is the service responsive?

Our findings

People we spoke with said that the support provided was personalised. One person we spoke with told us "Staff help me". Another person said "Staff look after me, good".

We looked at the support and care files for two people, comprehensive records were in place for both of the people using the supported living service. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Records included essential lifestyle plans that were written based on 'support plans and evaluations' which resulted in the records being specific to the individual and the identified risks having actions for staff. All of the information was person-centred.

Both people being supported had a full activity programme that ensured they were out in the community and being supported to take part in the activities they chose to participate in. Their interests were discussed and staff told us that they looked at different ways to achieve doing the activity. Activities included going to a centre to meet friends, eating out, watching football and going to a local disco. The person centred plans also included their dislikes and staff spoken with were aware of them.

Support plans and risk assessments had been reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's support and care needs and were able to describe in detail the support they provided to individuals.

The provider had a comprehensive complaints policy and procedure in place that had been reviewed in March 2017. We looked at the complaints records at the head office and the supported living home, there had been one complaint on the 19 February 2017. There was information in place how the provider had initiated an investigation and relevant actions were seen to be completed by staff.

People were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. Staff spoken with told us they would initiate a complaint if a person informed them they were unhappy with something.

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the Care Quality Commission since September 2014. The registered manager was supported by senior staff and administrative staff. There was a senior support worker who worked as part of the three staff team at the supported living home. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred at the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Select Support Partnerships Limited were displaying their ratings appropriately in a clear and accessible format.

Select Support Partnerships Limited had comprehensive quality assurance processes in place. We were able to see that the registered manager carried out audits of the service. Staff told us that the communication with their manager was very good and that they were approachable at all times. The registered manager was able to demonstrate their oversight of the service and its quality systems. We were able to see if any actions had been identified and acted on and how these were items on agendas during meetings with staff and the people using the service. We saw evidence of action plans that had been developed from the findings of audits and that these were time specific for completion.

We looked at the quality assurance records in the supported living home we visited. Records were completed by staff, senior staff and managers. These records included finances, medication, environment, health and safety checks including fire alarm checks. We also looked at the tenant's meetings monthly records and staff meeting records.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an ongoing process of the service acting on issues and comments made.

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt very supported in their role. We were told "The manager is really good and listens to what I have to say". We also saw that there were regular 'Tenants Forum Meetings' that were attended by both people and attendees participated fully. This meant that people using the service felt listened to and comfortable to voice their opinions.

The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. The staff handbook had been reviewed and updated on the 5 May 2018. This ensured the staff had up to date guidance surrounding their practice.