Liberty Support Services Limited

SevaSupport

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 inspection took place on 2 May 2017 and was announced. This was the first rating inspection of the service.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 25 people who were living in their own homes within a number of 'supported living' facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

There was a registered manager. 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 were supported by staff who had been trained to recognise the signs of abuse and were aware of their responsibilities for reporting any concerns they may have.

Staff were aware of the risks to people and supported them to manage those risks in order to keep them safe. Accidents and incidents were reported appropriately and acted upon.

There were systems in place to ensure staff recruitment was robust. People were supported by a familiar group of staff who knew them well and any staff absences were covered by staff who were also familiar with the people they supported.

People were supported to safely take their medicines and regular audits were in place to ensure medicines were administered correctly and safely.

Staff received a comprehensive induction and training that provided them with the skills and knowledge to meet people's needs effectively. Staff felt supported and listened to and their practice was regularly observed.

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.

For those people who required it, support was offered at mealtimes and staff were aware of people's dietary needs and preferences.

People were supported to access healthcare services and staff worked alongside other professionals in

order to help people maintain good health.

People told us that the staff who supported them were kind and caring and they spoke warmly of the staff and management. People were treated with dignity and respect and supported to maintain and improve their independence.

People were involved in the planning of their care and were supported by staff who were knowledgeable about their likes, dislikes and preferences. People were encouraged to maintain friendships and were supported to be as independent as possible.

People were confident that if they raised any concerns, they would be listened to and acted upon.

People and staff all considered the service to be well led. There was a culture of openness and transparency and working together to support people to live their lives the way they wished.

Staff were motivated and supported in their role. There were a number of audits in place to assess the quality of the service provided and 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.

People were supported by sufficient numbers of safely recruited staff who were aware of the risks to them. People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who benefitted from an induction and training that provided them with the skills and abilities to meet people's needs. Staff obtained people's consent prior to supporting them and were aware of the requirements of the Mental Capacity Act 2005. People were supported to access healthcare services to help them maintain good health.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with dignity and respect and who they described as kind and caring. People were supported to maintain their independence and to make their own choices on a daily basis.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and supported by staff who were aware of their likes and dislikes. People were confident that if they raised a concern they would be listened to.

Is the service well-led?

Good

The service was well led.

People were complimentary about the service provided by the registered manager and staff. Staff felt supported, well trained and listened to. There were a number of audits in place to assess the quality of the service provided.

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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 2 May 2017 and was announced.

The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information they provided us with to assist in our planning of the inspection.

Prior to inspection we contacted representatives from three local authorities who commission services from the organisation. On the day, we spoke with the registered manager, nine members of care staff and six people who received a service from Sevasupport who came into the office to specifically speak to us to tell us of their experiences of the service. The expert by experience also spoke with five relatives by telephone on the day of the inspection. Following the inspection we spoke with a healthcare professional who worked closely with the service.

We looked at three care records, three medication records, accident and incident records, training records, two staff files and quality audits. The expert by experience all spoke with five relatives on the telephone.

Good

Is the service safe?

Our findings

People told us they felt safe when supported by staff in their own home. One person told us, "[Staff member's name] has my back, I can tell them anything" and another person nodded in agreement to this statement. Relatives spoken with were also positive about the support their loved ones received and told us, "I am happy with this service and my relative feels safe here because it's a 24/7 caring service", "The carers are very helpful and supportive" and "I have been very lucky to have this service, carers are around for? my relative and I couldn't ask for anything better". We observed people who used the service talking confidently with the registered manager and other members of care staff about issues of worry or concern. It was clear from the conversations that we were party to, that people felt safe talking to the staff who supported them and that they trusted them.

Staff had received training in how to safeguard people from abuse and were aware of their responsibilities regarding this. A member of staff told us, "I would contact the manager straight away [if they had concerns] and everything would be recorded". We saw where concerns were highlighted by staff, they were investigated and where necessary, actions were taken. The registered manager told us, "All staff go through safeguarding training and are encouraged to address any concerns directly with myself or their manager".

Risks to people's finances were also assessed and actions in place to ensure people were protected from abuse. People's finances were reviewed regularly. The registered manager told us, "We would monitor [finances] more closely if the person was displaying particular behaviours and would share information with other professionals to get a grasp of what is happening with the individual".

People were supported by staff who were aware of the risks to them on a daily basis. A member of staff told us, "[Person's name] has thickener in their food as they are at risk of choking". They went on to describe the actions in place to reduce this risk and the guidance they followed which had been received from the Speech and Language Team [SALT] and incorporated into the person's care records. We saw the care plan identified the risks and held detailed personalised guidelines for staff to follow. This included how to prepare food and drink and present it so that it was not only safe for the person to eat, but also looked appetising.

The provider told us in their Provider Information Return (PIR) they felt that it was important that risks to people were managed and considered, however it was important that they were not too restrictive or preventative. We discussed this with the registered manager who provided us with a number of examples of this, demonstrating that people were supported to effectively manage risks to enable them to achieve their goals and aspirations. The registered manager told us, "It really depends on what the individual wants to do, we make sure they have all the facts and information they need in an easy read format and invite them into the office to research with us".

We saw where accidents and incidents took place, they were reported, recorded and acted on appropriately and analysed for any trends.

People were supported by sufficient numbers of staff who had been recruited safely. Recruitment systems were in place to help minimise the risks of employing unsuitable people. Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this. A member of staff told us, "It's a long process from applying to starting, you can't actually start until all checks have been done".

We saw there were systems in place to ensure people were supported by the same consistent group of staff and people spoken with confirmed this.. Each supported living unit had its own dedicated group of trained staff supporting the people living there. The registered manager told us, "You need a strong, robust team for each area". There was also a core group of staff who worked across all sites to provide cover in emergencies. The registered manager told us, "We don't use agency, or bank staff. Any cover has to be someone in our network who knows the people they are supporting". Staff spoken with confirmed this arrangement. This meant that people benefitted from being supported by staff who were familiar to them and aware of their individual needs.

We saw that where required, people were supported with their medicines. One person told us, "I wasn't taking my medication before, now I've got a chart in place and I'm taking it regularly". People who were supported with their medicines confirmed this was done correctly. A relative said, "The carers are very comprehensive when giving my relative their medication". Staff told us they received training in how to administer medicines safely and we saw evidence of this. A member of staff told us, "If you don't feel confident doing it they will give you additional training". People's medication care plans held details for staff including the specific ways in which people took their medicine. Staff spoken with were able to provide us with examples of how people preferred to take their medicines. For those people who required their medicines 'as required' the appropriate guidance was in place to instruct staff in what circumstances these medicines should be administered.

A healthcare professional commented to us how impressed they were with how particular medication was stored, recorded and administered to an individual who was supported by the service. They told us, "Everything was documented correctly and they kept me informed of any breakthrough of pain".

We saw that daily audits took place where medication was administered in order to reduce the risk of medication errors occurring. Where one medication recording error had taken place, it was picked up the same day and the member of staff's practice was observed following this. The registered manager told us, "This was a recording error, the staff had signed on the wrong section of the MAR [Medication Administration Record] chart. If it had been a handling error, then the member of staff would have been given additional training".

Good

Is the service effective?

Our findings

People told us that they thought staff were well trained in their role. One person told us, "Yes, they [care staff] know what they are doing" and another person said, "There are two new ones [care staff] and they know what they are doing". A relative also commented positively about how new staff were provided with the information they needed prior to supporting a person. They told us, "I was very impressed when the senior staff had briefed a new carer about all my relative's individual needs".

People were supported by staff who benefitted from a comprehensive programme of induction that prepared them for their role. Staff told us their induction included three days training in a classroom environment and two days MAPA training [this helps staff deal with behaviour that may challenge, in a calm way that keeps everyone safe]. Induction also included reading care records and spending a minimum of three days shadowing other colleagues at the location they were expected to work. A member of staff told us, "The senior will explain, step by step how to support each individual person". Staff were then observed supporting people by a senior member of staff and the registered manager and once all parties were confident they were ready to provide a service to people, they were put onto the rota. A member of staff told us, "If you don't feel ready [to go on shift], they [management] won't push you and will extend the shadowing until you are comfortable". A relative commented, "I am always pleased to see that new carers are shadowed by senior staff for the future as this builds their confidence".

Staff told us they felt well trained. We saw there was a training matrix in place which enabled the registered manager to identify when training was due. The provider told us in their Provider information Return (PIR) that specialist training was provided for staff in order to meet people's specific needs and we saw evidence of this. For example, diabetes, epilepsy, catheter care, pressure care and moving and handling. A relative told us, "My relative needs to be hoisted from their bed. I noticed they [care staff] deal with my relative with respect and I am sure they are trained to deal with all this equipment ". Two members of staff had recently received training in diabetes and told us they found this beneficial. A member of staff told us, "If you need more training, you just ask and it's sorted". We saw that in order to support one person living with the community, additional training was sought for staff for them to administer insulin. This training was sought from district nurses and meant the person was able to access the community more frequently and with more freedom, safe in the knowledge that if they did require their insulin to be administered, the staff supporting them were trained to do this. Staff told us they received regular supervision and their practice was observed by management in the form of unannounced spot checks and we saw evidence of this.

We saw there was a comprehensive handover system in place which was signed by both parties giving and receiving handover. Staff commented positively about this system and the information that was passed on to them. A member of staff told us, "Handover sheets have got everything on them and information about the service user, it works well, it's written but you also get a verbal handover as well". We saw there was also a communication book in place which provided additional information for staff regarding appointments. A member of staff told us, "It's the first thing you read when you are on shift".

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 found that they were. People told us staff obtained their consent prior to supporting them and we observed this taking place. Where applications had been put in place to lawfully deprive a person of their liberty, best interests meetings had taken place prior to the applications being made. We saw that staff had received training on MCA and Deprivation of Liberty Safeguards [DoLS] and from our conversations with staff, we noted they displayed a good understanding of what this meant for the people they supported. The registered manager told us, "It is common practice to discuss what is in someone's best interests. It is always open for debate. If we think there is an issue and a best interests meeting is required, we will request that".

Staff spoken with were aware of people's dietary needs and preferences and how to support those people who needed it. For those people who required support at mealtimes, this was offered. A relative told us, "I am pleased to know that the carers always ask my relative for their feedback on their meal provided and will ask, 'did you enjoy your meal today?'" and another said, "When staff cooked spaghetti bolognaise they invited me to share lunch with them. They are like a family and they also know the family's likes and dislikes too". One member of staff described how they supported a person to cook a meal. They told us, "It is written in their care plan, in their goals and outcomes. They will say what they would like to do. It's good because you see the end results".

One person told us, "They [care staff] pop in a lot and take me to hospital and medical appointments. They are very supportive. They know you better than you know yourself. They know when something is wrong and when I'm not right". We saw that one person who was visiting the office was not feeling their best that day. They were able to tell the registered manager how they felt and why. We observed the registered manager responded with kind and supportive words, putting their arm around the person and taking them somewhere to sit privately to talk through.

We saw that each person had a care plan that held information regarding their healthcare needs. We saw evidence of the service working closely with healthcare professionals in order to meet the healthcare needs of the people they supported. One professional told us when describing how care staff had supported an individual, "It was a joint partnership, a real team effort, I couldn't have done it [supported the person] without them [staff]. When person became unwell they stepped up to the mark". Relatives confirmed that care staff were in regular contact with them and they were notified of any changes in their loved one's care needs.

Good

Is the service caring?

Our findings

People and relatives spoken with described the care staff who supported them as 'kind, 'caring' and 'nice'. Relatives spoke positively about the care staff who supported their loved ones and we received the following comments, "Carers are friends of the family", "Carers are very sympathetic, thoughtful and interact with my relative who is able to understand because sometimes communication can be a problem". We observed a number of people visit the office and enjoy spending time with staff. We saw people and staff embracing and hugging as they greeted each other. One person told us, "They [care staff] are nice people, I like to come into the office". People appeared genuinely pleased to see staff when they arrived and this behaviour was reciprocated by staff. Staff asked people how they were and took an interest in what they had been doing or were planning to do. There was lots of chatting and laughter in the office between people and care staff. One person described the service and the atmosphere as, "like one big happy family".

People told us that staff treated them with dignity and respect. We observed that staff were respectful when talking to people and listened to what they had to say. A healthcare professional described to us the support care staff gave to a person they supported, they told us, "From the offset, the carers were amazing. They were superb and treated [person] with the utmost dignity and respect". One member of staff referred to a person as, "Our gentleman here" when introducing them to us. Staff described to us how they supported people with their personal care in a manner that maintained their dignity. A member of staff told us, "I always ask people first, before supporting them, and talk them through the process. I'll cover the parts that I'm not washing". Another member of staff said, "I will ask people, can I help you with this? Can I wash your hair? Would you like a bath or shower? It's important, you have to give people choices". As part of the pre assessment process, people were asked about what was important to them, including their appearance and these areas were duly noted and included in people's care plans. For example, one person's care plan stated, "I take a pride in myself and I like to look good as a man". A relative said, "The carers ask my relative, what would you like to wear today, the weather is good".

People were supported to maintain and improve their level of? independence. One person told us, "They [care staff] are helping me with my independence" and provided us with examples as to how they did this. A relative told us, "The carers encourage [person] to be independent and they feel very safe when the carers arrive". A member of staff said, "We will do whatever [person's name] wants, they will tell me" and the person they were talking about nodded in agreement to this and smiled. Another person told us, "[Staff member's names] are both fun and loving. They know me really well. They motivated me to get ready when I didn't want to go out and got me to go out instead of looking at four walls".

The provider told us in their Provider Information Return (PIR) that information was provided to people in easy read formats to enable them to be involved in their care and we saw evidence of this. For example, for some people the use of pictures in the service user guide, care plans and questionnaires helped them understand what the service was about and the support available to them.

We saw that for those people who required the services of an advocate, this was arranged. An advocate can be used when people have difficulty making decisions and require this support to voice their views and

wishes. The registered manager told us, "Advocacy services tend to come on board more when people are moving in or out or when there are major changes happening in their lives".

Good

Is the service responsive?

Our findings

One person told us, "It's very easy to be made to feel institutionalised [living in] this setting, but I don't feel institutionalised. They [care staff] get it right, I'm involved in my care plan, they write down everything you want, your likes, dislikes and how to support you". Relatives spoke positively about the support their loved one's received and told us, "My relative has a set pattern, for example they like to go to the park or café and carers always fulfil their wishes, dependent on the weather", "I am glad to see that carers engage and talk with a similar kind of interest which my relative likes, such as cars, etc" and, "My relative can't speak but likes music and they have sensory rooms where sometimes they enjoy listening to music".

The provider told us in their Provider Information Return (PIR) that they had used an 'holistic person centre approach' by gaining information from people and their circle of support when planning their care and support and we saw evidence of this. People's care records documented how they wished to be supported. Where people required support from staff of a particular gender or religion, this was noted and provided. Care records provided staff with a variety of information about the people, not just the support they required but provided a picture of them as a person. For example, there was a section entitled, 'good things about me' which painted people in a positive light, enabling staff to see the person and not just the support they required.

We saw people were supported in making decisions about their life and how they wished to spend their time. People told us they were involved in the development of their care plans and reviews and we saw evidence of this. Staff demonstrated a good knowledge of the people they supported, what was important to them, their goals and aspirations. We saw that one person was supported to go on holiday and staff had worked hard to enable them to achieve this. The registered manager told us, "Goals can be big or small, depending on people's skills and levels of independence". We saw that individual monitoring tools were in place to enable staff to see how people were progressing on a weekly basis.

Care plans were written in a way that identified positive outcomes for people, for example where a person required support at mealtimes, the outcome identified was, 'for mealtimes to be a pleasurable experience for [person's name]'. We saw where people required particular support or encouragement to achieve their goals, pictorial charts were developed to encourage the person to achieve what they wanted. This meant that people benefitted from support that was specifically tailored to meet their needs.

People were supported to be part of their neighbourhood or to attend their local place of worship, if it was important to them. A member of staff described how a person they supported wanted to attend a disco of an evening. They told us they raised this with the registered manager and arrangements were made to enable to person to receive one to one support in the evening so that they could access the activity.

People were also supported to maintain friendships and develop relationships which provided them with a number of opportunities to have a social life outside of their own home. For example, one person told us how when they were first supported by the service, they were quite 'shy'. They told us care staff had introduced them to another person who was supported by the service and they had since built a friendship

and enjoyed spending time together. They told us, "[Care staff name] is really nice, she takes me to medical appointments and we go out together. If we don't want to do something we can change things around". They went on to explain that when new staff commenced with the service they were given the opportunity to meet with them before they started to provide support. They told us, "If it doesn't work out we can tell them and they [management] will sort someone else out we like". Staff told us that some people had particular preferences when it came to who would be supporting them, a member of staff said, "They [people] may go with who they gel with the best, it has to be with someone they can trust". This meant people felt confident that if they weren't happy with a situation they could raise their concerns and would be listened to and acted upon.

One person told us, "I've no complaints, if I had any problems I would tell [staff name]". Relatives spoken with agreed with this statement and one relative said, "Yes, [were aware of complaints policy] but I don't have any complaints to make". Relatives told us they were given an information pack which held all the information they needed about the service. The service user guidance held information in a pictorial format on how to raise any complaints. We saw that there was a system in place to record, investigate and process any complaints received. Where a complaint had been received, it was recorded and responded to appropriately. We also noted that a number of compliments had been received regarding the service.

Efforts were made to obtain feedback from people regarding the quality of the service provided. These were in a pictorial format to make it easier for people to complete and were completed on a monthly basis. We saw that the feedback received was positive, and some people added additional comments such as "The staff are very kind to me". Where people raised areas of concern on surveys, we saw that these were followed up and acted upon. Surveys were also sent to family members asking for feedback on the service provided. We saw that three surveys had been returned and the feedback received was positive.

Good

Is the service well-led?

Our findings

People were complimentary about the service and how it was run. One person told us, "It is a good service, much better than where I was before; they have got it sorted where they are now. They check to see that things are ok". Relatives told us they were fully satisfied with the service they received and all spoken with said they would recommend the service to others. One relative told us, "I have been very lucky to have this service, I couldn't ask for anything better". Staff told us they considered the service to be well led. They commented positively on the training and support they received and how good communication was across shifts and management. One member of staff told us, "Trust is a big issue, it's important, we trust management and they trust us". A healthcare professional told us they considered the service to be well led and described how they had worked alongside the care staff to ensure a person's healthcare needs were met.

The registered manager displayed a comprehensive knowledge regarding the people that were supported by the service. They told us that when new people were initially supported, they liked to be involved in providing that support to people in the first few weeks, in order to get to know them and build a relationship. We saw evidence of this as all people coming into the office clearly knew the registered manager well and were very comfortable in their company.

As well as the registered manager, there were service managers with responsibility for particular areas. The registered manager told us, "We have an open door policy, there is no need for staff to make an appointment. They can speak to myself or one of my managers. I'm lucky that my managers are offering advice that I would offer myself". Staff spoken with confirmed this arrangement. This meant there were clear lines of responsibility across the service and staff spoken with felt supported and were aware of who to speak to if they required guidance.

Staff were aware of the service's whistleblowing policy and told us they were confident that if they did raise any concerns, they would be listened to. One member of staff added, "Everyone [in the office] is approachable".

The registered manager was complimentary about the staff group. They told us, "A lot of people who work for us are really passionate about what they do and have close bonds with people who use the service and would not want to let people down". People were supported by staff who were motivated and enjoyed their work. One member of staff told us, "People come with specific issues and you see them improving, it's very rewarding". Another member of care staff described how they had seen a 'big improvement' in one person they supported and how happy and settled they were, adding, "Just seeing them smile" made their job rewarding.

The registered manager told us the ethos of the service was to keep developing, to raise awareness and push the boundaries to enable people with learning disabilities to live independently and take risks. He told us, "We don't want people to stagnate in their setting we want them to move on with their lives. In the next 12 months we will focus on outcome and goals folders to evidence how people are developing". A deputy

manager had also recently been appointed in order to support the registered manager in their role.

Staff told us they felt supported and listened to. We saw that staff received regular supervision and attended staff meetings which enabled them to discuss their work and any concerns or issues they may have regarding the people they supported. The meetings were also an opportunity to pass on learning and share information and thank staff. We noted at a recent team meeting, management had praised staff for their "continued hard work".

There were a number of weekly spot checks and audits taking place to monitor the quality of the service provided. Each service manager conducted weekly checks which included the recording of any accidents and incidents, care records and appointments made and attended. We saw medication audits took place daily and were also check weekly by the regional service manager.

The provider told us in their Provider Information Return (PIR) that they planned to signed up to the 'social care commitment'. This is a Department of Health initiative which allows a service to measure quality against the minimum standards required when working in care. The registered manager acknowledged this was a difficult standard to meet, but planned to work towards achieving this in the next 12 months.