Royal Mencap Society

Bristol Supported Living

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

We carried out this announced inspection on 13 December 2016. The provider was given short notice of our inspection because the service provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This service was previously inspected in February 2014, during which no breaches of the legal requirements were identified.

Bristol Supported Living is a domiciliary service that provides care and support to people with a learning disability or a mental health condition in their own home. It is part of the Royal Mencap Society. At the time of our inspection, the service provided personal care to two people. One person received a 24 hour care package and a second person received a care package of 17.5 hours per week over seven days.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who received care spoke positively of the staff at the service. People said staff arrived for appointments on time. People's individual risks were assessed and risk management plans were put in place when needed. People received their medicines as required and were supported by staff who had received training in safeguarding. Recruitment processes were safe.

People told us they received effective care from staff. Records showed that staff were supported through regular training and supervision. New staff at the service received an induction aligned to the Care Certificate. Where required, people were supported to make decisions in accordance with the Mental Capacity Act 2005. People had access to healthcare professionals and staff supported people on visits to their GP and other healthcare professionals as needed. People received assistance with food and drink as required.

People told us they received care from caring staff. Staff demonstrated a commitment to providing person centred care and people's involvement in designing their care provision was evident in care records. People's additional needs had been recorded in care records, for example how to ensure staff communicated effectively with people and how to support people if they became anxious, stressed or upset. A complaints procedure was accessible and had been followed when needed.

People were positive about the management of the service. Staff told us they were supported by the management at the service and felt valued. They spoke of a strong team ethos to achieve a positive outcome for people. There were systems to communicate with staff and the provider had quality assurance systems in operation.

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 felt safe in the company of staff.

Staff were trained in safeguarding and recruitment procedures were safe.

People received their medicines as prescribed.

Risks to people were assessed and managed effectively.

Incident and accidents were reviewed as required.

Is the service effective?

Good

The service was effective.

People told us they received good care from staff.

New staff received an induction aligned to the Care Certificate.

Staff were supported through regular training and supervision.

People were supported to eat and drink.

The service supported people to access healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us staff at the service were caring.

Records showed that people were involved in their care.

Staff we spoke with demonstrated a caring approach to people.

People were given key information about the service.

Is the service responsive?

Good

The service was responsive.

People commented positively on the care they received from staff.

Care records were person centred and people were involved in them.

There was a system to review people's care records.

The provider's complaints procedure had been followed when needed.

Is the service well-led?

Good

The service was well led.

People spoke positively about the management they had contact with.

There were systems to communicate with staff.

Staff spoke positively about the management of the service.

Notifications and the Provider Information Return had been submitted.

There were quality assurance systems in place.

Bristol 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.

The inspection took place on 13 December 2016 and was announced. The provider was given short notice because the service provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This service was previously inspected in February 2014, during which no breaches of the legal requirements were identified.

This inspection was carried out by two inspectors. One inspector attended the registered address of the service and the second inspector spoke with one person in their own home and with the other person who used the service by telephone.

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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with the registered manager, two service managers and three members of staff. We reviewed the care and support records for both people currently using the service.

We reviewed records relating to the management of the service such as policies, recruitment records, training records and meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with felt safe. Both of the people currently using the service spoke positively about staff. One person we spoke with told us, "Yes, I feel quite safe. I get on with them [staff] all." The other person when asked if they felt safe told us, "Safe, yes, I'm safe." They also said they, "Can speak to staff" if there was any problem.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

People received their medicines when they needed them. The service managed one person's medicines. The other person told us, "I have cough mixture but I take it myself." Within the relevant care records we saw that Medicine Administration Records (MARs) had been completed and information about people's individual medicines were recorded. For example, a medicine 'pen picture' explained what medicines people received, why they received them, the correct dosage, administration time and any possible side effects. Where people received 'as required' medicines, for example an inhaler for breathlessness, there were protocols in place. The protocols showed why people may need their 'as required' medicine, when they may need it and the maximum dosage they could have in a 24 hour period.

Risks to people were assessed and risk management plans were in place to reduce any identified risks. These assessments were unique to people's assessed support needs and related to different activities they may undertake in their daily lives. For example, risk assessments were completed for the provision of personal care, the use of cleaning products and safety and security in the person's home. For example, one person's record showed that the person could at times turn on their kettle without water and were also at risk of burns when handling hot items. There were control measures on how to support the person to complete these tasks safely.

Only a small number of designated members of staff provided personal care to the two people currently receiving personal care. One person receiving personal care at the time of our inspection had a 24 hour care package so was continually supported by a member of care and support staff. The other person had two appointments a day which was delivered by the same staff group. The person told us, "I know all the carers, I have the same ones." They also commented, "They always arrive on time. If they are going to be late they call me." The person was also supported by staff to understand which member of staff was coming on a particular day. The person said, "I have a calendar. They put the staff's name on the calendar so I know who is coming on what day."

Due to the small number of people who received personal care, the frequency of incidents or accidents was very minor. When an incident or accident had occurred and had been reported, there were systems to ensure the service manager completed a review to reduce the risk of reoccurrence. For example, we found

that an investigation had been completed following the failure of the relevant pharmacy to deliver a person's prescribed medicine, and that staff had been spoken with following a person not receiving their medicines as prescribed. When a person had fallen in public, a review had been completed to establish if any control measures were needed to help protect the person from future falls.

Staff knew how to identify and respond to suspected or actual abuse. Staff received training in safeguarding adults and the provider had safeguarding policies and procedures to support staff in this process. Staff we spoke with confirmed they had received safeguarding training. There was also a whistleblowing policy that staff could access. This gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. The policy listed external agencies, for example the local safeguarding team and the Commission as external agencies staff could contact. In addition to this, the provider also had a confidential support line for staff to report concerns.

Good

Is the service effective?

Our findings

People spoke positively about staff and the care they received. All of the feedback we received was complimentary about staff and no concerns were raised. One person we spoke with said, "Yes, the staff help me. They are good." Another person commented, "I know people. They [staff] are nice. I like them."

Staff provided support where required in the preparation of people's meals and drinks. Although nobody was currently at risk of malnutrition, staff supported people to ensure their nutritional needs were met. Support plans showed the level of nutritional support required and how staff would achieve that requirement. For example, where people needed support to have their meals cut up into manageable pieces it was recorded, and additionally what support people needed in reminding them to use cutlery. If people needed staff support in heating microwaveable meals this was highlighted and a list of people's preferred likes and dislikes for foods was recorded. One person explained how they were involved in meal choices and said, "They [staff] ask me what food I want, what I feel like today. I get a choice."

Staff received training from the provider that enabled them to carry out their roles. We reviewed the training record which showed training was completed in essential matters to ensure staff and people received effective care. For example, training was given to staff in emergency first aid, moving and handling, food hygiene, medication and risk assessments. Additional training in mental health awareness was completed to help staff understand the support needs of people. One staff member commented, "[We] have training, extra training after the induction. Recently had fire safety and Mental Capacity Act 2005 (MCA) training."

Staff felt supported by the service manager and the provider. Staff received an on going performance review known as 'Shape Your Future.' This was an on going process throughout the year to support staff in development and progression in their roles. Meetings were held with staff to discuss their wellbeing and performance, together with their individual values and their role. The meetings also discussed staff objectives. We saw from supporting records this included staff completing national training and shadowing senior managers to obtain experience in a senior role. When asked about the 'Shape Your Future' review one staff member commented, "These are good, you can see how you are progressing, where you can improve and it checks up on you, for example your work/life balance."

The provider's induction for new staff was aligned to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. The induction within the service for new staff encompassed training in safeguarding, medicines and fire safety. It also focused on the provider's visions and values and key priorities. Staff we spoke with confirmed they received an induction.

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. We spoke with staff who told us they had received training in the MCA and records supported this.

Staff we spoke with had an understanding of the MCA, but it was highlighted to the registered manager that one member of staff had a limited knowledge of how the MCA impacted on their work. They told us, "I've had MCA training, but could do with a refresher." The staff member did go on to give examples of how they empowered people through choice. They told us, "I supported [Person's name] to choose her meal. I got three options out and showed her them. Everything is people's own choice." People we spoke with said they made choices. One commented, "Yes I choose. Go to the shops, go to the pub, Kingswood, the café, Morrison's - I like going to skittles. I am good at skittles."

People were supported to access and use healthcare services. Care records showed that where required, people had seen their GP or other healthcare professionals. For example, records showed that people had where required seen an occupational therapist, the district nurse, their optician and their social worker. People confirmed they had received support from staff to attend these appointments, which was also reflected in their care records. One person said, "If I need to go to the Doctor, someone will come with me." The other person told us that staff had supported them to see their GP. A member of care staff told us the person had undergone an annual health check the previous week which was also reflected in the person's records.

Good

Is the service caring?

Our findings

People were positive about the staff that supported them. We received positive feedback from both of the people currently receiving personal care from staff. One person we spoke with said, "I'm happy with the service and my carers." They also told us, "I do things like go shopping near where I live. On Friday the carers help me do my big shop. I'm happy how everything is working." The other person said they were "Happy" with the service.

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff we spoke with knew people well when we asked them about people's care needs and were able to explain people's histories, preferences and daily living routines. One staff member we spoke with said, "The service is really person centred. Staff go above and beyond because we want the best for the individual." Another member of staff told us, "The care is person centred. It is how he [person receiving personal care] wants his care, he decides everything. Care for the person is at the forefront."

People were involved in decisions about their care and treatment. Care records showed they had been designed with the people to who they belonged. One person we spoke with told us, "They [staff] let me do the things I can do for myself. I can get dressed myself but need help having a shower." People's records showed people's preferred daily routines, for example what time they preferred to get up and what level of support they required with personal care. People's preferred social activities were recorded together with an overall picture of people's weekly planner involved.

People had a 'handbook' available to them in their homes. This handbook explained matters such as the level of support people would receive, together with information on routines and travel arrangements. It informed people of their rights and responsibilities, for example reminding people it's their choice who they have in their home and telling them that staff will always treat them with respect. There was information about key personalities at the service and contact numbers for people. Information for people on their care records and how to access them was available. This meant people received important information about the service.

Good

Is the service responsive?

Our findings

People commented positively about staff involved in their daily lives. One person said, "They [staff] do things like help me have a shower, get my dinner and do my washing." This person also told us, "We write down in the book what I have been doing, like going shopping." The other person commented, "I like gardening. It is a bit damp at the moment." We spoke with the person's support worker who said the person liked gardening and enjoyed spending time in the garden during the summer months.

Care records were personalised and contained information unique to the people they were written for to aid staff in care provision. For example, records showed people's communication needs to help ensure this was as effective as possible. An extract from one person's record stated, 'Please use clear and simple language.' Within the person's record it also that, 'The use of photos and pictures helps me understand things easier.' The person's record also showed what things could cause the person to become upset, stressed or anxious, and how staff should support the person should It be required. Records showed what personal care the person liked to undertake independently, and where staff support maybe required to help ensure people's safety.

Where required, additional guidance was recorded to support people and be responsive to their needs. For example, one person's record showed how staff should support the person on public transport or in a car. The records showed the service understood the person's needs and that they may become unwell in a moving vehicle. Staff were guided within the records to use a travel sickness medicine if needed, but also to sit with the person and plan the journey. The record stated that during this planning staff should discuss the journey with the person and the time it may take, ensuring the person understood and was able to make a decision on if they wished to complete the journey.

Care reviews were completed and people could comment on their care. Annual reviews of people's care records were completed. People's risk assessments were continually reviewed every two months or earlier should a change in the person's needs be identified. From reviewing people's records we saw that these reviews had been completed. In addition to this, a review was completed with people periodically. During this review people discussed their support plans, their risk assessments, the current choices available to them and forward planning of things they may like to do in the future. We saw that people were involved in the completion of these documents.

People had access to the provider's complaints policy. The complaints procedure had also been produced in an 'easy to read' format to help support people using the service to make a complaint. There was information on who people could contact externally outside of Mencap to complain, for example their social worker or the Commission if the complaint was surrounding poor care. From reviewing the complaints log it showed the service had received one complaint during 2016. This complaint had been responded to appropriately.

Good

Is the service well-led?

Our findings

People were positive about the leadership of the service. Due to the management structure of the service, people we spoke with made reference to the leadership of the individual service manager's and not the registered manager. One person when asked about their service manager told us, "I know [service manager name]." They told us their service manager usually visited weekly. The other person we spoke with told us they knew the name of their service manager and had seen and spoken with them.

Staff spoke positively of their employment. All of the staff we spoke with were positive about their employment. All said they felt supported in their roles by the service management and spoke of a good team ethos. One of the staff said, "There is good communication. I get emails and messages with important things I need to know." They described their service manager as, "Lovely, friendly, doing a good job, listens." Another staff member we spoke with when asked about their service manager said they were, "Approachable, proactive, supportive of challenges, cares for people."

When asked about the staff team and working together we also received a positive response. One staff member commented, "It is a great team. A good staff team that has been supporting people for years." Another member of staff also spoke positively when we asked about the team ethos and supporting people. They commented, "We work well as a staff team - It is person focused." They also told us, "There are extensive daily notes, handover and other communications. I am well informed. We all know what is going on."

There were systems to communicate with staff. There were team meetings held at least monthly but meetings were held more frequently if required. The staff members we spoke with did not raise any concerns about communication. One commented, "We have staff meetings either weekly or fortnightly. We can raise issues and put things forward to the manager." Another told us that during the meeting they, "Can raise anything. People are encouraged to talk." We saw from the recent meeting minutes that matters such as people's needs, staffing support, medicines, staffing rotas, training and community health risks were discussed.

The provider had a system to monitor the quality of service provided. There was an internal compliance tool used by the registered manager and the service managers. This monitored people's care records to ensure current documentation was used and reviews had been completed. It also ensured staff recruitment procedures were completed correctly and that supervision and inductions were completed in line with current policy. There were also observations completed of staff practice in relation to medicine administration and the handling of people's finances. This ensured staff practice was at the required standard.

We spoke with the registered manager who told us they were supported by the provider and received periodic supervision meetings. Meetings were also held with the provider's regional management team to discuss local services and accountability. The service understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed

within the specified time frame.