

The Frances Taylor Foundation

Sefton 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sefton Supported Living supports five people who have learning disabilities living in a supported living house in Lincoln Road Southport. The service is registered to deliver personal care.

In 'supported living' settings, people are tenants and can live in their own home and be supported to be as independent as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

For people who have a learning disability, 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 for people with learning disabilities. 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.

People's experience of using this service:

Relatives and people who were involved with the service were consistently positive about the caring attitude of the staff and the impact this had made on people. The ethos was that the supported living house was each person's home and the staff were there to support people to develop their independence and live their lives to the full. People's individuality and diversity was nurtured and people were treated with equal respect and warmth.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and staff ensured that people's dignity was maintained always. People clearly enjoyed living at Lincoln Road and spoke positively about the care and support they received. Feedback from relatives and professional visitors was consistently positive.

We found that people received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely by trained staff who ensured that people received medicines at the right time.

There were enough staff to meet people's individual needs. Staff had received training and support to enable them to carry out their role safely. We saw that people received the right care and support from staff who were trained and competent at what they did.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support with eating and

drinking to help them maintain good health; their healthcare needs were fully understood and met.

People were offered choice and control over the care they received. There was good attention paid to ensuring people's rights under the Mental Capacity Act 2005 were respected.

Care was delivered in a personalised way which was in line with information recorded in people's care plans. People and family members knew how to raise concerns. There were easy read formats available to make sure people could understand information and staff took time to ensure people could raise any worries or concerns. Staff understood how people communicated their worries and concerns.

The leadership of the service promoted a person-centred care and a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager showed a continued desire to improve on the service and displayed a good knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection:

This service had previously been inspected in July 2016 and rated as good. The report was published on 19 August 2016.

Why we inspected:

This was a planned comprehensive inspection. There were no previous concerns about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service was safe.	Good ●
Is the service effective? This service was effective.	Good ●
Is the service caring? The service was exceptionally caring	Outstanding ☆
Is the service responsive? This service was responsive.	Good ●
Is the service well-led? This service was well-led.	Good ●

Sefton Supported Living

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was conducted by one inspector on both days of the inspection.

Service and service type:

Sefton Supported Living supports five people who have learning disabilities living in a supported living house. The service is registered to deliver personal care. In 'supported living' settings, people are tenants and can live in their own home and be supported to be as independent as possible.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of the inspection visit because it is a small service and we needed to make sure that someone would be available. People in supported living are 'tenants' and CQC does not regulate private accommodation; we needed to ensure we had consent to visit.

The supported living house at Lincoln Road was visited on 4 February 2019 and we visited the providers offices the following day to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people using the service and three family members to ask about their experience of care. We also spoke with the registered manager and three members of staff. We received feedback from a visiting professional.

We looked at two people's care records and a selection of other records including quality monitoring records, training records, staff records and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm

Assessing risk and supporting people to stay safe from harm and abuse.

- People receiving support and family members told us they felt the service was safe. Two people who could give an opinion told us they enjoyed living at their home and felt supported by staff. We observed people were relaxed and 'at home' and clearly felt a close rapport with staff. A relative told us, "I have no worries at all, [person] is really settled."
- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided clear information around identified risks for staff to keep people safe from avoidable harm. There were regular checks made around environmental risk such as fire safety.
- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed ongoing.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Preventing and controlling infection:

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out in the supported living house which was seen to be clean and hygienic.
- We discussed the need to ensure appropriate hand washing facilities at all times in the shared bathroom / toilet. The registered manager told us they would review this.

Staffing and Recruitment:

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. If people's needs increased extra staff were deployed. For example, one person had experienced some acute care needs which meant staffing had been increased at night to support this.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Learning lessons when things go wrong:

- The service kept a record of any incidents or accidents that occurred. One record indicated an incident described as a near miss for a person at risk of falls; a review of risk had been carried out and the care plan for the person updated to reduce any future risk. The registered manager could explain the processes they would follow should they identify any patterns or trends if incidents occurred.

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.

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence. People's outcomes were consistently good, and feedback we were given confirmed this.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

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 Act requires 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. In the community any restrictions need to be referred to the Court of Protection [COP] for authorisations.
- Staff understood how some decisions were made in people's best interest if they lacked the capacity to fully understand or consent. Records to evidence consent for care did not evidence an assessment of mental capacity in all instances, however this did not impact on the care received. We discussed this with the registered manager who assured us they would address this issue.
- Three of the people being supported had been referred to the COP so that any legal or deprivation issues could be effectively monitored. A visiting social care professional advised us, "They have advocated very well for the tenants there and are very mindful of their role with regards to the Court of Protection/DOLS and least restrictive support. It is a great service to work with."
- People told us they were always offered choice and control over the care they received. One person commented, "I can go out when I want and staff always come with me."

Staff skills, knowledge and experience:

- People and family members told us they felt staff had the skills and knowledge to provide the right support. A relative commented, "Staff are excellent and very consistent."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed an induction and shadowing period and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's

needs and the requirement of the role. Staff felt supported in their role by the registered manager.

Eating, drinking, balanced diet:

- Care records documented when people required support with preparing food and drinks. People and family members told us, and observations confirmed, that staff supported them to prepare food. Two of the people we spoke with showed us a varied menu and staff had introduced various 'themed' meals such as Chinese, Mexican and Indian meals which had become important social events.
- Menus were supported by pictures and presented in easy read format for people.

Healthcare support:

- Where people received additional support from healthcare professionals this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

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.

The service involved and treated people with compassion, kindness, dignity and respect. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Treating people with kindness and compassion and ensuring people are well supported:

- People were treated with kindness and were positive about the caring attitudes of staff.
- All the feedback we received about the service was extremely positive. One person commented, "The staff are lovely." A relative told us, "It's an amazing service. Staff take so much pressure and worry off me. Can be very stressful but the staff are so good and they know [person] so well; they are so caring." Another relative reported, "The consistency of care is good. It's a big change as [person] moved around a lot previously – [person] is much improved here – a different person – settled now and more outgoing. Much more settled with family when we visit as well. Staff are very friendly and really care."
- Care staff had developed very positive and supportive relationships based on unconditional positive regard for people as individuals. Staff had developed communication strategies based on best practice and a project called 'Time to connect'.
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We sat with staff and tenants to discuss the day's events and we could see excellent rapport based on trust and understanding.
- The whole ethos at the service supported people's rights as 'tenants' which reinforced that they had their own 'home' and the staff were there to support. One visiting professional reported, "Staff are very caring and realise this is people's home."
- Staff understood and supported people's communication needs and choices to a high and consistent level. The whole service from the home environment to the empowering attitudes of the staff team, was set up to enable people to communicate their wishes and have the support they needed to have a good life.
- Staff were able to communicate effectively with every person no matter how complex their needs. Staff maintained excellent communication based on people's individual ways of communicating and understanding. Care records evidenced specific ways people communicated their needs, such as when they were anxious or in pain.
- All five of the tenants being supported had been enrolled on a learning programme which was aimed at developing their communication skills. This was supported by people using their own 'scrapbooks', with staff support, to communicate various activities and life experiences they had been involved in. This included information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect whilst providing care and support. Staff involved people in all shared activity and supported them to contribute at their own pace.
- People's right to privacy and confidentiality was respected. People received personal care in their own

bedrooms in private. Care records included detailed reference to support with personal care. A relative reported, "They [staff] encourage independence – [person] makes his own bed and organises [their] own cloths; [person] feels involved. Staff don't do everything for [person]. [Person] feels good and has improved."

- People's individuality and diversity was nurtured and people were treated with equal respect and warmth.

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

- People were supported to communicate their views and were involved in planning their activities and daily life.

- People and family members were encouraged to share their views about the care they received with regular reviews and surveys.

- People's rights were supported and advocated to a high standard. One person had needed extra support for an acute care need. The person had been in hospital, then a rehabilitation setting. There had been communication difficulties with the staff and the person at the rehab setting and Sefton Supported Living volunteered to send staff who knew the person for four hours [at least] each day to support him. The person told us "Staff were lovely".

- Staff had been concerned, however, as the person's anxiety and distress had been evident and they expressed the need to be back at the supported living accommodation. The registered manager and staff worked extremely hard to support the person's right to receive the extra care and organised the extra support required in liaison with professionals to ensure a quick return home; this included the instillation of specialist equipment in the person's bedroom. This ensured a quick return to the persons home and the person's wellbeing dramatically improved; the person told us they were now "happy."

- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively. Family members confirmed they had been involved in the decisions made about their relative's care.

Is the service responsive?

Our findings

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

People received personalised care that responded to their needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's individual care needs had been identified. Care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate. Most notable were the 'scrap books' kept by each person and supported by staff. These detailed daily life and choice of activity for people that were highly personalised and showed how people were involved in their daily life. Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people had particular needs around understanding information this was supplied in various easy read formats with pictorial guidance.
- Each person had a full range of social activities planned and supported by staff. These activities were based around people's individual interests such as attending sporting events or local shopping. One staff commented, "We always have enough staff so we can go out with [people]; they have a good time."

Improving care quality in response to complaints or concerns:

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- Staff People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support:

- There were no current or recent examples for the service of people receiving this support. We discussed models whereby a focus on future wishes could be encouraged. We saw one example of a 'funeral plan' for a person being supported.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care:

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information to ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.
- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made.
- Risks were identified through the quality assurance systems and mitigated in a timely way.
- We discussed how some key audits could be further improved; for example, the medication audits to include storage systems and management of controlled medication. Feedback from staff was also well devised although one issue highlighted had not been followed up. The registered manager advised these would be addressed in future planning.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One relative told us "The [service] is very consistent in its approach which is very reassuring."

Promotion of person-centred, high-quality care and good outcomes for people:

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- The comments received from people, family members and staff were positive and showed good outcomes for people's lives. One staff member's comments were, "Staff training is excellent."
- With respect to people living at the service, all five of the people being supported were involved in undergoing a qualification to encourage and improve basic communication skills.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.
- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice in learning disability.