

Royal Mencap Society

# Plymouth Support Service

## 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

### About the service

Plymouth Support Service is a domiciliary care agency which provides personal care to people who have learning disabilities or complex needs. At the time of our inspection, the service was providing care and support to 27 people in 19 different supported living settings. In the accommodation we visited, some people lived in self-contained flats, and others in houses. People had their own bedroom and shared bathrooms, as well as shared communal areas.

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported to be independent and they had control over their own lives. The care model focused on people's strengths and promoted what they could do. People made choices and took part in meaningful activities.

People who experienced periods of distress had proactive plans in place to guide staff on how to support them at these times. People were able to socialise in the communal living areas and enjoyed the privacy of their own rooms when they wanted to

Reasonable adjustments were made for people so they could participate fully in discussions about their support.

People could access specialist health and social care support in the community

People were supported to make decisions by staff who used best practice in decision-making and communicated with people in ways that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with their medicines in a way that promoted their independence and achieved good health outcomes.

## Right care

Staff actively promoted equality and diversity in their support to people. People received kind and compassionate care from staff who protected and respected their privacy and dignity. Staff had a detailed understanding of people's needs.

People were protected from abuse and poor care and any concerns were robustly addressed. Staff involved people and ensured individualised risk assessments were undertaken. Where appropriate positive risk taking was encouraged and enabled. The service had enough appropriately skilled staff to meet their needs and keep them safe.

People were able to communicate with staff as staff understood their individual communication needs.

People's support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People enjoyed undertaking activities and pursued interests that were tailored to them. They were given the opportunity by staff to actively engage and try new activities. Staff supported changes that individuals might want to make.

## Right culture

Managers and senior staff modelled good practice and led by example. People received good quality care and support from trained staff who were able to meet their needs and wishes.

People were supported by staff who understood best practice in relation individuals' needs. This meant they received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive to any requests, maximising people's opportunities to have control over their lives.

Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.

There was a culture of improvement and inclusivity within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for the service at the previous premises was good, published on 6 September 2019.

## Why we inspected

We completed this inspection to provide a rating for this previously unrated service.

## Recommendations

We have made recommendations in relation to advising people about safe medicines storage, supporting people to identify meaningful targets and developing clear pathways to achieving them and ensuring each accommodation was treated as the person's home.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Plymouth Support Service

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed 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.

This service provides care and support to people living in 9 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post. They were supported by service managers, who were responsible for the day to day management of the different settings.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 5 May 2023 and ended on 9 May 2023. We visited the location's office on 9 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited 3 supported living settings, met 9 people and spoke with 4 people. We observed how staff interacted with, and supported people. We also spoke with 12 staff including the registered manager, service managers, deputy manager and support staff. We reviewed the care records for 3 people as well as a range of records relating to the management and oversight of the service, such as audits and meeting minutes. We also spoke with 12 relatives by phone.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. Relatives told us they felt people were safe using the service.
- People were kept safe from avoidable harm by staff who knew how to raise any safeguarding concerns and were committed to keeping people safe.
- Staff had received training in safeguarding. Staff told us they felt comfortable raising any concerns with the leadership team and were confident any safeguarding concerns would be addressed.
- Occasionally people became upset, anxious or emotional. Guidance was in place, so staff understood the best ways to support them at these times.

Assessing risk, safety monitoring and management

- Information was available to help manage risks to people and ensure their safety. Risk assessments were regularly reviewed and updated.
- People were involved in managing their own risks and supported to take positive risks whenever possible. Staff took ownership of and responsibility for the management of risk where people were unable to do this for themselves.
- People were supported to check their homes remained safe. For example, by carrying out safety and environmental checks.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Arrangements for staffing including skills and numbers reflected the needs of people using the service.
- Staff were able to respond promptly to people's requests for assistance.
- There were robust recruitment and induction processes in place. Checks were made of new staff to assure the registered manager that the staff were safe to work with vulnerable adults.
- People were involved in recruitment processes in a way that suited their needs.

Using medicines safely

- People kept their medicines in their own rooms; however, staff had not always advised them of the importance of monitoring the temperature of the storage to maintain the quality of the medicines, or offered support to do this.

We recommend the provider provides advice to people regarding medicines storage, in line with published

NICE guidance.

- People were supported by staff to make their own decisions about medicines wherever possible.
- People were able to take their medicines in private.
- People received their medicines as prescribed. Care plans contained information about when and how medicines should be administered.
- Some people had medicines to be given 'as required' for pain relief. There were protocols in place to guide staff on when these could be given.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing.
- Staff responsible for administering medicine had received training and assessments of their competence.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- Managers investigated incidents. They were then analysed to help identify any themes, patterns or areas for improvement.
- Lessons learned were shared with the staff team and the wider organisation, to reduce the likelihood of reoccurrence.



# Is the service effective?

## Our findings

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

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

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

- Some people had chosen personal aims to achieve; however, staff did not consistently discuss future plans with people or motivate and encourage them to identify goals or aspirations. This meant there was little evidence of plans to support individuals to reach any targets or of tailored skills teaching programmes.

We recommend the provider seek reputable guidance on how to support people to identify and work towards meaningful goals.

- Care and support plans were personalised and reflected people's needs.
- Care plans reflected a good understanding of people's needs with relevant assessments in place, such as communication and sensory assessments.
- People, those important to them and staff had been involved in the development of individualised care and support plans.
- Service managers told us they were planning to discuss future plans and longer-term aspirations with each person and would incorporate these into people's care plans.
- Staff knew people well and understood their needs. They were knowledgeable about things people found difficult and how they enjoyed spending their time.

Staff support: induction, training, skills and experience

- Relatives were positive about the staff team. Comments included, "Staff are amazing. I have never known staff like it."
- Updated training and refresher courses were scheduled so that staff continuously demonstrated best practice. Staff told us they were up to date with their training and could ask for further training if they felt they needed it. Relatives confirmed they thought staff were well trained.
- Staff told us they had regular one to one supervision with their manager and were able to ask for advice or support whenever they needed to.
- Staff described how the handover of information between staff ensured that important information was shared, and that staff remained up to date with any changes to people's needs.
- Competency checks were carried out to ensure training and best practice was understood and practised.
- There was a culture of staff development in the service.

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

- People were involved in choosing their food, in shopping, and planning their meals.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff were aware of people's dietary needs and preferences. This helped ensure people were supported to remain safe and healthy.

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

- Staff described working with external professionals to help improve people's health and social care outcomes.
- Multi-disciplinary team professionals were involved in people's care plans, when needed.
- People had good access to physical healthcare and were supported to live healthier lives
- When people needed support with their oral health, this was described in a care plan.
- Relatives confirmed people were supported promptly with any health 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations had been applied for to deprive a person of their liberty.
- Staff understood which decisions people had the capacity to make for themselves and which had to be made in their best interests.
- Staff empowered people to make their own decisions about their care and support.
- Staff asked for people's consent and gave them time to respond at their own pace.

# Is the service caring?

## Our findings

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

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

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

- Staff treated people as their equal and created a warm and inclusive atmosphere. People confirmed staff treated them well.
- Staff members showed warmth and respect when interacting with people. They used positive, respectful language in a way people understood and responded well to. Relatives told us, "We find the staff wonderful, very attentive. They understand our family member" and "The staff are lovely, very caring. They know [person's] needs."
- Staff's in-depth knowledge of people helped ensure they were treated equally and their diverse needs were met.
- Staff show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.

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

- People were enabled to make choices for themselves, and staff ensured they had the information they needed.
- Clear information was recorded about how people preferred to communicate. Staff adapted their communication methods dependent upon the guidance and people's needs.
- People were given a variety of opportunities and methods to share their views.
- People were supported to access independent advocates.
- People were given the information and explanations they needed so they could be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to take part in tasks and activities, such as cooking and cleaning to help maintain their independence.
- Staff knew when people needed their space and privacy and respected this.
- People were regularly asked if they had any aims they would like to achieve. Staff then supported people to achieve these.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service was flexible and responded to people's needs. Some people had support on a 24 hour, seven day per week basis. Other people had set hours during the day or night dependent on their assessed need. This was then planned to meet their preferences.
- Staff spoke knowledgably about tailoring the level of support to each individual's needs.
- People were involved in planning their own care and making decisions about how their needs were met.
- People's care plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People's needs were reviewed regularly. Staff told us they were able to update people's records if any support needs changed. This helped ensure people received consistent support from all staff.
- Where important to people, information about their daily routines had been documented, so staff could provide support to people to follow them.
- Staff provided people with personalised support in line with their communication plans, sensory assessment and positive behaviour support plans

Meeting people's communication needs

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

- Staff ensured people had access to information in appropriate formats.
- There were visual structures, including photographs which helped people predict what was going to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication.
- Staff had good awareness of individual communication needs, they knew how to facilitate communication and understood when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to choose how and where they spent their time. Staff were able to describe people's preferences in this area.
- People were supported to experience a range of meaningful activities in line with their personal

preferences.

- People were supported to maintain relationships with relatives and friends. A relative told us, "The staff are lovely. They pick me up sometimes and we go for a meal."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff did not consistently treat people's own homes with sufficient respect. For example, there was information for staff in a communal lounge and on a notice board in the hallway of one home, and organisational policies kept in one person's room along with records of their medicines.

We recommend the provider review how they ensure the service meets best practice guidance for supported living settings.

- Management and staff put people's needs and wishes at the heart of everything they did.
- The registered manager and staff demonstrated shared values. Staff were committed to providing a quality service to people.
- Staff knew everybody well and were able to support them according to their preferences.
- People and their relatives were positive about the service. Comments included, "I am happy with every aspect of care."
- Management were visible in the service which helped them understand people's needs and be available to people and staff.

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

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Relatives told us they had good communication with the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs as well as an oversight of the services they managed.
- Senior staff were committed to reviewing people's care and support on an ongoing basis to ensure it remained appropriate as people's needs and wishes changed over time.
- Staff and managers had clear roles and responsibilities. Staff were able to explain their role in respect of each person they supported.

- Staff understood the importance of quality assurance in maintaining good standards.

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

- Staff meetings were held regularly, and staff told us these were used to discuss people's needs as well as any improvements required or changes to best practice.
- Staff told us they felt able to raise concerns, ideas or suggestions with managers and were listened to.
- Staff felt supported and valued by senior staff. They said there was a positive culture in the service.
- There were systems in place for gathering the views of people their families and friends, and staff. Relatives told us they felt supported by the service as well.
- People were asked for their views at residents' meetings. These meetings were an opportunity for people to discuss or plan whatever they wanted to.
- Staff told us adjustments had been made for their individual needs and circumstances, which had enabled them to develop in their role.

Continuous learning and improving care

- There was a culture of continuous improvement in the service. Service managers were positive about checks of their service made by senior management, as this helped them identify how to improve.
- Audits looked at all aspects of the service and support provided to check systems and processes were efficient.
- Staff, senior staff and the registered manager all completed checks and audits of the service to help ensure any improvements were identified. The registered manager then checked that these were acted upon promptly.
- The provider kept up-to-date with changes to best practice to inform improvements to the service.

Working in partnership with others□

- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their health and life outcomes.