

Leonard Cheshire Disability

# Cheltenham Supported Living

## Inspection report

Charlton Lane  
Cheltenham  
GL53 9HD

Tel: 01242512569

Date of inspection visit:  
17 October 2019  
22 October 2019

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07 November 2019

### 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

Cheltenham Supported Living is a domiciliary care service that provides personal care to people living with a physical disability in their own homes. The service provided personal care to five people at the time of our inspection. This is a new service provided to people whose accommodation had previously been part of a care home.

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

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. People's medicines were safely managed.

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.

People were treated with respect and kindness and their privacy and dignity was upheld. People were involved in the planning and review of their care.

People's individual needs and wishes were known to staff. There were arrangements in place for people and their representatives to raise concerns about the service.

Effective quality assurance systems were in operation with the aim of improving the service in response to people's needs.

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

### Why we inspected

This service was registered with us on 18 October 2018 and this is the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Cheltenham 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 (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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Cheltenham Supported Living is a domiciliary care agency. It provides personal care to people living with a physical disability in their own homes.

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

#### Notice of inspection

We gave the service prior notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2019 when we visited the office location and ended on 22 October 2019 when we visited the office again and visited people in their homes.

#### What we did before inspection

We reviewed information we had received about the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people using the service, one person's relative, the registered manager, the team leader and two members of staff. We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# 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 for 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 were protected against abuse. Staff received training on safeguarding adults and contact details for reporting a safeguarding concern were available.
- Staff understood whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Arrangements were in place for people to call staff in an emergency.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them. Individualised Plans were in place for the evacuation of people from their homes in an emergency.
- Arrangements were in place to ensure staff could enter people's homes when needed and to ensure people were safe and secure when staff finished their visit.

Staffing and recruitment

- People were supported through consistent staff support. People told us they knew the staff who supported them. Agency staff were only used alongside the service's regular staff.
- People received copies of timetables relating to their care and support and told us they felt assured that they would receive their care. However, one person told us, they were not satisfied with the communication relating to some of their visit times in the evening. We raised this with the team leader who following our inspection spoke with the person to resolve the issue.
- All current staff had transferred from another service operated by the registered provider where robust recruitment procedures were operated.

Using medicines safely

- People told us they were satisfied with how their medicines were managed. An electronic system was in place for staff to use to support people to manage their medicines. Guidelines were in place for staff to support people with medicines prescribed to be taken on an 'as required' basis.
- Audits of people's medicine administration records and stock checks were carried out to reduce the likelihood of medicine errors.
- Staff had received training and competency checks to manage people's medicines.

#### Preventing and controlling infection

- Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons for use when providing personal care.
- To ensure safe practices, staff had received training in infection control and hand hygiene.

#### Learning lessons when things go wrong

- The registered manager reported there had been no accidents or incidents. If an accident was to occur, appropriate action would be taken including recording and consulting health care professionals if required.

# 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

- People's needs had been assessed for moving to the new service from the care home.
- Plans were in place to introduce technology to monitor visit times in conjunction with the local authority contract.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant for their role such as moving and handling, first aid, person centred working and nationally recognised qualifications such as the care certificate.
- Staff were supported in their role through regular individual meetings called supervision sessions with the team leader. Staff told us they received enough training for their role and were well supported.

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

- People told us they were satisfied with how staff prepared meals.
- Staff received training in safe food handling and food allergens to ensure meals were safely prepared for people.
- Some people continued to take their main meal in the care home.

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

- People were supported to attend health care appointments, they confirmed they were satisfied with this arrangement.
- People's care plans included key contact details of relevant health care professionals. People had hospital passports containing important information to accompany them on any stay in hospital.
- Staff worked closely with the person and relevant healthcare professionals to manage their specific health care 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 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.

We checked whether the service was working within the principles of the MCA

- Assessments had been made of people's capacity to consent to the care and support provided. Best interest decisions had been made where people required support with more complex issues such as management of finances.
- People's support plans described if they needed any support with decision making in relation to the care and support they received.
- Staff had received MCA training.

# 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

- People were treated with respect by caring staff. We observed people were treated in a caring way by staff who used a warm, friendly and patient approach with them. Staff checked if people were happy for us to visit them. People confirmed staff were polite and had a caring attitude.
- Staff had received training in dignity and respect and equality and diversity to enable them to support people's needs.

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

- People told us how they were constantly consulted about the care and support they received. People had signed their support plans to indicate their involvement. One person told us "I would tell them if they were getting it wrong." Another person said, "We are continually talking about care and support."
- The provider was aware of the importance of the role of advocates in giving a voice to people about their care and support. At the time of our inspection no-one using the service needed the support of an advocate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff would always knock the door before entering their home. Staff had received training in dignity and respect.
- People's preferences for the gender of staff providing personal care was respected.
- People's independence was promoted. Support plans highlighted areas where staff should support people's independence. People had been made aware they were free to use another care provider if they chose to.

# 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

- People received care and support which was personalised and responsive to their needs. The registered manager described the importance of providing care on a flexible basis, as much as possible, to support people's individual needs.
- People's support plans contained detailed information for staff to follow to provide individualised care and support. They had been reviewed when necessary so that staff continued to have relevant and up to date information about people's needs.
- Individual information was included in people's care plan folders for staff to reference, this included hobbies and interests, hopes and desires and people's important routines.
- Staff told us they had enough time during visits to ensure people received their care.
- Staff supported people to take part in activities such as shopping, swimming and trips out.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. Information could be provided for people in an accessible format where required.

Improving care quality in response to complaints or concerns

- A system was in place to manage complaints appropriately but no complaints had been received.
- Information was available to people on how to raise a concern or complaint included in information about the service kept in their homes.

End of life care and support

- End of life care was not currently being provided.
- One person had an end of life plan in place. The registered manager described a plan to record all people's wishes for the end of their life for future reference.

# 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

- The values of the service were summarised in the statement, "We believe in a fair and inclusive world, where everyone can live as they choose." Throughout our inspection we found examples of the service supporting people in accordance with this approach.
- Staff were positive about their roles and how the service was managed. Staff were supported out of normal working hours by a management 'on-call' system.
- One person told us how they would visit the registered manager's office if they wanted to speak with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was aware of the requirement to submit notifications to CQC when certain events occurred.
- Staff meetings and supervision sessions ensured staff delivered care and support in line with the aims of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were effective audit systems in place to monitor the quality of service and care provided. Results of audits were collated with any areas for improvement noted and actioned such as improvements to documentation around independence and supporting people with activities.
- A survey of the views of people using the service was planned.
- The registered manager described plans for providing a service in the wider community although acknowledged the challenge of initially setting up the service.
- Engagement with the local community was taking place through initiatives to provide volunteering opportunities in the local community such as working at a local animal sanctuary.