

Islington Social Services

Islington Council Supported Living Service for Adults with Learning Disabilities

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

Islington Council Supported Living Service for Adults with Learning Disabilities provides supported living for up to nine people at three sites. There were seven people using the service at the time of this inspection.

The service is run by Islington Council social services department. 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. 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.

The inspection took place on 19 December 2018 and was announced. The provider was given 48 hours' notice because the location provides a community based care service and we needed to be sure that someone would be available to speak with us.

At our last inspection on 14 and 18 November 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

From the discussions we had with people using the service we found that people were usually very satisfied with the way the service supported them. People and staff interacted well together and there were evidently good relationships.

People's human rights were protected, and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Deprivation of Liberty Safeguards (DoLS) were also applied properly and authorised as required by law.

During our review of care plans we found that these were tailored to people's individual needs. Communication methods of providing care and support and any risks people might face were regularly reviewed. Medicines were managed safely, people were encouraged and supported to do this independently if possible, but also were provided with support by staff each time medicines were taken.

Staff completed mandatory training and specialised training. This was tailored to the needs of the people

they were supporting. We found that staff appraisals were happening yearly, and staff had development objectives set arising from the appraisal system.

People's privacy and dignity was respected. From the conversations we had with people, our observations and records we looked at, we found that people's preferences were known, and staff worked well to ensure these preferences were respected.

People who used the service, relatives, staff and stakeholders had a range of opportunities to provide their views about the quality of the service. The provider took this feedback seriously and had suitable systems in place for monitoring the performance of the service and maintaining quality.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Islington Council Supported Living Service for Adults with Learning Disabilities

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 19 December 2018 and was carried out by one inspector. Before the inspection we looked at the information we had about the service. We reviewed the completed Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we looked at notifications that we had received and any communications we had with people about the service. This included the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We visited people living in two shared flats out of the four different flats where people lived. We had no concern raised about people living in the other two flats and on this occasion did not visit them. We gathered evidence of people's experiences by talking with one person using the service, staff interpreting sign language for another and meeting a third person who did not wish to have a conversation as they were busy. We also spoke with two care workers and the registered manager.

As part of this inspection we reviewed three people's care plans. We looked at the medicines management, staff training and supervision records for the staff team across the service. We reviewed other records such as complaints information, quality monitoring, audit information and safety records.

Is the service safe?

Our findings

We visited a shared house where four people were living in two separate flats. One person spoke with us and another briefly told us what they were doing for the day before going out on an activity with a member of staff. The person who was able to verbally communicate with us said, when we asked about who she would talk with if they had concerns, "I would talk to [manager] if I wanted to." The person who signed to us said they were happy with staff.

The service used the local authority's organisational policy and procedure for protection of people from abuse. The members of staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. A member of staff said, "I have never had a reason to raise a concern but would certainly do so if necessary." It was the policy of the provider to ensure that staff had initial training when they were first employed which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened.

The background information we reviewed, including incidents and events at the service showed that people were well supported wherever they lived. There had been concerns reported since our previous inspection although these were about a specific person's support needs. The provider had taken the necessary action, in consultation with the person and their family, to address their support needs. No concerns had been raised about anyone else using the service, all of whom had done so for quite some time.

Risk assessments were compiled and reviewed as a part of the care plan reviews, although they could be updated at any time if a change in needs or new risk was identified. Risks assessments described daily living, involvement in the community and personal lifestyle activities that people undertook and what potential risk may be present and how these could be minimised.

Most of the staff who worked at the service had done so for several years. We looked at the recruitment records for two of the three most recently recruited members of staff who began working at the service since our previous inspection. Background checks were in place and covered the Disclosure and Barring Service [DBS], which included a criminal records check, references and interview. The service did not permit anyone to work with people until all these checks had been undertaken and verified.

At least two staff were on duty throughout the day and sometimes more if people's activities and events required additional staff support. There were a suitable number of staff to support people both when at their own flat and when staff support was needed while people were out in the community. This was the case for all people whichever flat they lived in. Whether that be one to one 24 hour a day support or sharing staff support with other people.

The service was responsible for obtaining and administering medicines on behalf of most people. Where medicines were administered with staff support there were signed agreements in place and training had been provided to staff. The provider's medicines policy for the service had been reviewed and updated in February 2018. This policy included a description of different types of medication administration and for

maintaining records of medication administration and / or other levels of support for this to be achieved. The service encouraged people to maintain responsibility for taking their own medicines wherever possible and assessed as safe, and one person in the house we visited currently did this. Medicines were managed safely, and the proper consideration had been given to maintaining people's safety if they needed to take medicines.

The service had arrangements in place to deal with emergencies, whether they were due to supporting people who may develop additional needs or other potential emergencies. Accidents or other incidents were rare, however, if anything did occur the service responded to this and reported to the authority and to CQC if required. Each person had their own personal emergency evacuation plan [PEEP], with specific details of their own specific evacuation needs in the event of a fire or other emergency.

Is the service effective?

Our findings

A person using the service told us about a recipe and menu book they had made and said, "My keyworker helped me to do this, so I know what I need when I go shopping."

Only one person had come to live at the service since our previous inspection, although this person had since left to live with a relative.

Staff told us "Our training is suitable, and we get monthly updates about what is on offer" and Supervision is consistent, and we get minutes and agree the actions to take for our next supervision."

We spoke with the registered manager and two staff who told us about the training opportunities available to them. Mandatory training covered core skills and knowledge for staff, for example working with people with autism, equal opportunities, mental capacity and various aspects of care and support. The staff training records also showed those staff who had received specific training about specialised care and support needs for people they were working with. This confirmed the provider's stated objectives to ensure that people were only supported by staff with the necessary skills was followed.

The provider had a system in place for individual staff supervision. We talked with the registered manager and two staff how they were supported. They told us that supervision was regular, which we confirmed by looking at staff supervision records, and that staff were able to seek advice and support throughout their day to day work. Staff were also involved in annual appraisals and development programmes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the 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 provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Not everyone who used the service had relatives or other next of kin who could act on their behalf in their best interests. For this reason, the local authority took on this role and independent advocacy services were also used. One person was subject to deprivation of liberty safeguards, the legally required process had been completed and CQC had been advised of the approval to apply this measure. We were informed by the registered manager that two other people, due to a change in their circumstances, were currently being assessed to decide if DoLS may need to be applied for.

Where people were thought to lack capacity as defined by and assessed by the MCA 2005, a best interests

meeting was held to consider the introduction of a particular protective measure, for example personal safety. These meetings included service staff and other health and social care professionals as well as the person's family and the person themselves. Regardless of the capacity that people may or may not have it is positive to note that people were included and encouraged to have as much input into decision making as they possibly can.

Meals were prepared with the assistance of staff, although people were supported to do as much of this independently if they could to enhance their skills and independence. People's specific preferences were known and adhered to. People's healthcare needs were known by staff and people were supported to access community and specialist healthcare services whenever the need arose.

Is the service caring?

Our findings

A person using the service told us "I got a job at a school and my keyworker helped me to write my application, and I got the job."

There were detailed person centred support plans and people were encouraged to exercise as much autonomy as they were able to in their day to day lives. This included supporting people to be engaged with their own care planning decisions, choice of daily activities and lifestyle choices.

The provider provided training to staff about 'PROACT SCIP' [Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention]. This was a preventative strategy for helping people to maintain positive behaviour and did not result in the use of restraint or other restrictive measures being applied to people.

People's independence was promoted. Apart from supporting people in daily living tasks care staff also supported people to take part in activities. As an example, we looked at care plans which described work or other daytime activities. A person using the service told us about how they had obtained employment with the support of the service and a community organisation that also helped to make this happen. The service placed importance on maximising people's right to maintain as much autonomy and freedom of choice as they could.

All the staff in the shared house that we visited had worked at the service for several years. They knew the people they were supporting in detail and had developed highly positive relationships with them. The people who we saw interacting with staff were comfortable with those supporting them and this was demonstrated by the pleasant and easy way in which people engaged with each other.

Staff who spoke with us that the service was very clear about the expectation of supporting people with their co-operation and agreement, choices, dignity and respect being at the centre of how that was achieved.

Is the service responsive?

Our findings

A person using the service told us about how staff helped them to manage how they behaved and said, "I know I must not shout, staff help me to calm down." We viewed the care plans for three people using the service. These described personal, physical, social and emotional support needs. Care plans were tailored to the person they were about and outlined people's specific needs and reflected each person's lifestyle and preferences for how care and support was provided. Care plans were updated at regular intervals to ensure that information remained accurate although more frequent updates could occur if people's care and support needs changed.

People's individual care plans included information about their cultural and religious heritage, daily life and activities, how best to support people to maintain their beliefs and lifestyle choices. Staff knew about people's heritage and care plans and were able to describe what should be done to respect and involve people in maintaining their individuality. There was diversity across the service, not only people using the service but also across the staff team. This helped to promote shared knowledge about different ways of living and how to work positively with people to promote freedom of choice and expression.

We looked at how the service complied with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016. This imposes a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The care records contained information relating to people's communication needs. People were provided with easy read copies of their care plan and signed these to agree to what had been written. If anyone was unable to independently and knowingly agree to their care plan it was agreed with either a relative or a representative of the local authority.

Care plans contained a weekly timetable reflecting each person's stated preferences. For example, people being out in the community and the timetable reflected this. This person went out during our visit with a member of staff to attend a Christmas event and other people were at daytime planned activities or were out at supported work placement. A keyworker system was in place although all staff participated in supporting people to achieve their goals and activities of day to day living.

Care records demonstrated that the service liaised well with, not only the people using the service, but people's families [if involved], other health and social care professionals as well as advocacy services. Planning and reviewing the care and support was a collaborative effort and people using the service were listened to and their views about their support were taken seriously. One example of how this was done is that someone using the service had been very definite about wanting to live elsewhere and action had been taken to explore this and make it happen.

There was a guide for people that was in an easy to read format about how to make a complaint that was available for people. This easy to read format included pictures, signs and symbols. No formal complaints had been made to the service. The authority had an overall corporate complaints policy and a central team who responded to complaints.

Staff told us they believed there were positive relationships with people using the service and, not least having worked at the service for a number of years, these relationships had grown over time. During our inspection and our observations of people's interaction with staff we had no concern about the highly positive nature of the relationships people and staff had developed.

Is the service well-led?

Our findings

The staff we spoke with were positive about how the provider, as well as the local management and staff teams. No one using the service specifically shared their views with us about this, but it was evident that their views were sought by the provider.

We were told about and shown the monitoring systems for the day-to-day operation of the service. Staff had specific roles and responsibilities for different areas and were required to report to the manager who then reported to the provider about the way the service was operating. Staff we spoke with knew their responsibilities and lines of reporting within the service and to the service provider.

On call out-of-hours advice was available to staff throughout the working day and overnight when on duty. The provider operated an on-call system for out of hour's issues that arose. This operated seven days a week between 17:00 and 09:00 and all day at weekends. This was managed through the local authorities out of hour's duty system. Staff once again reported to us that the use of the on-call system was rarely needed.

The provider consulted people who used the service about the development of policies. People were also involved, if possible, in staff recruitment interviews and this was strongly promoted by the provider as a means of obtaining an expert view from the people who were supported.

We saw that people's feedback about the service was continually sought and was also recorded at quality monitoring visits to the service. For example, to look at the way people's survey feedback had been considered and people discussed this at a house meeting in October 2018. The house meetings we looked at for the last year included topics such as consent, stopping abuse, making a complaint and keeping safe, as well as what people wanted to talk about. The minutes of these meetings were compiled in an easy to read format to make them accessible for people, staff also supported people to read these if they needed help to do this.

Aside from people's views being sought regularly there were also monthly quality audits. We saw the audits for the last year and these demonstrated that the provider kept up to date with how the service was performing and acted to maintain quality and to improve the service.