

MyLife Supported Living Limited

MyLife Supported Living

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

MyLife Supported Living provides personal care and support for a maximum of 13 adults who have learning disabilities and may also have mental health needs. Some people who use the service have additional needs due to sensory impairment.

People who use the service are tenants of Reside Housing Association, which owns the property in which they live. The property comprises a house that can accommodate up to six people and seven self-contained flats. Four people lived in the house and six of the self-contained flats were occupied at the time of our inspection. Four of these ten people received personal care.

The inspection took place on 10 March 2017 and was announced.

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

There were enough staff on duty to meet people's needs, including where people required additional staff support to keep them and others safe. Risks to people had been identified and strategies had been developed to ensure these risks were minimised and managed effectively. Incidents and accidents were recorded and monitored to identify learning from events. There were plans in place to ensure that people would continue to receive care and support in the event of an emergency.

The provider's recruitment procedures helped ensure only suitable staff were employed. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

People were supported by a consistent staff team and knew which staff would be supporting them. This was particularly important for some people with complex needs, who needed support from regular staff who were known to them.

Staff had access to the training and support they needed to carry out their roles. All staff attended an

induction when they started work and attended regular training in core areas. The provider had arranged additional training for staff where it was needed to meet people's individual needs. Staff attended regular one-to-one supervision, which enabled them to discuss their training and development needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA), which meant that people's care was provided in the least restrictive way. Where restrictions were involved in people's care to keep them safe, these had been legally authorised.

People were supported to choose what they ate and the extent to which they were involved in purchasing and preparing meals. People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Where people had specific dietary needs, these were managed effectively.

People's healthcare needs were monitored effectively and people were supported to obtain treatment when they needed it. Each person had a health action plan that recorded their health needs and any guidance from healthcare professionals about the delivery of their care. If people had ongoing healthcare needs, these were met by visiting healthcare professionals. Medicines were managed safely.

People had positive relationships with the staff who supported them. Staff treated people with respect and provided support in a way that maintained their privacy and dignity. People were involved in planning their support and identifying goals that were important to them. Staff spoke positively about their role in supporting people to achieve their goals. Staff had supported people to learn and develop new skills, which had increased their independence.

People's needs had been assessed before they moved into the service and kept under review. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided detailed information for staff about how to provide support in the way the person needed and preferred. Where people had moved from another service, they had benefited from a well-planned and managed transition. People had opportunities to be involved in their local community, including people who needed support from staff to do so. People knew how to make a complaint and were confident complaints would be taken seriously.

There was an open culture in which people, relatives and staff were able to express their views and these were listened to. The registered manager encouraged others' contributions to the improvement and development of the service. People told us the registered manager was approachable and available. Staff said the registered manager was supportive and provided good leadership for the service. The registered manager and staff had established effective relationships with other professionals to ensure people received the care and support they needed.

The provider had developed effective systems of quality monitoring and continuous improvement. Staff carried out regular audits and the provider carried out quarterly monitoring visits. An action plan had been drawn up to address any areas identified for improvement. The standard of record-keeping was good. Records relating to people's care were accurate, up to date and stored appropriately.

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.

Staff were clear about their responsibilities should they suspect abuse.

Risk assessments had been carried out to keep people safe whilst promoting their independence.

There were enough staff to meet people's needs and keep them safe.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to the support and training they needed to provide effective care.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People were involved in choosing what they ate and dietary needs were managed effectively.

People's healthcare needs were monitored and they were supported to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

People were involved in planning their support.

Staff supported people to develop new skills.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed before they used the service to ensure staff could provide their care.

Care plans were person-centred and reflected people's individual needs, preferences and goals.

Staff communicated effectively with healthcare professionals about people's care and followed any guidelines they put in place.

People were supported to be involved in their local community.

Complaints were managed appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided effective leadership and valued the input of others in developing the service.

Staff understood the provider's values and demonstrated these in their work.

There were effective systems of quality monitoring and action was taken to address any shortfalls identified.

Records relating to people's care were accurate, up to date and stored appropriately.

MyLife Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 10 March 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we wanted to ensure people who used the service and key staff were available to speak with us. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) as this inspection was brought forward. 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.

During the inspection we spoke with five people who used the service and a visiting relative. If people were not able to tell us directly about the support they received, we observed the interactions they had with staff. We also spoke with six staff, including the registered manager, and a visiting healthcare professional.

We looked at three people's care records, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and records related to staff support and training. We also looked at records used to monitor the safety and quality of the service, such as the provider's own audits of different aspects of the service.

This was the first inspection of the service since its registration with CQC on 30 November 2015.



Our findings

People told us they felt safe at the service. They said staff were always available when they needed them. One person told us, "I have my own flat so I feel safe. The staff help me whenever I need it." Another person said, "There are always staff around if I need them. They are here 24 hours."

There were sufficient staff deployed to meet people's needs in a safe and timely way. The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Some people required one-to-one or two-to-one staffing to keep them and others safe. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. One member of staff told us, "There are enough staff around. Some people need a lot more support than others and I think the balance is right." Another staff member said, "There are always enough staff to deal with any situation."

Risk assessments had been carried out to keep people safe whilst promoting their independence. Some people displayed behaviour that could pose a risk to themselves or others, either at their home or in the community. Staff had developed strategies to ensure these risks were minimised and managed effectively. For example guidance had been developed about how to ensure the environment was safe and how to avoid situations known to cause a particular reaction from a person. Staff were aware of people's individual risk assessments and the guidance they contained. Staff told us risk assessments were reviewed regularly to ensure they remained accurate and relevant. Incidents and accidents were recorded and monitored to identify any potential learning from events that could be used to prevent them recurring in the future.

The registered manager had carried out assessments to identify any risks relating to medicines administration, potentially hazardous substances (COSHH products), electrical safety and fire safety. Each person had a personal evacuation plan which detailed their needs should they need to evacuate the building. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were kept safe because staff were aware of safeguarding procedures and how to report concerns. The local multi-agency safeguarding procedures were available in the service and staff were aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. Staff said they had received safeguarding training which made clear their responsibility to report should they suspect abuse was taking place. Training records demonstrated that staff attended safeguarding training in their induction and at regular intervals thereafter. Staff told us that safeguarding had been discussed at team meetings and that the registered manager had reminded them of the requirement to

report any concerns they had about abuse or poor practice. The registered manager had notified CQC and the local safeguarding authority about events where necessary.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

Medicines were stored securely and managed safely. There were appropriate arrangements for the ordering and disposal of medicines and stocks were checked regularly. Some people managed their medicines independently and others required staff support or supervision to take their medicines. Risk assessments had been carried out to ensure people who chose to manage their own medicines were able to do so safely. All staff responsible for administering medicines had been trained and their competency had been assessed. The provider carried out regular audits to ensure medicines were managed safely.



Our findings

People were supported by a consistent staff team who had the support and training they needed to carry out their roles. People told us they knew the staff who supported them and that staff understood their needs. One person said, "It's regular staff. Sometimes it's agency but not often, it's usually someone I know." Another person told us, "We have a rota so we know which staff will be on." All the staff we spoke with had a good understanding of people's individual needs and the support they required.

Some people had complex needs and required consistent support from regular staff who were known to them. A relative told us it was important for their family member to receive support from regular staff as they found change difficult to manage. The relative said, "They make sure it's regular staff as they know he doesn't react well to change. The staff who work with him all know him very well." The relative told us the consistency of support provided by staff had benefited their family member and had reduced the incidents of self-injurious behaviour they had previously displayed.

All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff told us the induction programme was comprehensive and had provided a thorough introduction to their role. One member of staff said, "The induction was very good, very thorough, and I shadowed someone for a long time until I was completely comfortable." Staff attended core training, such as safeguarding, fire safety and moving and handling, in their induction and had access to regular refresher sessions. All staff joining the service were expected to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards that all care staff should demonstrate in their work.

Staff told us the provider responded well if they requested additional training which they felt was necessary to meet people's needs. They said the provider was committed to providing the training they needed to provide effective support. For example the provider had engaged the community team for people with learning disabilities (CTPLD) to provide training to enable staff to provide effective support to one person. Whilst the training was valuable, staff did not feel confident it had fully equipped them with the knowledge they needed to provide the support the person needed. As a result of this feedback, the provider had arranged additional training focusing specifically on the person's needs. One member of staff said, "We had personality disorder training and although it was interesting and useful, it wasn't specific enough. We fed that back and they are arranging another session based on the person's individual needs."

A healthcare professional told us the provider's commitment to the provision of appropriate training had resulted in positive outcomes for one person. The healthcare professional said, "They have developed a

good understanding of personality disorder and they follow any guidance we put in place. They are working closely with us about her support. It's been very successful for her; she is making a lot of progress here."

Staff attended regular one-to-one supervision with the registered manager, which gave them the opportunity to discuss their performance and training and development needs. Staff told us they found supervision sessions valuable and said support and advice was always available to them when they needed it. One member of staff told us, "It can get stressful at times but the support is really good and there's always an opportunity to talk things through." Another member of staff said, "I think the support is great. We all have regular supervision and could ask for additional meetings if we needed them."

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their support was provided. Staff were also expected to read the communication book at the start of their shift to ensure that they were up to date with any changes. The minutes of team meetings demonstrated that staff regularly discussed people's needs, health and well-being and whether the support they received was meeting their needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Some people's liberty was being restricted in that they had not chosen to live at the property. Where this was the case, we found evidence that applications had been made to the Court of Protection and the Court of Protection had authorised the placement of the person at the property. We found that the provider was complying with the terms of the Court Order imposed by the Court of Protection.

Staff had attended training in the MCA and understood how its principles applied in their work. Staff explained how they supported people to make decisions in their day-to-day lives. We saw evidence that people's capacity had been assessed when decisions about their care were being made. Where people lacked the capacity to make informed decisions about their care, the provider ensured that decisions were made in their best interests. This included involving relatives and healthcare professionals in decision-making where appropriate.

People were supported to choose what they ate and the extent to which they were involved and purchasing and preparing meals. Some people chose to purchase and prepare their own meals whilst others preferred staff to carry out these tasks. One person told us staff helped them write a shopping list then purchased their shopping for them. Another person said staff supported them to make a shopping list but they then bought the shopping themselves.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Where people had specific dietary needs, these were managed effectively. For example a speech and language therapist had been involved in developing guidance for a person who experienced swallowing difficulties and a dietitian's input had been sought in response to another person's needs.

People's healthcare needs were monitored effectively and people were supported to obtain treatment when

they needed it. People said staff helped them make a medical appointment if they felt unwell. A healthcare professional told us, "They monitor people's health well. They have a good relationship with the GP. They have a commitment to health action plans and health assessments. We provide health action plan training but they didn't need it, they were already doing it."

A health action plan had been developed for each person that recorded their health needs and how care should be provided to ensure their needs were met. Health action plans also contained any guidance from healthcare professionals about the delivery of people's care and the outcomes of any healthcare appointments. If people had ongoing healthcare needs, these were met by visiting healthcare professionals. For example district nurses were visiting one person every day at the time of our inspection to administer insulin.



Our findings

People told us they got on well with staff and that staff were kind and helpful. One person said, "I'm very happy. I like the staff." Relatives told us that their family members received good care at the service. A relative said, "The care is really good. It's made a big difference, him coming here. The staff care for him really well. He's definitely in the right place." The relative told us staff were always available if they needed to discuss their family member's care and that staff communicated with them well.

Staff were friendly and proactive in their interactions with people and it was clear that people had positive relationships with the staff who supported them. Staff spoke positively about their work and their role in supporting people to achieve their goals. One member of staff said, "I enjoy the work. I want to help the people here have a good quality of life." Staff treated people with respect and supported them in a manner that maintained their dignity. People who received personal care told us they were happy with the way staff provided this aspect of their support. They said staff maintained their privacy when providing personal care.

People were encouraged to be involved in planning their support and identifying goals that were important to them. Some people told us staff had supported them to learn and develop new skills. They said this was important to them as it increased their independence. One person told us, "They help me manage my money. I asked them for help because whenever I get it, I spend it." Another person said, "They're helping me learn how to cook. I can do spag bol, that's one of my favourites." A third person had become confident using public transport on their own, which meant they now travelled to college and back independently. The person told us, "They came with me at first but I can use it on my own now." Two people said they wanted to obtain paid employment. One of these people told us, "Staff helped me email my CV off for jobs." Staff had supported the other person to attend a college course which taught the skills needed to apply for and obtain work.

Some people had expressed a wish to move on to more independent accommodation. Where people had identified this as a goal, staff supported them to pursue this ambition, either through learning new skills or meeting with other professionals and relatives to consider how best to achieve their aim. One person told us they wished to move towards independent living and staff were supporting them to manage their own laundry, cooking and budgeting. Another person told us they had a multi-disciplinary meeting planned to discuss the options available to them and how they could progress towards their preferred option. A third person had been supported to apply to the housing register for independent accommodation.

Each person had an assured shorthold tenancy agreement with the property's landlord that outlined the

terms and conditions of their accommodation. People had access to information about the service, including the complaints procedure and Service User Guide. The provider had a confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.



Our findings

People's needs had been assessed before they moved in to ensure that the staff could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person needed and preferred. Care and support plans were reviewed regularly to ensure that they continued to reflect people's needs. Staff told us that any changes to people's care were discussed to ensure that all staff were familiar with the changes.

Each person had an allocated keyworker, who met with them regularly to discuss their support and review progress towards their goals. Care records demonstrated that keyworkers monitored people's health and any medicines they took, any appointments they attended and that their daily care notes were up to date. A healthcare professional told us staff had the skills they needed to meet people's individual needs effectively. The healthcare professional said, "It's a varied group of people with complex needs but they have the skills and experience to manage that. They plan well and review their approaches after events. They have adapted and changed the approaches they use."

Some people exhibited behaviour that challenged the service. We saw that positive behaviour support plans had been developed for these people, including guidance for the staff supporting them. The guidance detailed strategies staff should use to prevent an incident occurring if possible and support strategies to be implemented should the incident escalate. Where incidents had escalated, we saw evidence that staff met for a de-brief session to identify any learning points that could be used to adapt the behaviour support plan. One member of staff told us, "We discuss any incidents and people's support at team meetings. We can have a one-to-one de-brief with [registered manager] after an incident if we need it."

Some people had expressed personal preferences about which staff provided their support and we found the provider respected these preferences where possible. One person had expressed a preference for same gender care and told us this decision was respected. Relatives told us that the provider contacted them to ask for their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made were considered by staff.

People had opportunities to go out regularly and to be involved in their local community. Some people were able to access the community independently whilst others needed support from staff to do so. Where people had moved from another service, they had benefited from a well-planned and managed transition.

We saw evidence that staff had worked co-operatively with staff from people's previous placements to ensure they received consistent support during and following their move.

People told us they knew how to make a complaint if they needed to. They said they were confident complaints would be taken seriously by the provider. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints record demonstrated that complaints had been managed according to the provider's procedure and that complainants had received an appropriate response.



Our findings

The registered manager provided good leadership for the service. People told us the registered manager was accessible and that they could speak with her whenever they needed to. The registered manager was available to people during our inspection and gave time to people who wished to speak with her. The relative we spoke with told us the service was well run and that they had confidence in the registered manager. They said the registered manager was open and approachable.

A healthcare professional told us the registered manager encouraged staff to contribute to the development of the service and was proactive in working with other professionals. The healthcare professional said of the registered manager, "She is willing to take advice and work with us. She very much involves her team. She is willing to be flexible. She has got the vision, the passion and the interest in learning disability."

Staff told us the registered manager was approachable and supportive. They said there was an open culture in which they were able to express their views and were listened to. One member of staff told us, "[Registered manager] is very approachable and very committed. She spent nights here when we had staff vacancies." Another member of staff said, "It's a very open working environment. We are encouraged to make suggestions."

Staff told us the registered manager had made clear the vision and values of the service, including delivering person-centred approaches in a way that promoted respect and maintained people's dignity. Staff told us they worked well as a team to ensure people received the care and support they needed. One member of staff told us, "We have good leadership and a good team spirit. We support each other."

The registered manager and staff worked co-operatively with other professionals to ensure people received the care and support they needed. Staff had established an effective relationship with the local community team for people with learning disabilities (CTPLD), who visited the service regularly to review and discuss the support people received. A healthcare professional told us, "Their communication with us is very good. They have sought our advice when behaviour has escalated."

The provider had developed an effective system of quality monitoring and continuous improvement. Staff carried out regular audits in areas including infection control, medicines management and the safety and suitability of premises. In addition, the provider carried out quarterly monitoring visits and produced a report of their findings. The registered manager had drawn up an action plan to ensure that any areas identified for improvement were addressed. For example the most recent visit had recommended that an

Autism Champion be appointed for the service and noted that MCA training was needed for some staff. We saw that these points had been included in the service action plan.

The standard of record-keeping was good. Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained detailed and meaningful daily records for each person, which provided information about the support they received, their health, the medicines they took and any appointments they attended.