

Tracscare Wellcare Lifestyles Limited

Merseyside 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

This comprehensive inspection took place on 27 and 28 November 2017 and was unannounced. During our last inspection we found a breach in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to care plans. At this inspection we found that improvements have been made to meet the relevant requirements.

This service provides care and support to people living in 54 'supported living' settings, so that they can live in their own home 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. This service is also a domiciliary care agency. It provides personal care to 15 people living in their own houses and flats in the community

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 service had a registered manager who had been in post since November 2013.

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 2008 and associated Regulations about how the service is run.

Care records and risk assessments were well-kept and up-to-date. Each person using the service had a personalised support plan and risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support. There was an emergency continuity plan in all files looked at that would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant. We also saw that medications were handled appropriately and safely.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed appropriately and in accordance with policies. Staff received a comprehensive induction programme regular training and supervision to enable them to work safely and effectively.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults.

The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood the support needs of the people using the service. The people and the relatives we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'service user guide'.

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

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately inducted, received on-going training and were provided with regular supervision.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided an initial assessment visit where needs were examined and family were included in assessing and creating a personalised support plan.

Is the service caring?

Good ●

The service was caring.

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected when staff supported them and staff showed a regard for people's individuality.

People and relatives told us that there was good communication between them and the service.

Is the service responsive?

Good ●

The service was responsive.

Suitable processes were in place to deal with complaints appropriately and people's comments and complaints were taken seriously and investigated.

People who used the service told us they were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Support plans and risk assessments were reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals.

Is the service well-led?

The service was well-led.

Clear quality assurance systems were in place to ensure the service provided safe and good care and people who used the service had opportunities to express their views.

There was a well organised management team that had clear roles and responsibilities.

The service had a manager who was registered with the Care Quality Commission.

Good ●

Merseyside 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 November 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and two experts 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. The experts by experience telephoned people who use the service and their relatives on 30th November 2017. We were also able to visit the supported living homes of 12 people.

We asked for information from the local authority before the inspection. We also looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the service.

The provider completed a Provider Information Return (PIR). This 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 four people who lived in supported living, two people living in their own homes in the community and six relatives. We talked with eight staff members including the registered manager.

We reviewed a range of documentation including 13 care plans, risk assessments, medication records, records for 11 staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service is managed.

Is the service safe?

Our findings

We spoke with people living in supported living and in the community and we asked if they all felt safe. All replied that they did. One person commented "I feel safe here, people help me". Relatives we spoke with agreed with comments including "I always feel that she (daughter) is safe with the staff and I've no concerns" and another relative told us, "I feel she's safe, absolutely". Other people told us they were safe and were happy in their homes with staff support.

We looked at the safeguarding records at the office with the manager; there had been 23 from November 2016 to 27 November 2017. We spent time discussing a few of the safeguarding notifications and were shown actions that had been taken. All incidents had been sent to the local authority and the CQC. One of the safeguarding records linked into a complaint we discussed and the manager had initiated a safeguarding investigation as agreed with the local authority. This informed that the manager acted appropriately to safeguard people using the service. All staff spoken with discussed how they would initiate a safeguarding incident and would report straight away to the managers and all staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at incident and accident records at the office and also looked at records in the community. Records looked at showed how the provider had initiated actions required for example one accident had occurred due to a loose fitting carpet and a member of staff had fallen. Records looked at showed actions had taken place immediately to ensure the safety of people and staff at the location.

We looked at the medication procedure in the supported living accommodation; all medication was stored in a lockable cabinet in the offices at each location except in one house the medication was stored in the rooms of the people as this was their choice. Staff promoted and completed medication administration records (MAR's) for all of the people as part of their support. All MAR's we looked at had been completed appropriately and signed by staff. All staff informed us that they had completed medication awareness training. We were told that medication records were discussed as part of the handover meetings to make sure all medication had been prompted or administered appropriately.

We looked at the recruitment records for 11 members of staff. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people. We saw evidence that the manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

We looked at the support plans for nine people who lived in supported living and all had a support plan and risk assessment record to inform what support staff were required to provide. Financial transaction records were looked at in the community that showed how staff were constantly monitoring people's finances. Monies and balances were checked at every staff handover and this was discussed with all staff spoken with who told us this was the safe practice to follow.

Each person in supported living accommodation had an up to date Personal Emergency Evacuation Plan

(PEEP's), this ensured that staff were knowledgeable in the procedure of any evacuation at the locations. We also looked at four support plans for those receiving a domiciliary service. All support plans contained risk assessments that were specific to the individuals. Examples included transport, self-neglect, health needs and medication. We saw that risk assessments had been reviewed regularly.

There was an emergency continuity plan in all files looked at that would be used for example if the person was taken to hospital. The information was a summary of the care and support required and other relevant information including health details, medication and specific details about the individual including an up to date photograph.

Is the service effective?

Our findings

It was clear from looking at staff files that staff had received a comprehensive induction when first employed by Merseyside Supported Living. The service had implemented the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification as well as carrying out their own induction.

Merseyside Supported Living had a range of training that included topics such as equality and diversity, fire safety, food safety, mental capacity, recording and reporting and person centred planning. The registered manager also accessed the local authority for face to face training and on safeguarding and whistleblowing. They had also accessed additional training on diabetes awareness and epilepsy awareness. Staff were up to date with training and told us they preferred face to face training rather than e-learning. We were told by a relative "The staff do seem to have caring skills. They do definitely understand her [relatives] needs, yes" and another relative told us, "She [person using the service] gets well supported. The staff appear to have the skills".

At our previous inspection we had seen how the service had linked with Coventry University to access a 'Good Autism Practice' course. At this inspection we saw that this had continued and the registered manager had also accessed a 'Positive Behaviour Course' that staff were attending through the same university. We also saw that the majority of staff had completed Health and Social Care Diplomas. The staff we spoke with told us they were up to date with training and that they thought the training they had received was appropriate to their role.

Records showed that staff had an individual supervision meeting four times a year and an annual appraisal. One staff member told us "The manager is very supportive and acts straight away on anything we discuss". Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

People and their relative that we spoke with all said how the provider did provide an initial assessment visit where needs were examined and family were included in assessing and creating a personalised plan. The care plans we looked at showed that each person's needs had been assessed.

We saw that the people using the services were involved in the planning of the menus and that peoples dietary requirements were catered for with the persons full knowledge and involvement. Peoples dietary information was available in their support plan, documentation included information on diabetic needs or intolerances to certain foods. One person told us "The staff are good and they are good cooks".

We saw how people were able to personalise their homes and rooms and they were able to make suggestions on décor and furniture.

We saw transitional plans for people who were moving into a Merseyside Supported Living property or moving to another house. This was specific to the person and included time frames that planned hourly visits leading to longer stays. This was planned and adapted if the person needed it to be changed.

Is the service caring?

Our findings

We asked people if staff were kind and respectful and all said yes. One person told us "Staff support me well and treat me good". We also asked relatives and we were told "The staff are very caring, they have built up such good relationships over the time that she has been with them" and "They do care about people. My [relative] is a force of nature and can be a madam, but they are very patient and definitely help her to be independent". Other comments included "I know he's [relative] happy with the service and as a family we are also" and "Staff are very caring, they help in every way they can".

Other people we spoke with stated that staff were caring, attentive to needs and operated with advocacy when needed, this information was held in peoples support files. We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. One person said "I am very happy, staff take me out and we're going to a Christmas party and a pantomime". One relative told us "If [person] wants to do something different, like go to the cinema, they listen and we liaise and sort it out".

People and relatives told us that there was good communication between them and the service. A relative commented "Communication between us is very good and we have a very good relationship to be honest". A staff member also told us "We have a great relationship with families and they enjoy visiting. We involve families in the person centred planning meetings".

We were able to observe staff supporting people and we saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were supporting and people told us that in their opinion the staff helped them in any way possible. One relative said "They know her [relative] inside out really. She gets lots of support to get out and to go places and do things. They encourage her and get on well with her". Staff told us "I really enjoy my role it's my vocation working with people to support their independence in the community".

We were able to see feedback that had been received by the service and this included "Thank you very much for everything you do for [person]. We do appreciate all you and your team do and we are very happy with his support staff. [Staff] does a great job and we feel so confident with her. She works very hard and keeps [person] on the right track and the house is absolutely spotless. His meals are also first class'.

We observed that confidential information was kept secure in the main office as well as the individual services we visited during the inspection.

We saw through regular 'Tenants Forum Meeting Minutes' that the people using the service were asked for their opinions and informed about the service including outings, charity events, what to do in an emergency and in another meeting a discussion was held on what people using the service wanted to be called. An agreement was reached on 'People using the service'.

Merseyside Supported Living had a service user guide in place that gave people a good range of generic information regarding the service that was provided including equal opportunities recreational activities

and health and well-being. The service had added information regarding their own philosophy of care and their own principles and values.

Is the service responsive?

Our findings

People and relatives we spoke with said that they considered that the support provided was personalised. One person we spoke with told us "Staff are meeting my support plan, everything is ok". One relative told us "They know my daughter very well. What she likes and what she doesn't like. The support is bespoke to her".

At our previous inspection we had identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to care plans as some of the homes the outreach services supplied support to said they had not been given a support file. During this inspection we saw that this had been addressed and those people who did not want a support plan in their home had signed to say that this was their wish and the service then ensured that staff were made aware of peoples needs and any changes that may have occurred.

We looked at the support and care files for nine people, comprehensive records were in place for all of the people using the supported living service. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Plans were written based on 'support plans and evaluations' which resulted in the records being specific to the individual and the identified risks having actions for staff. All of the information was person-centred.

Support plans and risk assessments had been reviewed regularly and there were good records of communication with people's relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's support and care needs and were able to describe in detail the support they provided to individuals.

We looked at four support plans for people using the outreach service. The records were person centred and specific in the activities staff were to provide. Each person had a specific amount of time each week and the records informed what was important to the person, for example one person went to a day centre and the staff member would escort them and stay with them for the day to provide any care and support requirements.

Support plans and evaluations were reviewed regularly and risk assessments were specific to the individuals.

One relative told us how their family member had previously not coped well with day centre attendance, raising anxiety and incidence of seizures. With the relatives input the provider supports nature walks, sightseeing, walking in the country and parks that greatly reduce the person's anxiety.

The provider had a comprehensive complaints policy and procedure in place. We looked at the complaints records at the service, there had been ten complaints from 10 October 2016 to 27 November 2017. There was information in place how the provider had initiated an investigation and relevant actions were seen to be completed by staff. The complaint records are on the services shared drive and all managers had access.

People in the community were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. Staff spoken with told us they would initiate a complaint if a person informed them they were unhappy with something. One relative we spoke with said "When I've needed to have a discussion on something with the office, they have always listened and responded to what I've said every time" and a person using the service told us "I talk to staff if feel unhappy about anything".

We were able to see a future plan by the provider to introduce art workshops for people using the service. This was to promote inclusive behaviour and to encourage achievement by completing the course.

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the Care Quality Commission since November 2013. The registered manager was supported by five project managers and two administrative staff all were based in the main office. The project managers had an allocation of services to manage and each service had a senior support worker on site. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Merseyside Supported Living were displaying their ratings appropriately in a clear and accessible format.

Merseyside Supported Living had comprehensive quality assurance processes in place. We were able to see that the provider carried out audits of the service and the registered manager told us that the communication with their line manager was very good and that they were approachable. We also saw the system of audits in place that each level of management carried out. The registered manager was able to demonstrate their oversight of the service and its quality systems. We were able to see if any actions had been identified and acted on and how these were items on agendas during management meetings. We saw evidence of action plans that had been developed from the findings of audits and that these were time specific for completion.

We looked at the quality assurance records in the houses we visited. Records were completed by support staff, senior staff and managers. These records included finances, medication, environment, health and safety checks including fire alarm checks. We also looked at the tenant's meetings monthly records and staff meeting records.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made. One relative told us "The supervisors call up regularly to check how the staff are and ask if everything's okay, they do listen, and are a blessing".

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt supported in their role. We were told "The manager is really good and helps me with anything". We also saw that there were regular 'Tenants Forum Meetings' that were well attended and all attendees participated fully. This meant that people using the service felt listened to and comfortable to voice their opinions. We were able to see how the registered manager had changed processes following our last inspection and was able to show how this had been embedded into the organisation.

The policies in place were current and included health and safety, incident reporting, confidentiality,

safeguarding, medication, disciplinary procedures and recruitment. This ensured the staff had up to date guidance surrounding their practice.