

UK Care Services (Supported Living) Limited

UK Care Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

UK Care Services (Supported Living) Limited provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provided support to younger adults and older people with learning disabilities and or autism, physical disabilities, mental health needs and sensory impairment. 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. At the time of our visit, they were providing personal care to two younger adults.

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

Relatives of people using the service and health and social care professionals involved in their care had no concerns about safety. Systems were in place to protect people from the risk of abuse. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines. Measures were in place to protect people from the spread of infection. There were enough staff to meet people's needs. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to the provision of care and support to ensure their needs could be met by the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people to eat and drink enough to meet their needs. The service worked with other agencies to promote people's health, safety and well-being. Staff working in the service received training and support to ensure they were competent to carry out their role.

People received care and support from staff who were caring and compassionate. Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality and diversity.

Support plans were person centred, included the individual needs of people, and were reviewed to reflect people's changing needs. Complaints procedures were in place and relatives of people using the service were confident their concerns would be taken seriously and addressed. People's communication needs were assessed and staff were aware of how people wished to be communicated with. People were encouraged and supported to pursue their interests and hobbies.

Relatives of people using the service and staff, felt the service was well managed. There was an open and transparent culture. Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Feedback was welcomed to ensure continuous improvement of the

service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our current methodology of inspection scheduling.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

UK Care Services

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

The inspection was carried out by one inspector.

Service and service type

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff including the provider, registered manager, and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 and quality assurance records. We spoke with one relative, one staff member and three professionals who worked with the service.

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 using the service were safeguarded from the risk of abuse and systems were in place to minimise the risk of incidents of abuse.
- Relatives of people using the service did not have concerns about safety. One relative said, "I feel the service is absolutely safe."
- The registered manager and staff demonstrated knowledge of the safeguarding processes in place to keep people safe. Records showed staff had completed safeguarding training. This meant systems and processes in place safeguarded people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service and highlighted their individual risks. Risk assessments included guidance for staff on how to manage and prevent such risks. For example, one person had a risk of choking and there was guidance for staff when supporting the person with their meals.
- Risk assessments were reviewed every six months or sooner if new risks were identified and were completed with the involvement of relatives and health and social care professionals where appropriate. This meant people's risks were assessed, monitored and managed.

Staffing and recruitment

- People received care and support when they required it. Relatives did not have concerns about staffing levels at the service.
- Staff rotas confirmed there were enough staff available to meet people's needs. Staff told us they did not have concerns about staffing levels. Systems were in place to ensure staff absences were covered. The service did not use agency staff and staff worked flexibly to meet the needs of each person. The registered manager told us staff were deployed according to the needs of people using the service. For example, if a person's behavioural needs changed or their health condition deteriorated more staff were available to ensure the person's needs were met.
- Safe and effective recruitment practices were followed by the service. Checks had been carried out during the recruitment process such as employment history, references, proof of the person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. This meant the service could be assured that staff employed were suitable to provide care and support.

Using medicines safely

- Policies and procedures were in place and staff were trained to ensure the safe management and administration of medicines. However, we found the service did not always record the balances of one

person's medicine patches when new stock arrived. We spoke with the registered manager who addressed this immediately.

- Relatives of people using the service had no concerns about medicines and told us staff ensured their loved one received their prescribed medicines. This meant systems were in place to support people with their medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area. Relatives of people using the service told us they had no concerns about the cleanliness of their loved ones living environment.

- The service provided staff with personal protective equipment including gloves and aprons. We observed staff using this appropriately when preparing drinks or providing personal care.

- Records confirmed staff completed training in infection control. This meant process were in place and followed by staff to prevent and control the risk of infection.

Learning lessons when things go wrong

- Policies and procedures were in place which guided staff on recording and reviewing incidents.

- There were systems in place to learn lessons following incidents including and review of incidents and discussions at staff meetings. People's risk assessments were updated to prevent reoccurrence where appropriate.

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 and choices were assessed to achieve effective outcomes for the care and support. Records showed the initial assessment covered needs associated with personal care, nutrition, medicines, communication and moving and handling.
- Initial assessments were carried out before people began using the service to determine if the service could provide the support to meet their needs. One relative spoke positively about the assessment process.
- The service completed reviews of people's needs every six months. However, reviews were carried out sooner if people's needs changed to ensure people received the right level of support.

Staff support: induction, training, skills and experience

- Relatives of people using the service told us they thought staff were well trained. They told us staff had received specific training in order to support their loved one.
- Staff were supported and completed a programme of training to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. One staff member said, "I get adequate training and complete refresher courses."
- Staff told us they were supported by their manager to fulfil their role. Staff had supervision meetings to enable them to discuss any issues they had and discussed goals for their development. One staff member said, "We can talk about anything at any time, usually daily because my manager visits daily, but we have a supervision meeting once a month." Staff told us staff meetings took place regularly. Records showed staff meetings took place every two months or sooner if specific issues needed to be discussed.
- Records confirmed staff completed an induction course when they began working at the service. This included training and shadowing a senior member of staff. They told us they found the induction informative. This meant staff develop the required skills before providing care and support to people

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

- People were supported with maintaining nutrition and hydration and their preferences were met.
- Support plans detailed care and support people required and their likes and dislikes regarding food and drink. This included any special dietary requirements.
- Relatives of people using the service had no concerns about meals provided. One relative told us, "Diet is healthy and varied."
- Staff maintained detailed daily records of people's nutritional intake and encouraged a healthy diet.

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

- The registered manager and staff worked closely with other health professionals to ensure people had access to the services they required to maintain their health. One relative gave examples of when staff had ensured their loved one had access to healthcare. They told us, "They (staff) call the doctor at the first sign of any illness."
- Records showed the service worked with district nursing teams, learning disability teams and GPs to ensure people received the support they required.
- Care files included the contact details of peoples next of kin, their GP and other health and social care professionals. This meant staff could contact them easily if the need arose. Staff were aware of what to do in a medical emergency.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been carried out to determine if people had capacity to make decisions.
- Staff received training on the MCA and were aware of the principles. Staff explained ways in which they sought consent. One staff member told us of ways communicated with one person using the service to gain their consent prior to providing care or support.

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's equality characteristics were covered in the pre-assessment. Staff were trained in equality and diversity and were able to explain how the service met people's needs.
- Relatives of people using the service told us staff were caring and had positive relationships with their loved one. Health and social care professionals we spoke with told us staff were caring and they had noticed positive changes in people's well-being while using the service.
- Staff gave examples of how they built relationships with people using the service and their relatives. They told us they read support plans and found things they had in common with people. The registered manager told us they communicated with people and their relatives to build a rapport with them.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff told us that they treated people equally and that people should not be discriminated against protected characteristics. One staff member explained how they respected one person's religious practices ensuring meals were prepared in a way that respected and observed the persons beliefs.

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

- People were supported to be involved in their care where able. Support plans were completed with family members when people needed additional support to express their views.
- Relatives told us the service responded well to preferences and requests regarding people's care and support. One relative gave examples of how staff responded to ensure their family members preferences were acted on.
- Staff had a good understanding of the care needs of people they supported and were able to tell us about people's likes and dislikes and the support they needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.
- People were encouraged to maintain their independence as much as possible and to develop their abilities in some areas of their care. One staff member told us, "I work with [person using the service] to do small things for themselves and it has built confidence."
- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. Confidential records at the service were stored securely to promote people's confidentiality.
- During the inspection we observed staff speaking with people in a respectful manner. Relatives told us their family member was treated respectfully by staff. One relative said, "They (staff) are very good at making

sure [person using the service] is happy, and always clean, fresh and tidy."

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

- Support plans were detailed and contained information to guide staff on the care and support needs of each person. Daily records were maintained so it was possible to monitor care and support was provided in line with people's assessed needs.
- Support plans contained details and instructions for staff regarding how people liked their care and support carried out. Plans were reviewed to ensure changes to people's preferences were reflected.
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support. For example, one staff member explained in detail the person's preferences for their morning routine including clothes they liked to wear.

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.

- Initial assessments and support plans detailed information about people's communication needs and instructions for staff. We observed staff communicating with people in line with their communication needs. For example, one person's activity planner was also available in easy read format.

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

- People were supported to pursue their interests and maintain links with the community. People chose how they spent their time.
- On the day of inspection people using the service were attending events in the community. Relatives told us staff ensured their family member accessed events in the community. One relative said, "Activities are good. [family member] is not bored."
- Staff gave examples of how they ensured people were able to spend time with their relatives who were encouraged to visit.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service and their relatives received information about complaints at the start of using the service. Relatives told us they had not needed to make a complaint.
- Staff were able to explain how complaints were dealt with. The registered manager told us complaints

were viewed as a way of improving the service. Records showed the service had received one complaint and had responded appropriately to ensure the complaint was resolved.

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 culture of the service was positive and people achieved good outcomes.
- Relatives of people using the service told us it was well managed and that staff and the registered manager were approachable. Relatives and social care professionals gave positive feedback about outcomes achieved by people using the service due to the culture and staff approach.
- There was an open and transparent culture and staff spoke positively about the registered manager, describing them as being supportive and approachable. One staff member said, "I feel listened to, (registered manager) is nice and treats us equally." Another staff member said, "(Registered manager) is a good person and we are a close team, we communicate easily with each other."
- The registered manager and provider spoke positively about the staff team and the contribution they made to the service.

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 their responsibilities and of their duty to notify the Care Quality Commission of significant events. There were no such events since the service began carrying out the regulated activity.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns. Staff had access to a range of policies and procedures to guide them in their role.

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

- The service engaged with relatives of people using the service through telephone calls and correspondence. Relatives were positive about engagement and involvement with the service.
- Staff meetings took place regularly and staff were encouraged to discuss any issues they might have during meetings. They felt listened to. This meant staff were able to communicate with each other, share information and contribute to the running of the service. One staff member told us, "We are very involved. We have meetings, daily handovers and we have an information book to share information and know what's going on."

Continuous learning and improving care

- The service had systems in place to monitor the quality of the service and to improve service delivery of care and support.
- The service asked for the views of people who used the service and their relatives and they were acted on. We looked at surveys completed by relatives of people using the service and found feedback was positive.
- Regular audits were carried out by the registered manager to ensure the service was being delivered safely. They regularly reviewed support plans, risk assessments, daily records, medicines records and health and safety checks. The provider completed quarterly quality audits of all areas of the service to ensure any shortcomings identified had been addressed. For example, we noted the service had identified shortcomings in staff files and had a targeted plan to ensure this was addressed. Following the inspection the provider sent confirmation this had been completed.

Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals, to ensure people's health conditions and support needs were well managed.
- The registered manager told us they worked with other agencies to develop good practice. This included working with health and social care professionals to access best practice and specialist training in learning disability and mental health.