

Learning Together Limited

Learning Together Limited

Inspection report

The Wheelhouse North 2nd B
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Date of inspection visit:
26 February 2020

Date of publication:
02 April 2020

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

Learning Together Limited is a supported living service that provides personal care and support for up to seven people. The service supported seven people at the time of the inspection.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was developed across four individual supported living homes. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate that the people living in these properties received care and support. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. People and their relatives told us they were treated with dignity and respect. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. There were sufficient numbers of staff working in the service. This ensured people received their care and support as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they had received appropriate training which supported them to carry out their role. Staff training records confirmed this. People's care had been designed in partnership with them, their families and other health professionals involved in their care. Staff told us they could seek advice from the registered manager and senior carers. The registered manager and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others such as family members to improve the lives for people who used the service.

The registered manager acted on concerns to ensure people received care which was safe and responsive to

their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager monitored the delivery of care through staff observations and feedback from people. Effective quality assurance systems had been established to monitor the quality of the service being delivered.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Learning Together Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 4 '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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

The inspection was completed on 26 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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.

During the inspection

We spoke with the registered manager and three staff members and reviewed a range of records. This included three people's care and medication records. We looked at four 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. We spoke with three people who used the service during the inspection, and two relatives to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. One person when asked if they felt safe said, "Yes I am safe." Relatives we spoke with confirmed they felt their family member was safe.
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. The registered manager told us they would contact the local authority safeguarding team if they had any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people. These included risk assessments around people's skin care, specific medical conditions such as epilepsy, and relating to people going out on their own.
- We saw risk assessments had been developed in partnership with healthcare professionals. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Using medicines safely

- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines and they received their medicines as prescribed.
- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Not everyone using the service was supported with medicines. However, where people were supported with medicines, we saw that the medicines had been administered safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The manager told us staffing levels were based on people's presenting needs. The relatives we spoke with told us their family member was supported by sufficient numbers of staff.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative told us how their family member had a core group of staff. This has supported the person to build positive relationships with their staff team and had led to a reduction in behaviours which may cause distress.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the registered managers observations of staff.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the registered manager and prompt actions would be taken such as additional staff training and a review of people's care needs to reduce the risk of repeat incidents. Any changes to people's care and support would be immediately implemented and shared with staff through a secure communication system.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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

- The registered manager assessed people's needs before they started receiving support from Learning Together Limited. People, their representatives and relevant health professionals were involved in the assessment and decisions about their support needs. A copy of people's care plan was kept in the person's home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that they were supported by staff who had been suitably trained to support them. Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's care plans. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff told us the registered manager had an 'open door' policy in supporting staff. The registered manager told us they were in frequent contact with staff either by telephone or in person.
- Staff told us they received regular one to one meetings with the registered manager to discuss work related issues and their development needs.

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

- Some people received support with their meals as part of their care package.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.

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

- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health. Staff told us they would contact people's GP or ring 111 for advice if they were concerned about people's well-being. A secure communication system was used across the service to ensure staff were kept up to date with people's well-being and the support they required.
- Staff told us where possible they were flexible and supported people to attend appointments such as attending the GP or hospital appointments as required.

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

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received. Where people lacked capacity to make decisions, we saw that any decisions made had been made in their best interests.
- At the time of the inspection, nobody receiving support from Learning Together Limited was subject to a DoLS authorisation.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; supporting people to express their views and be involved in making decisions about their care

- People received care from staff who were kind, caring and who knew them well. One person said, "Carers are very kind to me." Relatives also praised the staff and told us the staff were kind and caring.
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices.
- The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care.
- People and their relatives confirmed that they were fully involved in decisions about their care and daily support. All the people we spoke with told us staff always asked them how they liked things to be done.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity at all times.
- Staff checked with people if they were happy for us to visit them in their homes. If people declined to speak with us, the staff respected this wish.
- People told us staff sought permission before entering the home and their private spaces.
- People's preference for the gender of staff supporting them with personal care was known and respected. Staff had completed training in privacy and dignity.
- Relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, one person had been supported to gain the skills to maintain the cleaning of their home independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them well. People who used the service told us they had regular staff. This enabled staff to get to know people and their needs well.
- An assessment of people's needs was carried out before a service was provided to them. The registered manager told us people's needs were monitored by staff.
- Staff confirmed they were informed about people's care needs and support requirements and worked in partnership with people's families.
- Copies of people's care plans were held securely in the office and in people's own homes so that all staff including on call staff always had access to people's care records.

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.

- People's communication needs were assessed and recorded. The manager told us people were given information about the service in a format that met their needs.
- Where required, information was made available in a different format. For example, people were supported to access magazines they liked in large print.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions.

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 access a range of activities. These included activities such as going to the cinema, swimming, going to the pub and going to the seaside and on holidays. People and relatives, we spoke with told us they led an active and fulfilling life.

Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. Information about the provider's complaints procedure was shared with people when they started to receive a service.
- We reviewed the complaints file. The service had not received any complaints in the past 12 months. However, there was a robust process for managing complaints should any be made.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The manager told us if people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.
- The manager told us they would seek advice and support from the people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, their relatives and staff praised the registered manager. People and staff used words such as 'caring', 'committed' and 'hard working' to describe the registered manager. The staff we spoke with told us morale amongst the staff was excellent and the strong leadership offered by the whole management team had contributed to this.
- The registered manager and staff worked well together to ensure people receive personalised care which met their needs and took into consideration their preferences.
- The registered manager was clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements. The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required.

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

- The service had implemented a system where people's family members could access their daily care records through a secure online system. The registered manager told us this meant people could promptly identify any issues and discuss these with management. We saw records where people had used this system to discuss and resolve concerns with the registered manager.
- The registered manager and provider also told us they would meet with people to discuss their care during their quality assurance visits to each house.
- The provider implemented annual staff surveys to enable staff to provide their opinion on the service provided. We looked at these and found the feedback to be positive with staff feeling valued and well supported.

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; continuous learning and improving care

- The manager and staff understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly. The manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.
- At the time of the inspection, there weren't any incidents which required a response under duty of

candour.

Continuous learning and improving care

- Effective quality assurance checks were carried out by the manager and a representative of the provider.
- These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The manager and provider continually reviewed their policy and procedures to ensure these were effective.

Working in partnership with others

- The service had close working arrangements with local GPs practices and other health professionals. This helped people access and sustain the support they required.
- The service was a member of the Proud to Care initiative in Gloucestershire. The service used this for specific staff members to attend training events and then share the learning with their colleagues.