

Your Choice (Barnet) Limited

# Barnet Supported Living Service

## Inspection report

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December  
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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?

Requires improvement 

### Overall summary

The unannounced comprehensive inspection took place on 30 November, 01 and 09 December 2015.

Barnet Supported Living Service is a domiciliary care service that provides care and support to people with a learning disability, mental health needs and autism. There are three self-contained flats and two shared houses. All units had 24 hour staffing. On the day of inspection there were 33 people using the service. There is a registered manager. A registered manager is a person

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our previous inspection on 6 and 7 August 2014 we found there was not enough staff to meet people's needs safely. Staff had not received training in areas such as Mental Capacity Assessment (MCA), Deprivation of Liberty Safeguards and dementia. Although people had care plans and risk assessments, these did not document

# Summary of findings

people's current needs and risks. People's care plans were not always personalised or written in a way people could access. Although there were systems in place to monitor the quality of the service they were not effective. Audits had not identified missed medicines and lack of equipment to prevent the spread of infection.

During this inspection we found the service had addressed most of the concerns from the last inspection. Staff numbers met the assessed needs of the people using the service. Staff had received relevant training and were able to demonstrate to us their knowledge. Care plans were person centred and people had been involved in their care planning. There were now adequate measures in place to control the spread of infection.

We found in one unit house meetings did not take place and some people said they were not receiving the support they required. Daily notes did not reflect people's presentation or views. Staff made daily recordings of tasks undertaken to support people but these did not contain enough information. This could result in crucial information being missed and lead to significant changes in need being unaddressed by staff. We found that although audits were occurring the actions to rectify concerns found had not always taken place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

- Although some people and staff said there was not enough staff, we found the service had provided more than the assessed hours of care and support to people.
- The provider had systems in place to protect people from hazards and abuse.
- People received their medicines in a timely and appropriate manner.

Good



### Is the service effective?

The service is effective.

- The provider followed procedures to make sure they only deprived people of their liberty when absolutely necessary and in a safe and legal way.
- Staff received adequate training to undertake their work effectively.

Good



### Is the service caring?

The service was caring.

- Staff treated people with respect.
- Staff respected people's privacy and the service kept information in a confidential manner.

Good



### Is the service responsive?

The service was responsive.

- People's care plans were person centred.
- People knew how to complain and felt safe to complain.

Good



### Is the service well-led?

The service was not consistently well-led.

- Audits were not always effective at identifying and omissions and ensuring actions were taken in a timely manner.
- Staff made daily notes however they did not contain sufficient detail to monitor people's wellbeing and care provision although identified this had not been rectified.
- There was a registered manager in post who understood their role and responsibilities.

Requires improvement



# Barnet Supported Living Service

## Detailed findings

### Background to this inspection

The inspection took place on 30 November, 01 and 09 December 2015. It was an unannounced comprehensive inspection. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is living with or uses this type of care service.

Prior to this inspection we looked at the notifications we had received and spoke with commissioners of the service. During the inspection we spoke with people using the service. We interviewed five care staff and spoke with three coordinators, the registered manager and director of care and support. We spoke with a visiting professional and a relative. We reviewed eleven people's documents and their care plans. We reviewed three recruitment files and eight people's medicines recording. We observed staff practice in particular their interaction with people and their visitors.

# Is the service safe?

## Our findings

People told us "Yeah, I do feel safe. It's lovely here, I'm very happy here" and "I love living here; making friends". There was an up to date safeguarding adults policy. There were posters displayed in each unit explaining in pictures what people should do if they felt bullied or harassed. People we spoke with told us they understood the posters. All staff members we spoke with were able to demonstrate to us that they understood the safeguarding policy. All staff had received training and staff members interviewed demonstrated they understood the safeguarding procedure by naming types of abuse and could describe what action they would take if they suspected abuse had occurred. One staff member told us, "I would raise an alert and let my manager know, it would go to head office and the CQC". Staff told us they would whistle blow and go to the local authority if abuse went unreported. Records seen during our inspection demonstrated the reporting of possible concerns appropriately.

People told us there was not enough staff at times in particular at weekends. "We could do with a few more [staff], like on the weekends". One person told us they could not go to their place of worship at the weekend because there was not enough staff. We spoke to a relative who told us "There is not enough staff" in particular at the weekend. You can't find anyone to speak to. Staff we interviewed told us there was not enough staff to meet the support needs of the people. One staff member said that they worked more than their agreed hours to ensure the person coming onto the next shift was not "inundated". Another staff in a different unit thought there was too much reliance on agency staff in the unit they worked in, whilst another staff member expressed the view that the issue was a matter of staff numbers not staff training. We looked carefully at the assessed hours for the people using the service and the hours provided by the service. We found there was more hours provided by the service than assessed as required. The service covered staff absence by the use of agency staff. Therefore the service was providing the assessed hours of support people required.

A staff member described that they felt there was not enough staff in a unit where people were more dependent on staff due to their health and frailty. We discussed

people's changing need with the registered manager and saw that the service had requested reviews for people's changing needs from the appropriate authorities and some reviews had already taken place.

We observed one staff member in one unit, was managing the needs of two people at lunch time whilst also supporting one person to eat. The staff explained that the person "Is supposed to have one to one, because they have to be fed. They have difficulty swallowing". Whilst undertaking this support the staff member was also supporting the other two people to make their lunch and sometimes physically supporting one of them to eat as well. We checked the person's care plan it did state they required one to one support due to a choking hazard. However the other two people's care plans stated they were independent when eating however one person did like to be encouraged. This meant there was enough staff to safely support all three people at lunch time.

We spoke to the registered manager and a co-ordinator who explained they employed staff to meet the number of hours assessed for each individual person. They had employed an extra staff member since the previous inspection and this had helped with the staffing levels. Reviews and reassessment of people's support needs had taken place and support hours had increased for some people. However some people's changing need had resulted in a sleep in staff member rather than a waking night staff member. The service was monitoring if the change in staffing met the support needs of the person. They were also discussing allocated hours with the appropriate authority to highlight that due to age associated conditions some people's needs had changed since their initial assessments and they required further reassessment. Records showed staff received recent infection control and good hygiene training. We saw there was hand wash and paper towels in communal toilets in each unit. Staff had access to protective equipment such as disposable gloves to avoid cross infection and could tell us where they were stored. Staff meeting minutes reminded the staff to use the disposable gloves appropriately. There were now safe systems in place to prevent the spread of infection.

People's care records included assessments of potential risks. Staff reviewed risk assessments on a regular basis amending the document when the person's circumstances had changed. Examples included assessments for being

## Is the service safe?

out in the community unaccompanied, naming the concerns such as road safety awareness and detailing preventative measures to minimise the risk. Other types of risks identified were the risks associated with physical, mental and emotional ill health, again detailing measures to minimise the risk of occurrence.

The service had completed environmental risk assessments including a fire safety risk assessment this was to ensure the service was hazard free. We saw reports evidencing regular fire alarm tests, and the testing of fire prevention safety equipment. There was a guide for the fire brigade in the event of fire giving a briefing of the support required in the event of an evacuation of people living in the units. The service had a Health and Safety law poster displayed as a visual reminder for staff and policies addressing environmental procedures were available to staff. Barnet Supported Living Service worked in partnership and raised environmental issues with the housing provider who maintained and managed the five units. The housing provider also audited the environment and advised the service of hazards they noted.

Training records demonstrated staff had received food hygiene training. Each communal fridge had a checklist for staff who were required to sign they had checked the fridges on a daily basis. There was no out of date food in the fridges and staff wrapped all frozen foods. The measures reassured us systems were now in place to store food safely in communal areas.

People said that the staff administered their medicines for them in a timely manner each day. One person told us, "The staff do the medication three times a day". We observed the appropriate administration of medicines to people in one unit. Staff who handled and administered medicines had received training to enable them to administer medicines safely. On each person's medicines file there was a reminder to staff of the correct procedure to administer medicines. We checked eight people's Medicine Administration Records (MAR) and medicines. We found satisfactory documentation in all of the five units. We noted in one unit a person's pain relief had run out for two days in August and there were several gaps in signing when administering a medicine. However a staff member had since taken over the administering of medicines and had noted a dispensing error and sent medicine back to the pharmacist. The staff member told us they were working with the pharmacist who visited every two to three months to ensure the safe administration of medicines. We saw that the coordinators audited the administration of the medicines on a regular basis to ensure errors had not taken place. There were reminders in the staff communication book with regard to signing when administering medicines. A further check took place on a monthly basis when the registered manager audited. This demonstrated to us that there were now systems in place to ensure the safe administration of medicine.

# Is the service effective?

## Our findings

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. If people are believed to be deprived of their liberty applications must be made to the Court of Protection. The provider had made applications to the Statutory Body in this instance the local authority for DoLS. The registered manager and coordinators of the units had received Mental Capacity Act (2005) training and were able to tell us what mental capacity assessment meant and how they assessed people's capacity. Staff members had described how they obtained people's consent when working with them. "It is their choice, you can't say you must have it, you cannot force them" explaining "If you think they do not have capacity to understand then a mental capacity assessment should be done". Care plans recorded capacity assessments with regard to people taking their medication and documentation included people's consent for a variety of activities such as having photos taken and people's end of life wishes.

People told us they received annual health checks and routine health screening and had flu jabs. Staff supported some people to attend health appointments and reminded others of their appointment if they were able to go by themselves depending on people's identified support needs and wishes. Throughout the five units people's health documentation contained appointments for psychiatrist, physiotherapist, chiropodist, dentist, optician and specific medical clinic appointments. Staff had received relevant training in topics such as dysphagia, epilepsy and dementia to enable them to meet people's support needs. Most staff we spoke with were knowledgeable about the people they supported and were able to describe in detail people's support needs. Staff's understanding corresponded with the information in

people's care plans. People had detailed health care plans containing information about physical and mental health conditions such as diabetes and dementia. These were kept in an individual health folder that could be carried to appointments with health professionals to provide necessary information. Health professionals wrote in the folder to keep the information constantly up dated. There were systems in place to meet people's health support needs.

People had hospital passports to advise hospital staff of risks to the person. For example one person who was at risk of choking whilst eating had the speech and language therapist guidelines to support them in their hospital passport. The hospital passport also detailed how people would like to be supported and how people preferred to communicate when they went into hospital. The hospital passport contained relevant information such as contact details for family and current medicines. The information was up to date and reviewed demonstrating an effective communication system for managing people's medical support needs when visiting hospital.

Staff said they found their supervision supported their work. Individual staff supervision took place on a monthly basis and agency staff also received supervision. There was a yearly appraisal for permanent staff. Supervision covered staff performance, people using the service changing support needs, identified training requirements and gave an opportunity for staff to discuss concerns. Staff also attended monthly staff meetings, staff told us they found these meetings informative and they spoke up if they had any concerns or views they wished to express. Staff meetings were thorough and reminded staff about procedures such as accident and incident reporting, using disposable gloves appropriately, signing for medicine administered, checking and labelling foods and disposing of out of date food from fridges. Staff discussed people using the service changing needs or change in the way a person is supported. Staff meetings were also used to look closely at an area of practice or relevant topic such as a safety first risk awareness, infection control and good hygiene practices, dementia and behaviour. Staff signed to say they had attended and understood the topics discussed. This demonstrated that the service had systems in place to provide effective training and support that equipped staff to undertake their work effectively.

# Is the service caring?

## Our findings

People said "I respect them here and they respect me" and "My friend [keyworker] is not very rude, really nice and kind." and "If I have a problem, [staff] is a good listener and will sort it out." also "There's people like [staff name], or [staff name], I will talk through a problem with. Tell them what I need to do, I can do the rest myself." We found that although people said they liked the staff they also found some staff told them what to do describing "[Staff] is alright, she's nice. She's only being firm for my own good. She's very strict about tidying up. I got used to it." and "I like living here. I like going out. I like my carer but sometimes my carer is a bit rude. Some people can be a bit bossy".

We observed staff acted in a caring way through out all five units, for example staff adjusted people's clothing for their dignity and made suggestions about dress. Staff used a gentle tone to reassure people and supported people to eat at an appropriate pace. We saw one staff member encourage a person to use their fork to eat by themselves but also recognised that they would not finish their meal if left unsupported. The staff member used a calm and patient manner which enabled people's independence. Some staff had worked with people for many years and knew them well. We observed people liked this and reminded staff of events that happened from many years ago. Staff described how they advocated for the people they cared for in particular if people did not have family members to speak for them. The day before the inspection

one staff member had given up their own time to take people shopping for Christmas clothes as the person had expressed a wish to have new clothes for the Christmas party.

We asked staff about their values. One staff member said "You have to be careful not to put your own values on things, sometimes we [people] choose to live our lives differently, we are individual human beings with a right to choose" another staff said "You have to have deep compassion to work here". Staff said "I just give them time" as they are getting older it takes longer to support them." and staff described they "Talk calmly and explain".

We observed staff knocking on people's flat door before entering to respect their privacy. Staff members demonstrated an awareness of confidentiality and were careful not to discuss people's information where others could hear. Staff kept people's written information in a confidential manner in their flats in a locked office environment.

Care planning considered people diversity needs stating religious observances and support wishes. Staff supported people to go to their place of worship. However we noted one person told us they could not attend due to staffing levels. Staff observed people's cultural and religious dietary needs and supported people to celebrate traditional festivals such as Diwali and Christmas. Staff identified and respected people's relationship preferences. Within the care planning people had expressed their end of life wishes sometimes with the support of their family members.

# Is the service responsive?

## Our findings

Some people we spoke with said they had care plans in their flat. One person showed us they kept their care plan in their flat displayed in a way they preferred this was clearly empowering for the person. Another person told us "There's a care plan in my flat, I haven't read it." We saw most people had their care plan in their flats and there was a copy in the office for staff reference. People had signed their care plans. Plans stated "How I was involved" to explain how people had been involved with their care planning. The key worker wrote the care plans with the person and the unit coordinator counter signed the plan.

A person centred plan addressed aspects of the person's support needs in a detailed manner. For example one person required emotional support and the care plan stated clearly how the support should be given and gave clear instructions of what the person liked and did not like in terms of support. Staff described the support they should give in accordance with the plan. Other people's plans detailed support for physical care again stating clearly how that support should be given in accord with the person's wishes and when relevant professionals advice. Staff members were able to state how they gave this physical care support. Reviews of the care plans occurred on a regular basis. People signed their review. The service had requested social worker reviews when people's needs were changing in a timely manner.

Some people invited us into their flats. Each flat reflected the person's interests. One person showed us with pride new items such as curtains and furniture they had chosen and purchased with support from their keyworker. Another person showed us a pictorial chart in their hallway that showed the planned activities and support staff for each day. The person recognised the pictures and told us what each picture meant. People received support to manage activities of everyday living this included support to clean their flats, shopping and meal preparation. Assessment of individual needs identified the support required. People who were more independent told us staff members support them to plan menus "I like cooking from scratch. Yeah I do about three times a week. The rest I get from Iceland. I like to make a pork stew, chicken curry, fish and chips". Another person told us "I microwave quite often and I take a packed lunch with me every day". We saw some people required more support as detailed in their care

plan. Staff supported people to a greater degree by cooking the meals if required. We observed a staff member cook individual lunches for three people in one unit. Staff asked each person what they wanted using food from people's individual fridges. The staff told us "We like them [people] to have their choices".

The service was offering support according to people's care plan in the units but in one unit some people were not happy and further work was required to ensure people's support was appropriate to their needs. In this unit two people told us separately they were not happy with the support they received, both explaining they did not receive adequate support to do their cooking. People in this unit also complained to us of noise at night from a tenant and staff supporting them. The coordinator explained one person had some months ago become restless at night and this had disturbed other people, however this had now stopped. As this person's support needs had increased they were now receiving increased support from staff when they required it.

All units with the exception of this unit held house or tenants meetings; however frequency varied across the service. In two units meetings occurred once every two weeks. Care staff on duty or the coordinator facilitated these. The service had addressed issues raised and requested for activities had taken place. In another unit people said meetings were "Sometimes" held. People said "We have house meetings once a month then we have a take-away after, at last one we discussed the Christmas party." "They've [meetings] all stopped" a person said in the unit where some people were not happy with the support they received. Another person said "There are big fights, the staff do nothing". The coordinator of this unit told us that they had stopped tenants meetings currently because the meetings had become counter-productive due to some personal issues between the tenants. They anticipated meetings would resume in the future.

Some people in the units attended individual social activities such as art classes, clubs and swimming. Staff escorted people who required support to attend. The staff rota named staff who would be working with each individual and at what time. We saw that staff had successfully advocated for one person to attend a centre on more days of the week because they enjoyed the experience so much. Other activities took place within

## Is the service responsive?

people's flats we saw two people in separate units supported with craft activities within their own flats by staff who were working on a one to one basis with them as the care plan and weekly activities charts for the people stated.

There were decorations for Christmas in the common area and group activities such as bingo took place in some of these rooms. At the weekend there were some group activities in some of the unit's. Staff members said "We all go out the whole house usually goes out on a Saturday. We go to the park and go for lunch out." There was a unit roast dinner on a Sunday at two units where there were

communal dining facilities. As requested in the house meetings there was a planned Christmas party and trip to the pantomime for people from all the units. This demonstrated a variety of activities took place.

People said they could talk to staff if they were worried about anything or wanted to complain. "My manager during the day or my other support worker, I think [X] would help me." We saw there was a complaints procedure. There were records of complaints and compliments. The manager investigated and responded to complaints as the complaints procedure stated. The business manager analysed the complaints to ensure the quality of the service across the units.

# Is the service well-led?

## Our findings

There was a recently appointed registered manager who demonstrated they understood their role and had experience of managing staff and services.

The service had systems in place to monitor and audit. Key workers described how they monitored recordings to ensure people are receiving the correct support with their finances and medicines throughout the week. Coordinators explained they have an open door policy and address any staff concerns on a daily basis. Coordinators said they had a close working relationship with staff and encourage staff to express their views. Staff we spoke with said the coordinators were always available to talk with. Records demonstrated unit coordinators conducted weekly checks of medicine administration, the environment and people's individual support activities, raising errors with staff.

We found audits were not always effective. In one unit we asked people in their flats what they had for lunch on the day of inspection and people were able to tell us what they had eaten. However, one person said they had not eaten yet because "We have an inspection coming today so they came earlier and chucked everything. It was all out of date, milk the lot." There was only a bag of potatoes in the fridge when we asked permission to look inside. In another unit we saw in one person, who had sight impairment, there was extremely over ripe bananas. We saw that people did not always receive the support they needed to store their food safely in their flats. Management had not identified this in the audit process.

Daily notes were made by staff in all the units however they did not contain sufficient detail to demonstrate how care delivered or identify changes in need. Often notes were one line that stated a task was completed. There was poor reporting in the unit where people were not happy with their support some daily notes said "Person [name removed] bored" and another entry "Person [name removed] still bored" nothing was recorded as to how staff supported this person at this time. Another entry detailed a person had been supported to have a cigarette as their care plan stated but it was the only comment on the person's whole day giving little indication of other interactions or if the person was well or happy. This could result in crucial information not informing the care plan

and lead to significant changes in need being unaddressed by staff. The audit process had not identified the lack of robust reporting. We raised this with the registered manager who said they would address this issue.

### **This is a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.**

The registered manager explained they undertook monthly audit checks and showed us a change of documentation they had made to a more detailed format to ensure a robust monthly audit. Coordinators from the units explained they support each other and have regular meetings to share both concerns and good practice. In other areas the manager had an oversight of the service through the auditing and through the analysis of information for example there was clear recording of accidents and incidents. Coordinators took appropriate action to address the concerns. The registered manager described that coordinators report all accident and incidents to them and also forwarded to the provider business manager within 48 hours as procedure stated. The business manager analysed the events and flagged up any recurring themes across the units to the area manager, registered manager and coordinators to address.

Staff all described their coordinators and registered manager as supportive "management are supportive" and that "at any time they could speak to the manager". Saying also the registered manager "is very good". All staff we spoke with said they could complain and raised their concerns both in supervision and at the regular staff meetings.

The registered manager explained they looked for potential in staff and used supervision and appraisal as a means to develop and encourage the staff. We saw that some care staff members took responsibility for different areas such as medicine administration. There were two levels of care staff responsibilities an assistant support worker and support worker, some staff we met had progressed to a higher level with more responsibility. One staff member explained that they had been encouraged to apply for the higher position. They described it was a lot to learn and they asked a lot of questions but was well supported by the coordinator. This gave staff members a career progression and demonstrated a commitment by the service for staff development. This would benefit the people using the service as staff became more skilled and experienced.

## Is the service well-led?

The director of care and support explained that an annual customer satisfaction survey is distributed this is used to elicit people's views. Findings are analysed and published. The provider service has a quality assurance group who oversee survey they are exploring ways to obtain more

people's views to inform to survey and promote constructive changes as a result of the survey findings. This demonstrated there were systems in place to monitor quality assurance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons failed to assess, monitor and improve the quality of the services