

Epilepsy Society

# Supported Living and Domiciliary Care Service

## 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

The Supported Living and Domiciliary Care Service is run by the Epilepsy Society and provides personal care to people living in a supported living accommodation and to people living in their own homes. At the time of the inspection 12 people were supported in a supported living environment and 17 people were provided with support in their own homes.

The supported living accommodation had a staff office and people had their own flat which were shared with either two or four people. The service supported people with a range of needs which included learning disabilities, autism, epilepsy and physical disabilities.

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

People were happy with the service provided. They had positive relationships with staff and described staff as "Fantastic, helpful, always encouraging".

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. The support required with medicines was assessed, agreed and provided to people. Infection control measures were in place to prevent cross infection. Staff were suitably recruited. People were supported by a consistent staff team and the staffing levels were flexible to enable the service to provide a bespoke service to people.

People were supported by staff who were inducted, trained and supervised. The support required by people with health and nutritional needs was identified and provided. 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.

People confirmed staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred care plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. Some people had staff support to access activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were identified, and their end of life wishes were explored and recorded.

People were supported by a service that was well managed. Records were organised, accessible and up to date. The service was audited, and action taken to address any areas they had identified that needed improving. People and staff were complimentary of the management team and described them as "Accessible, approachable, caring and positive role models". Staff felt empowered and committed to providing good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 3 November 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service remains unchanged and the service is rated good. This is based on the findings at this inspection.

#### 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** ●

# Supported Living and Domiciliary Care Service

## **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

The service provides care and support to people living in one 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. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 to ensure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, two care coordinators and three support workers.

We reviewed a range of records. This included five people's care records and medicine records. We looked at three staff files in relation to recruitment and a further three staff supervision records. 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, rotas, meeting minutes and quality assurance records. We spoke with three relatives by telephone at the request of the people using the service. We received email feedback from another relative.

# 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 now remained the same - good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. They had increased security in relation to people entering the supported living service to further safeguard people.
- Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people. They were trained in safeguarding procedures and were aware of their responsibilities to report poor practice. Staff members commented "If I perceived a person was at risk of abuse I would always report". "I would have no concerns about reporting concerns, I have a responsibility to do that".
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of all alerts made, the outcome and action taken.
- People told us they felt safe. A person told us they had a pendant that they used to summon help. They commented "I can always get a hold of someone if I need them".

Assessing risk, safety monitoring and management

- Risks to people were identified and mitigated. Staff were aware of people's risks and how to respond to them. Some people choose not to wear a helmet to prevent a head injury during a seizure. This was discussed with people, the risks highlighted, and the outcome of the discussion and their decision recorded.
- Risk assessments were kept under review and updated to reflect changes in people. For one person there had been an increase in their seizure activity which had resulted in falls and injury to the person. Staff had supported the person to access health professionals to review their condition and try to establish causes to safeguard the person from further injury.
- Risks around the use of anticoagulant medicines, diabetes and moving and handling had not been considered. This was addressed during the inspection.
- Each person had an environmental risk assessment in place. This outlined the risks to people and staff in relation to people's home environment.

Staffing and recruitment

- The service had a consistent, established staff team and used bank staff to cover the vacancies.
- People's care plans outlined the hours, days and times people wanted staff support. This was reviewed and adjusted weekly in accordance with people's needs, wishes and to support them with appointments, activities and holidays. The staffing levels were flexible to enable people to be supported by staff when they required it. For example, staff were provided for a person for a number of days after a seizure as this had

been assessed as when they needed the support.

- People and staff were provided with a weekly rota which informed people who would be supporting them and provided staff with a schedule for the week. People told us they were provided with the hours required and generally by the staff outlined on the rota. People commented "Yes, I know which staff will be supporting me and most of the time that happens, unless there is an emergency they have to deal with".
- A relative told us new staff was introduced to them before they cover the care call.
- Systems were in place to ensure staff were suitably recruited. Staff completed an application form, attended for interview and completed a written assessment as part of the interview process. Prior to a new member of staff commencing work, checks were carried out such as obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. In one file viewed we saw character references were obtained instead of an employer reference. The provider confirmed after the inspection this was because the employer listed was no longer operational. They agreed that in future where references were not obtained from a previous employer, this would be recorded on the staff file to evidence the rationale for their decision.

#### Using medicines safely

- Systems were in place to promote safe administration of medicines. People were assessed, and the level of support established in relation to the management and administration of their medicines. Some people took responsibility for their prescriptions and administration of their medicine, whilst other people were prompted and or supervised.
- People had "as required" and emergency medicines prescribed for administration following a seizure. Clear protocols were in place as to when these would be administered by them or staff if staff were on site at the time.
- Staff were trained, and their competency assessed to administer medicines. As required medicines administered by staff were recorded on a medicine administration record. Where staff prompted people to take their medicine this was recorded in their daily record. The registered manager had identified that this made it difficult for them to monitor that people were supported as required with their medicines. They were in the process of introducing individual medicine administration records for all medicines which staff prompted and supervised people with.

#### Preventing and controlling infection

- The provider had infection control policies and procedures in place to prevent and control infections. Staff were trained in infection control. They had access to and used disposable protective items, such as gloves and aprons.
- The service had nominated infection control champions. An infection control audit was completed quarterly which enabled the registered manager to monitor infection control practices.

#### Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform the registered manager.
- The registered manager reported the number of accidents and incidents to the organisation each month. Alongside this accidents and incidents were discussed at team meetings. This enabled the service to pick up trends or establish if other interventions were required. It showed action was taken to prevent reoccurrence which showed learning from incidents.



# 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 good. At this inspection this key question has now remained the same – good.

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 were assessed prior to a package of care commencing. The management team were involved in carrying out assessments of people in their homes. A record was maintained of the assessment which outlined the support required and the agreed schedule of visits.
- Regular reviews of the care package took place and changes were made in response to feedback from people.
- The assessment document showed that people's needs, and preferences were considered in line with the equality act.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably inducted, trained and supported. New staff completed the organisations corporate induction training, shadowed experienced staff on shift and staff new to care completed the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.
- All staff including bank staff had access to regular training considered mandatory by the provider. This included training such as safeguarding, food safety, eating and swallowing, moving and handling, fire awareness, health and safety and first aid. Staff had specialist training in epilepsy awareness, learning disabilities, autism and Non-Abusive Psychological and Physical Intervention (NAPPI) training.
- Staff confirmed they were suitably trained for their roles and were given opportunities to develop in their roles. A staff member commented "The management are supportive to enable me to develop in my role". Staff described the training as "Thorough, informative, really very good, regular and relevant".
- Staff told us they felt supported and received regular one to one supervision. A supervision matrix was in place which showed when supervision, performance reviews and appraisals had taken place. Staff commented " We are a good team who support each other", "I always feel supported, [Care coordinators name] is just brilliant". "The management team are just fantastic, supportive, caring and consider staff's well being too".

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

- People's care plans outlined the support required with their meals. People's independence around shopping and cooking meals was encouraged.

- Risks around malnutrition or being over weight were identified and managed. People were supported to access other health professionals to support them with their nutritional needs when required.
- A person was provided with information to enable them to make choices on what products to buy to enable them to manage their food intolerance better. This involved tasting sessions of products to enable the person to choose products they liked that had a similar taste to products they usually ate or drank.
- The service had accessed a speaker for people who did a presentation to them on nutrition. They told us they found this informative. "A person commented "The talk on nutrition was good, felt like I learnt a lot from it".

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans outlined the key people involved with individuals. A hospital passport was in place to provide key information on people in the event of them being admitted to hospital.
- Staff had established good links with professionals involved in people's care. They supported people to access professionals and sought consent from people to liaise with professionals on their behalf if that was required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services to enable them to live healthy lives. People's care plans outlined their health needs and the support people required to have their health needs met. Some people had identified they wanted staff support to attend appointments, others were able to access healthcare services independently.
- A relative commented "[Family members name] is well cared for and their quality of life is maintained to a good standard".

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were provided with information to enable them to make complex decisions on their care and well-being. People told us they were consulted with on all aspects of their care. A person commented "Staff always ask me what I want to do, they are very respectful like that".

# 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 the same – good.

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 told us staff were kind and caring. People commented "Staff are definitely kind and caring", "Staff are fantastic, helpful, always encouraging". Staff do an amazing job here".
- We observed positive relationships between staff and people in the supported living accommodation. A person told us they had a lot of trust in a named staff member and gave us an example where the staff had supported them during a recent family bereavement.
- People's care plans showed that people were treated equally, fairly and their diverse needs were supported.

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

- People were given information and support to make decisions and their decisions were respected. People were involved in their care plans and had signed them to say they agreed with them.
- People had a keyworker. A keyworker is a named staff member who supports the person with their care. The keyworkers had regular meetings with people to discuss their progress and to support them in accessing the support they required. A relative commented "[family member's name] has a keyworker and after a few stumbling blocks we now have a relationship and [family member's name] permission to keep me involved in their life, care and well-being.
- People had annual reviews of their care package and actions from those were reflected in schedules and people's records. Relatives told us they were invited to reviews. A relative commented "Staff from the agency regularly review the package of care provided and make changes to suit us".
- The service facilitated meetings for people. These were used to update them on the service as well as inviting outside speakers to talk to people about internet safety, banking and keeping healthy.

Respecting and promoting people's privacy, dignity and independence

- People's care plans showed their independence was promoted in all aspects of their care and they were encouraged and enabled to do as much as they could for themselves.
- People told us staff respected their privacy, dignity and independence. They confirmed staff knocked on their doors and waited to be invited into their property. Some people had key codes to allow staff to have access in an emergency.
- During our visit to the supported living service we saw staff promoted people's privacy and dignity. They knocked on flat doors prior to accessing the property by using the key code.

## 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 the same – good.

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 had person centred care plans in place. These were detailed, specific and showed evidence of people's involvement and choices in their development. They were kept under review and updated and changed in response to changes in people.
- The service offered a bespoke service to people. They used telecare reports to enable them to evidence seizure activity for individuals to enable the service to be responsive to those. The telecare falls alarm had GPS tracking which enabled the person to have community access independently whilst enabling the service and emergency services to be responsive to them having a seizure to promote their safety.
- Staff supported people with completing forms in relation to pensions, an insurance claim and assisted a person to get a telephone line installed to enable them to maintain contact with family. They assisted people with referrals to other professionals such as occupational therapists and physiotherapists to ensure people had access to equipment to promote their independence.
- The service was proactive in ensuring people had information to make informed decisions. They encouraged people to attend housing forums to enable issues with tenancies to be discussed and actioned. They facilitated speakers to do presentations to people on issues such as banking, internet safety and mental illness.

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.

- The service was aware of the Accessible Information Standard and had guidance in place to support this.
- People's care plans outlined their communication needs and they were informed that all documents could be provided in other formats if required.

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

- Some people facilitated their own activities and took an active role in developing their interests and hobbies. They also attended college and were involved in voluntary work.
- Other people required staff to support them with activities and community involvement. Their weekly schedule was flexible to enable them to have support with person centred activities and holidays when

required. We saw a person had been supported to attend skiing lessons. Another person had been supported to visit London at night and the service supported people with booking and going on holidays, including holidays abroad.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which reflected best practice on how to respond to concerns and complaints.
- A record was maintained of complaints made. It included evidence of the registered managers investigation into the complaint, outcome, actions and feedback to staff to promote learning.
- People were provided with the information on how to raise a concern or complaint. They told us they felt able to tell staff if they had any concerns or worries. A person commented "There is always someone I can share my concerns with and they make sure management are informed". One person told us they had raised complaints about issues they had experienced in sharing facilities with other people. They felt the outcome was not satisfactory. The care coordinator confirmed the concerns raised had been looked into and they continued to look for solutions to resolve the issues.
- Relatives told us they were aware of the complaints procedure and that any issues raised were always addressed. A relative commented "They are very responsive to our feedback and work with us to find a solution".

#### End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Their care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. These included people's cultural and spiritual needs. Some people had funeral plans in place to support their wishes.
- Staff were trained in end of life care to enable them to support people appropriately. The deputy manager had researched the NHS national framework and End of Life strategy in England. They had written a document which gave information about "Six STEPS to success in End of Life" and planned to run workshops for staff to enhance their knowledge.

# 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 the same – good.

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 management team were aware and committed to the vision and values of the agency. One of the main objectives of the service was to improve technology and to use software more to enable the service to progress.
- People and staff told us the service was well managed. People commented "The management are all very good, always available and responsive", "The [registered manager's name] and [deputy manager's name] are good at taking care of things". "Management are definitely approachable, and they make a point of visiting us to check that all is ok".
- Staff described the management team as "Accessible, approachable, kind, caring and positive role models". They told us the registered manager and deputy manager worked well together and complimented each other. Staff member's commented "I enjoy my job, feel valued and always get thanks". "This is a very pleasant place to work", "We are a good team who provide a great service to people". "We work together to solve problems, we take great responsibility in completing tasks. I feel very lucky to be part of such a supportive team. We are all able to empathise and jump in and cover where needed".
- The deputy manager commented "My aim is to look after my staff to look after people". "Treating people as people and being professional is a balance but part of my job".
- The organisation ran a 'big yes award'. This was where staff were nominated for awards. Staff told us this made them feel motivated and committed to always go the extra mile.

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 provider had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong. They used this an opportunity to promote learning.
- The registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear of their roles and responsibilities. A staff member commented

"I feel empowered to develop in my role".

- Records were well organised, accessible, suitably maintained and up to date.
- The registered manager audited aspects of the service, such as health and safety, infection control and medicines. They had a matrix in place which gave them an overview of all staff's training and supervision. Alongside this spot checks of staff took place which enabled the service to monitor staff practice and get feedback from people on individual staff members.
- The registered manager had a continuous improvement plan in place which showed actions from audits were completed.
- The nominated individual told us they intended to introduce peer audits of services. These were not yet established and operational.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff. There was a survey underway at the time of this inspection.
- People had regular reviews of their care and the service facilitated meetings in the supported living services and in shared tenancies accommodation. This was to enable people to be informed of updates within the service as well as enabling them to address other issues which impacted on the group such as housing issues.
- Team meetings took place and systems such as a communication book, handovers and emails messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team. A staff member commented "Staff are supportive of each other, everyone helps each other out". "We are a good team, with a common purpose to enable and support people to live the best life they can".

Continuous learning and improving care

- They used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. Staff members commented "We always discuss incidents and consider if we could have done anything different". "We use incidents/accidents as an opportunity to learn and improve".
- Staff were proactive in seeking out learning opportunities to develop themselves and team members. For example, the registered manager had completed a diploma level 5 in Health and Social Care and the deputy manager had facilitated epilepsy awareness training to first responders to enhance their knowledge about seizures when attending to 999 calls to people with epilepsy.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- Staff liaised with organisations on behalf of people to facilitate workshops to ensure people were well informed and better able to make decisions on their health and well-being.
- Staff worked with family members in agreement with the person to promote peoples' health, safety and well-being.