

Independent Supported Living and Disabilities Ltd

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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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Independent Supported Living and Disabilities Ltd (ISLAD) provide support to up to 17 adults with learning disabilities or autistic spectrum disorder. People lived in self-contained flats all based on one location. 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. On the day of our visit there were 14 people using the service however, only three people received support with personal care.

The registered manager has been registered since June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's preference and choices in regards to end of life care was not captured, and staff had not attended the relevant training. We have made a recommendation for the service to seek current best practice on how to capture people's preferences and choices in relation to end of life care.

People spoke positively about the caring nature of staff. Comments included, "They (Staff) treat me alright. They listen to me" and "When I came home staff welcomed me with balloons, cards and flowers." We observed people were relaxed and comfortable with staff who cared and supported them. Most people said staff treated them with respect and dignity. Feedback was provided to management where people felt this did not always occur.

Most people said they felt safe from harm. Where people stated they felt unsafe we saw the provider had taken appropriate action. People said they knew what to do if they felt unsafe. For example, "No one harms me, I will tell staff." We have made a recommendation for the provider to seek current guidance on how to offer support and information to people who have become distressed after incidents have occurred.

Staff knew how to ensure people were kept safe from harm and had received the appropriate training. Appropriate risk management plans in place promoted people's safety and helped them to maintain their independence. People felt staff responded promptly to their care and support needs. This was supported by our review of the staff roster. Medicines were administered safely.

Staff had the knowledge and skills to meet people's care and support needs. The service ensured they were appropriately inducted; trained and supervised. People said staff sought their agreement before delivering care. For example, a person commented, "Yes, they (staff) ask me first (for permission before care and support took place)." Care records showed people's consent had been sought. We found the service worked in line with Mental Capacity Act 2005. People were supported to have nutritious meals and to maintain good health.

People had their needs assessed before they moved into the service. People felt staff was responsive to their needs. For example one person commented, "I had difficulty with having a shower, so I asked for a stool. Staff got me one." Care plans and risk assessments were regularly reviewed and kept up to date. The service ensured that people had access to the information they needed in a way they could understand. People were encouraged and supported to develop and maintain relationships with people that mattered. People felt confident to make a complaint if they needed to. Staff said they would ensure all complaints received were recorded and referred to their line manager.

Most people said they had faith in the service. Staff felt they were provided with feedback from managers in a constructive and motivating way. The service took a pro-active approach to ensure the quality assurance systems in place were effectively monitored and reviewed. However, these were not being monitored in line with current legislation. There were systems in place to capture and monitor complaints. People said they had the opportunity to provide feedback about the services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Most people felt safe from harm and knew what to do if they felt unsafe. Where people stated they felt unsafe we saw the provider had taken appropriate action.

Staff knew how to ensure people were kept safe from harm and had received the appropriate training.

Appropriate risk management plans in place promoted people's safety and helped them to maintain their independence.

People felt staff responded promptly to their care and support needs.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's care and support needs.

Staff were appropriately inducted; trained and supervised.

The service worked in line with Mental Capacity Act 2005.

People were supported to have nutritious meals and to maintain good health.

Is the service caring?

Requires Improvement ●

There were aspects of the service that was not caring.

People's preference and choices in regards to end of life care was not captured, and staff had not attended the relevant training.

People spoke positively about the caring nature of staff.

Most people said staff treated them with respect and dignity.

Is the service responsive?

Good 

The service was responsive.

People had their needs assessed before they moved into the service.

People felt staff were responsive to their needs.

Care plans and risk assessments were regularly reviewed and kept up to date.

People were encouraged and supported to develop and maintain relationships with people that mattered.

People felt confident to make a complaint if they needed to.

Is the service well-led?

Good 

The service was well-led.

Most people said they had faith in the service.

Staff felt they were provided with feedback from managers in a constructive and motivating way.

The service took a pro-active approach to ensure the quality assurance systems in place were effectively monitored and reviewed. However, these were not being monitored in line with current legislation.

There were systems were in place to capture and monitor complaints.

People had the opportunity to provide feedback about the services provided.

Independent Supported Living and Disabilities Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 September 2017 and 5 October 2017. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise related to people with learning disabilities.

The provider was given 48 hours' notice to inform them the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During this inspection we observed how staff interacted with people. We spoke with eight people who used the service; four care workers; one team leader; the deputy manager; registered manager; quality assurance director and operations director. We looked at three care records, three staff records and records relating to management of the service.

Is the service safe?

Our findings

Most people said they felt safe from harm however, this view was not held by everyone. For instance, one person said they did not feel safe due to a lot of banging and loud noises at night. They told us the police had recently visited the service due to an incident that resulted in the staff office window being smashed and commented, "I don't like it here and want to leave." Another person said they did not feel safe due to the aggressive behaviour of three people who lived in the service. The person commented, "I have spoken to management about this but I don't feel like anything is being done about it." The person later proceeded to tell us the deputy manager responded to their concerns and had informed them of the action that had been taken to ensure people's safety. We informed the registered manager and the operations director of the feedback received.

Before our visit we reviewed statutory notifications of incidents providers are legally required to send to us. The provider had submitted a notification about the recent police incident. This explained the circumstances of the incident and what action the provider had taken. We saw appropriate steps had been taken to ensure people's safety and the relevant agencies had been notified. We reviewed weekly 'Tenants meetings' notes and people's care records but found no record of the service providing re-assurance to people due to the recent incident. We recommend the service seek current guidance on how to offer support and information to people who have become distressed after incidents have occurred.

People had access to information about safeguarding and how to stay safe. This was displayed in an easy read pictorial format on the communal noticeboard. People said they knew what to do if they felt unsafe. A person commented, "No one harms me, I will tell staff." During our visit we saw no unsafe care practices.

Staff knew how to ensure people were kept safe from harm. Staff training records confirmed they had carried out the relevant training. Our discussions with staff demonstrated they had a good understanding of how to identify and report suspect abuse; and how to report unsafe work practices. A staff member commented, "We encourage them (people who used the service) to speak out if they are being abused. We observe for unexplained marks or changes in behaviour." An updated safeguarding policy was in place and staff had signed to confirm they had read and understood its content. This ensured people were kept safe from avoidable harm and abuse.

Risk profiles documented identified risks in areas such as, malnutrition; falls; finance and fire. These were specific to people's individual circumstances. Plans on how staff should manage these risks were in place and regularly reviewed. Risk management plans were also in place when people were supported by staff to go out to events in the community and excursions. This promoted people's safety and helped them to maintain their independence.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. For instance, one person had suffered from a seizure. The incident form recorded the date; time of incident; what had happened and action staff had carried out. We noted appropriate action had been taken to protect the person from further harm.

Safe recruitment procedures were in place. Staff records showed criminal convictions checks were carried out, written references were obtained and employment histories and medical questionnaires were fully completed. This meant people were supported by staff with the appropriate experience and character.

There were plans in place for responding to any emergencies. Signage was displayed in easy read format instructing people what to do if there was a fire. A contingency plan was in place and accessible to staff in the event of emergencies such as fire; flood; gas and power failure. Contact numbers of staff; people (with their personal information) and relevant external agencies was also available.

People felt staff responded promptly to their care and support needs. This was observed during our visit; view of the staff rosters and discussions with staff. A staff member commented, "I've been working here for a while and it (staffing levels) have improved." Whilst another staff member commented, "The ratio of staff is always one to three and a waking in staff on duty for all the flats at night." This meant there was sufficient staff to meet people's care and support needs.

Occasionally people became upset, anxious or emotional. Behavioural guidelines were in place to equip staff with preventative strategies to support them. These clearly recorded the triggers for their behaviours and how staff should respond. This helped to ensure staff supported people in a safe way.

People said they received their medicines promptly and their medicines were kept in the staff office. A person commented, "I get my medicine in the morning, midday and 8pm at night." This was confirmed by staff. A staff member commented, "We prompt people to take their medicines and they come to the office for their medicines to be administered. Two staff always is involved in the administration of medicine." We observed the administration of medicines was in line with the service's medicine policy. Staff had accurately recorded the medicines they prompted people to take. Training records confirmed staff had carried out the relevant training and had their competency to administer medicines regularly assessed. There were safe medication administration systems in place.

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to provide care and support to them. Comments from people included, "I get on with the carers" and "Some (staff) are more (skilled) than others."

People were involved in the recruitment of new staff members. Interview summaries recorded the ratings given by staff and people. This included areas such as team work; commitment and drive; customer focus; confidence and judgement; communication and influence. This helped to build people's confidence and self-esteem by having a meaningful role in the recruitment process.

Staff received appropriate induction. An induction workbook covered what staff should expect over a three month period. For instance, in week one staff met with the registered manager; were introduced to people who used the service; assigned to a mentor; familiarised themselves with the office and people's flats and were made aware of the fire procedure and fire alarm call points.

Staff had completed their essential training or was booked on refresher courses. This was confirmed by a view of staff training certificates; emails that showed confirmed training booked and what staff had told us. Staff told us they were encouraged to take up further learning. This was confirmed by a team leader who commented, "Management encouraged me to take up my current post and enrolled me on my Health and Social Care Level three course which I have completed. I am now working on Level five." Where people had specific health conditions staff had received specialist training in order to be able to support them. This meant people received care and support from staff who were competent and qualified to meet their specific needs.

People received care and support from staff who were appropriately supervised. Supervision contracts were in place. These informed staff what they should expect when attending one to one meetings with their line manager or team leader. The supervision contracts stated supervisions would take place every four to six weeks. A view of one to one meeting notes confirmed staff were appropriately supported within the specified timeline. Yearly appraisals took place to review staff member's performance and to agree plans for the coming year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

We checked whether the service was working within the principles of the MCA. People said staff sought their agreement before delivering care. A person commented, "Yes, they (staff) ask me first (for permission before care and support took place)." Care plans recorded how staff should help people to understand how to give permission for various aspects of care. For example, staff should meet with people and explain why their decision was important. Areas where people's agreement was sought included personal care; finances; medicines; post and paper work; photographs and sharing their information with other health and social care professionals. We noted where possible these were signed by the people they related to. Staff files confirmed they had attended the relevant training and demonstrated a good understanding of how to apply the MCA to their work practice. This meant people received care and support from staff who worked in line with the legislation.

People were supported to have a meal of their choice by organised and attentive staff. They told us they were choices in regards to what they could eat. A person commented, "The food's good you can eat healthy if you want." Another person showed us their fruit and commented, "The doctor told me to eat lots of fruit. I don't like it, but I try and staff tell me to eat it." We saw there were lots of apples, orange and pears in a fruit bowl. We observed a staff member assist a person with their meals. The staff member was attentive throughout and engaged positively with the person who was smiling and appeared to enjoy their meal. Menus for the week were displayed with visual pictures of the food people had chosen. Care records captured people's dietary requirements and preferences and gave staff clear directions on how to support them.

People were supported to maintain good health because each person had a health action plan (HAP). A health action plan is something the Government said that people with a learning disability should have. It helped people to make sure that they had thought about their health and that their health needs were being met. People told us staff would take them to their various health appointments, this was confirmed by the staff we spoke with and the care records viewed. This enabled people's health needs to be taken into account when developing their care plans and included a record of visits to health practitioners.

Is the service caring?

Our findings

At the time of our visit to the service in 2015 we found care records did not capture people's preference and choices in regards to end of life care. The staff training matrix showed staff had not undertaken the relevant training. This meant people could not be confident their wishes and preference in regards to end of life care would be met. We recommended the service found out about training staff, based upon current best practice, in relation to end of life care.

During this visit we viewed three care records and found people's preference and choices in regards to end of life care was still not captured. Staff training records showed they had not received the relevant training. After our visit the registered manager sent us information which confirmed staff had been booked on to end of life training in October 2017. We recommend the service, based upon current best practice, find out how to capture people's preferences and choices in relation to end of life care.

People's confidential personal information was securely protected. Information pertaining to staff and other confidential management information was locked away or protected on computers only accessible by passwords. People told us staff protected their privacy. For instance, a person commented, "Staff don't discuss my personal matters openly." This was further supported by a staff member who commented, "We don't talk about anyone on the floor. This is always carried out in the office."

During our visit we found the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We spoke to the operations director who informed us that action would be taken to address this urgently.

People spoke positively about the caring nature of staff. Comments included, "They (Staff) treat me alright. They listen to me." Another person said they were happy with the care provided and told us about a time when they had been hospitalised for a while. They commented, "When I came home staff welcomed me with balloons, cards and flowers."

There was good interaction between staff and people who used the service. People were relaxed and comfortable with the staff members that cared and supported them. Staff spoke to people with a smile and greeted them by their preferred names. We observed the way a staff member interacted with a person who was non-verbal. Staff maintained good eye contact with the person and spoke to them rather than at them, in a calm and cheerful manner. The staff member knew the person's likes and dislikes and what their gestures and body language meant. This showed people received care and support by staff who got to know them well.

Most people said staff treated them with respect and dignity. They used the example of how staff asked for permission before they entered their rooms. However, two people felt that all the female staff members were nice but commented, "The male staff aren't so nice because they don't ask us to do things nicely." We informed the registered manager and operation director of the feedback received.

People were supported to make choices in regards to their care and support needs. Comments included, "I choose my clothes and staff help me with nail polish" and "I choose my own clothes and food." Care records instructed staff to promote and encourage people to make decisions.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the service. Care records showed information had been sought from people; their relatives and other professionals involved in their care. We noted the information from the assessments had captured people's current circumstances; medical histories; communication abilities; diet and nutrition; mobility; relationships; finances; cultural and spiritual needs and daily living skills. These informed the plans of care.

People said staff were responsive to their needs. For instance one person commented, "I had difficulty with having a shower, so I asked for a stool. Staff got me one. I had problem wetting my bed, so staff bought me a new duvet. If I have problems with my health, they make an appointment with the doctor. Staff gives a tablet if I have a headache. They keep them in the medical room."

Care plans and risk assessments were regularly reviewed and kept up to date.

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records showed people's communication skills, abilities and preferences. Picture Exchange Communication System (PECS) was in place for people who required it. A person when communicating with us showed us a picture of their favourite food which was next to their chosen menu. Signage displayed in the communal areas and in the office was pictorial and in easy read format. This ensured information was given to people in way they could understand.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Comments included, "I have my family visit me once a month." Other people told us their family visited quite often or they would often go out with their family.

People told us about the activities they took part in. Comments included, "There was a cooking competition, we choose what we wanted to make and we won. We were so happy that we cried" and "In summer we do BBQ's on Sundays." Pictures were on display and showed people enjoying themselves during a barbeque and participating in other social activities. Another person commented, "Staff are nice, we have an activity room and had two parties there which is nice." We observed the activity room had a modern sofa and a music system however the decoration was bland with no other items to reflect the activities that was on offer. We brought this to the attention of the operations director who told us they were currently looking at raising funds to make further improvements to the activity room.

People had hospital passports in place which allowed hospital staff to understand what was important to people and their health when they were admitted to hospital. This meant people would receive consistent co-ordinated person-centred care when they used, or moved between, different services.

People felt confident to make a complaint if they needed to. A person commented, "I would fill in a complaint form." The communal noticeboard had a "making a complaint against our service' booklet on display. This was developed with the assistance of people who used the service. With the use of photographs of people who lived in the service and in an easy read format, the booklet explained what people should do if they had concerns. Staff said they would ensure all complaints received were recorded and referred to their line manager.

Is the service well-led?

Our findings

The service had not registered with the Information Commissioners Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The Data Protection Act 1998 requires every organisation that processes personal information to register with the Information Commissioner's Office (ICO), unless they are exempt. Failure to do so is a criminal offence. We were assured by the operations director this would be addressed immediately. During our visit we found people's personal data was kept securely.

Most people said they had faith in the service. This was based upon how approachable and supportive they thought staff were.

Staff felt they were provided with feedback from managers in a constructive and motivating way. A team leader commented, "It's good (management of the service) compared to the past." Staff team meeting notes showed staff were able to express their opinions and provide feedback on various aspects of service being delivered.

CQC registration requirements, including the submission of notifications and any other legal obligations were being met.

The service took a pro-active approach to ensure the quality assurance systems in place were effectively monitored and reviewed. The quality assurance director told us they visited the service twice a week. During these visits they would review all the work carried out by management and the staff team to ensure they were compliant with all the relevant regulations. We looked at monthly compliance questions that had been given to the service to respond to. These asked questions in relation to whether relevant checks had been completed. Such as checks on people's health action plans; financial audits; MAR charts; audits of accident logs and whether there were any safeguarding issues. The quality assurance manager would then carry out follow up visits to confirm if the work had actually been carried out. The quality assurance director stated staff were given a financial reward if they achieved 100% compliance. This was confirmed by the registered manager and staff we spoke with. These showed internal audits had been completed and identified shortfalls were addressed.

We noted quality assurance compliance checks systems were being monitored under the Health and Social Care Act 2008 (Regulated Activities) 2010 and not with the current legislation. This was brought to the attention of the registered manager and operations manager.

Systems were in place to capture and monitor complaints. A review of annual complaints log showed only two complaints had been received. A view of the service's complaint log showed complaints received were responded to appropriately.

People said they had the opportunity to provide feedback about the services provided. Comments included, "We have tenants meeting once a fortnight on a Friday. We talk about what wrong with the flats and what we

want to do" and "At tenants meetings we talk about repairs, give suggestions, we go over the rules of the service of being respectful to each other."