

Leicestershire County Council

Waterlees Supported Living Service

Inspection report

Carlton Drive Short Breaks Service
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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: Waterlees Supported Living Service is a supported living service providing personal care and support to adults with learning disabilities in their own homes. There were 13 people using the service at the time of our inspection.

People's experience of using this service:

People received safe care at Waterless Supported Living Service. The provider had protocols in place to safeguard people and minimise the risk of abuse and avoidable harm. There were sufficient numbers of staff on duty to meet people's needs. Staff safely supported people with their medicines were required.

The support that people received complied with relevant legislation and guidance. Their freedom was not restricted. Staff had the skills and experience to fulfil the requirements of their role. They supported people with their nutritional needs and to maintain their health and wellbeing.

People were supported in a kind and compassionate manner. Staff took steps to empower people to express their views about their care. They respected people's choices. Staff supported people in a way that promoted their dignity and privacy.

People had access to a range of educational, work and social activities. They were supported to raise any complaints or concerns they may have about the service. The staff team took steps to act on people's concerns and improve their experience of the care they received.

The registered manager and the staff team had a shared commitment to provide a good standard of care to people. They worked collaboratively with other agencies to provide the support people required. They had systems in place to monitor the standard of care people received.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection: Good; published 11 August 2016.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: ongoing monitoring; we will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Waterlees Supported Living 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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. Our expert by experience had cared for a person with a learning disability.

Service and service type:

This service provides personal care and support to adults with learning disabilities in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure people and staff would be available during our visit.

What we did:

Before inspection: We reviewed information we held about the service. This included notifications and the provider information return (PIR). Notifications are information on important events that happen at the service that the provider must let us know about. PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report.

During inspection: We spoke with five people that used the service, one support staff, one team leader, the care manager and the registered manager. We reviewed the care records of three people that used the service, staff records, incidents and accidents records, complaints records and other records relating to the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- ☐ People told us they felt safe when they received support from staff. Staff had good knowledge of the provider's protocols for recognising and reporting abuse. They were confident that any concerns that they reported would be acted on accordingly.
- ☐ The service had systems in place to minimise the risk of people being abused. For example, they had protocols to record and audit people's finances to minimise the risk of people being victims of financial abuse.
- ☐ Authorised staff had easy access to people's risk assessments. They reflected people's needs and provided guidance for staff to support people to remain safe when in their home or out in the community. The information in risks assessments promoted people's choice and control, and did not put undue restrictions on their freedom.

Staffing and recruitment

- ☐ There were sufficient numbers of staff on duty to meet people's needs. One person told us, "You've got staff around all the time." Staff told us that the staffing levels were sufficient to allow them to provide support in a safe manner. The managers used regular agency staff to provide cover in periods of staff absence. A staff member told us, "Generally I have not found it [staffing] a problem."
- ☐ Staff were deployed in a flexible manner to support the varying needs of people, including supporting people when out in the community.
- ☐ The provider followed safe recruitment protocols when they employed staff to work at the service. They completed relevant pre-employment checks which assured them that the employee was safe to work with vulnerable adults.

Using medicines safely

- ☐ People's medicines were managed safely. Care records provided clear guidance to staff on the level of support people required with managing their medicines.
- ☐ Where people required support with taking their medicines, staff followed the provider's guidance to store medicines and record when they administered people's medicines.

Preventing and controlling infection

- ☐ The premises was clean and well maintained. Staff had a good understanding of the requirements of using personal protective equipment when performing relevant tasks to prevent or minimise the risks of infections.

Learning lessons when things go wrong

- ☐ The provider had clear protocols and guidance for staff on how to manage incidents and accidents. We reviewed records which showed that staff applied this. Staff we spoke with demonstrated a good understanding of the protocols and how this supported their practice to provide safe care.
- ☐ The service had robust arrangements for recording incidents. When incidents occurred, incident records were reviewed by tiers of senior staff who considered and took appropriate follow up actions and considered how to reduce the risk of such incident reoccurring.

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

Good: ☐ 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

- ☐ Staff completed a robust assessment of people's needs. They did this in conjunction with people's social workers. People's mental, health and social care needs were assessed and used in developing their care plans. We saw evidence that information on their assessment and care plan were used to support them to achieve their desired outcomes.

Staff support: induction, training, skills and experience

- ☐ Staff had the relevant skills and experience to fulfil the requirements of their role. People that used the service were confident the staff were competent to meet their needs.
- ☐ Staff had received relevant training which equipped them to carry out their role effectively. During our time at the service we saw that staff understood and met the needs of people, including managing behaviours that may challenge others.
- ☐ We saw that staff effectively deescalated behaviours in a calm and professional manner. Records we reviewed showed that staff practice with managing behaviours were safe and in line with good practice guidance.
- ☐ Staff felt supported in their role. They told us they had easy access to regular support, supervision and guidance from their managers whenever they needed it.

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

- ☐ People were supported to meet their nutritional needs. Staff supported people to maintain as much independence as possible with meal planning and preparation. One person told us, "We shop on a [day] afternoon, we all go together to [shop name] or [shop name]. I like cooking." Some other people required or preferred staff to provide full support with their meals. One person told us, "Staff cook my meals, I don't cook."
- ☐ People had opportunity to have a weekly communal meal with other people that used the service. Their choices and preferences were catered for.

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

- ☐ Staff worked effectively with other professionals involved in the care of people that used the service. This included the commissioning bodies, day services providers and other relevant agencies. Records we reviewed showed that staff shared relevant information in a timely manner to ensure that the support was consistent when they used other services.

Adapting service, design, decoration to meet people's needs

- ☐ The premises were clean and well maintained. The décor was to a good standard. The design and layout

of the building met the needs of people that used the service. People lived in single occupancy or shared flats. They also had access to a communal lounge and dining area.

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

- Staff supported people to achieve their desired outcomes for their health and wellbeing. They supported them to promptly access health care services where required. One person told us, "I go to the doctors on my own. If I need someone my [family] usually comes or support staff." Another person said, "The only thing I need help with is when I need a doctor's appointment and they [staff] call in the morning."

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 with appropriate legal authority. In community services this is usually through MCA application procedures called an Order from the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We reviewed records which showed that the provider followed necessary procedures stated within a person's Order from the Court of Protection.

- People told us that staff obtained their consent before they provided support. They told us staff only provided support that they had agreed to. One person told us, "Staff ask questions [how to look after us], they respect your wishes and how you like to be looked after."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People we spoke with told us that the staff were kind to them. They told us that staff were patient and compassionate when they provided care and support to them.
- ☐ Staff took steps to explore ways to communicate effectively with people. This included using visual aids to support communication to enable people to make their own choices and preferences.
- ☐ Staff had a good knowledge of people's backgrounds and made due consideration to this in planning and delivering support.

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

- ☐ People were involved in planning their care. One person told us that they had been involved in developing their support plan. They told us that they attended an annual meeting with their key worker to review their support plan. A staff member told us, "[Planning] meetings are good because [people] are able to give their views in front of their parents."
- ☐ People had access to their support plans within their flat. They told us that staff supported them to understand the information recorded in their support plan. One person said, "It's in the cupboard, yes they [staff] go through it with me."
- ☐ The provider had protocols in place to support people to access advocacy service should they require this. Advocacy services support people to consider their options, express their wishes and promote their rights.
- ☐ Staff feedback and our observations showed that staff focused on the individual they were supporting and not on the task they were carrying out. For example, we saw that they maintained communication with people, spending time to listen to them and involve them in the support they were providing.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect. Staff addressed them by their preferred name. People gave us some examples of how staff respected their privacy such as knocking before they entered their flat.
- ☐ Staff supported people to remain as independent as possible. They encouraged people to maintain any independent living skills they may have. We saw that some people administered their own medicines or had access to their own car. One person told us, "I'm more or less independent, but prefer support to [task] and do [task]. I can't do [task]." They told us that staff promoted their independence and provided support with the tasks they required support with.
- ☐ People could be visited by their friends and family without undue restriction. This supported them to maintain their social skills and involvement with significant people in their lives.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The support that people received was tailored to their individual needs. Their support plan reflected their histories, needs and preferences, and provided guidance for staff to provide support that met people's desired outcomes.
- ☐ People were supported to follow their interests and be involved in the community that they lived in. They had access to a range of educational, work and social opportunities of their choice. Staff took appropriate actions to support them and work with other relevant professionals to ensure that people could engage effectively with these opportunities. One person told us, "They [staff] organise work placements." They went on to tell us the activities they were involved in on various days of the week.

Improving care quality in response to complaints or concerns

- ☐ People knew how to raise any concerns or complaints they may have had about the care and support they received. The service provided opportunities where they could raise any concerns.
- ☐ People told us they were confident to use the avenues available to them to raise their concerns. They told us staff and the managers took steps to resolve their complaints or concerns. One person told us about a situation they complained about and how this had improved. Another person said, "We have a meeting, they ask you what's wrong, I tell them. They do make it better."
- ☐ We reviewed the record of complaints received at the service. We saw that the registered manager thoroughly investigated the complaint, involved the individual, their family and staff on how to achieve their desired outcome. They used the complaint as a tool for improving the quality of care the person received.

End of life care and support

- ☐ At the time of our inspection there was no body receiving end of life care at the service. The service had systems in place to ensure that people received the support they required towards the end of their life. This included making referral to other agencies where relevant.
- ☐ Staff told us that they were in the process of developing the service so that people could remain in their own home for as long as they wished in the last days of their life. Staff told us about plans they had in place to support someone when they approached the end of the life. They said, "When the time comes we [staff] will work in consultation with other professionals. We will request extra [support] for when [person]'s ill."

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Staff demonstrated a shared commitment to provide a person-centred, compassionate and good standard of care to the people that used the service. We reviewed records of meetings which showed that these values were discussed and the managers took steps to embed these in staff practice.
- ☐ Staff spoke highly of the support they received from the managers. They told us they were supported with the guidance they needed to fulfil their role. They felt that their well-being was promoted and this in turn empowered them in discharging their duties.

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

- ☐ The service had a registered manager. The registered manager had a good understanding of their role. They were supported in their role by a care manager. Our findings showed that the registered manager understood and carried out their regulatory responsibilities.
- ☐ The provider had protocols in place to maintain security of the information they held. Where information was shared, this was done securely and in line with data security standards.

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

- ☐ People told us that they were involved when changes occurred within the service. For example, new or temporary staff were introduced to people that used the service. One person told us, "They [senior staff] come in with a new member of staff, they say this is so and so from the agency." Another person told us, "If they do get someone new they introduce them."
- ☐ Staff told us that they felt involved and valued by their managers. They described the management team as, "Excellent." They told us they could easily access their managers for support and guidance when needed. A staff member told us about a situation at work. They said, "I felt comfortable [career situation] because I know I will be well supported by my managers."

Continuous learning and improving care

- ☐ We found that the registered manager and staff team took steps to improve the service using learning from investigation of complaints, incidents and accidents. They used these as a tool for improvement.
- ☐ The service also provided opportunities for people to feedback their experience of the service. People's responses were taken onboard and acted on. We made recommendations to the registered manager on how to further improve this.

- ☐ The service had systems in place to monitor that people received a good standard of care.

Working in partnership with others

- ☐ The registered manager and staff team worked collaboratively with other relevant agencies and professionals that were involved in the care of the people that used the service.