Leonard Cheshire Disability

St. Helens Supported Living 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

St Helens Supported Living Service provides care and support to people living in 28 supported living settings, so that they can live in their own home as independently as possible. At the time of the inspection 13 people were receiving the regulated activity of personal care. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Individual risk was fully assessed and reviewed.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support.

Medicines were stored and administered in accordance with best-practice guidelines. Where errors had been identified, the service had taken immediate action to improve practice. For example, re-issuing guidance and organising re-training.

The service trained staff to a high standard in appropriate subjects and provided regular supervision and appraisal.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists. People receiving care told us that staff accompanied them on visits to healthcare professionals as required.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment.

People told us that staff treated them with kindness and respect. Staff knew people, their needs and preferences well and provided care accordingly. People had their care needs met in a personalised way and plans were subject to regular review.

People understood how to make a complaint if they were dissatisfied with the service. We checked the records in relation to concerns and complaints. There were a small number of complaints recorded in the previous 12 months. Each had been addressed in accordance with the provider's policy and included a written response.

People spoke very positively about the management of the service and the approachability of senior staff.

The service had a clear vision to provide high-quality, responsive, person-centred care. This was reflected in promotional materials, surveys and the discussions we had with staff. Staff and managers spoke with great enthusiasm about their roles and were able to provide evidence to support the inspection as required.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety.

Ratings from the previous inspection were displayed as required.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St. Helens Supported Living Service

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 was planned to check 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 was a comprehensive inspection.

The inspection took place on 12 March 2018 and was unannounced.

The inspection was conducted by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

As part of our planning for this inspection we sent out questionnaires to staff and community professionals. We also contacted the local authority to ask for their views. We used all of the information available to us to plan how the inspection should be conducted.

During the inspection we spoke with two people using the service, two relatives, two care staff, a team leader, an administrator and the registered manager. We also spent time looking at records, including five care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us that the service was safe. Comments included; "I feel safe here because there are people around and I can pull the cord for someone to come", "The service is safe. I'm looked after", "No concerns. We've always been satisfied. They keep [relative] safe" and "The carers themselves are fantastic."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available to staff and people using the service.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. Some of the people receiving personal care were fully independent in other aspects of their lives. For example, in relation to activities and socialising. Environmental risk was assessed for the protection of people receiving care and staff.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The employment records for staff were maintained to a high level and showed clear evidence of employment histories, photographic identification, references and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to help establish if people have a criminal record and are suited to working with vulnerable people.

Staff were trained in the administration of medicines and had their competency checked. Medicines were stored and administered in accordance with best-practice guidelines. Where errors had been identified, the service had taken immediate action to improve practice. For example, re-issuing guidance and organising re-training.

Procedures reduced the risk of infection. Staff were clear about the need to use personal protective equipment (PPE) when providing personal care.

There were a small number of incidents and accidents recorded, but it was clear that records had been accessed and reviewed to see if further action was required to improve people's safety. For example, hot-plate covers had been purchased to reduce the risk of fire following a recent incident.

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of the staff. Comments included; "Staff know the job well", "They seem to go on training often. The staff have been her since [relative] started" and "They're very good at seeing if [relative] is unwell by reading body language."

Care and support were delivered in line with current legislation and best-practice. For example, as part of Leonard Cheshire Disability, St Helens Supported Living had access to best-practice regarding disability through local, national and international research projects and partnerships.

The service trained staff to a high standard in appropriate subjects and provided them with regular supervision and appraisal. Training was refreshed to ensure that staff were equipped to provide effective care and support. At the time of the inspection compliance with essential training was 85.9%. Plans were in place to increase this to 100% within a reasonable timeframe.

People were supported to eat and drink in accordance with their needs. We saw evidence that staff worked with relatives and healthcare professionals to ensure that people had access to nutritious meals that met their preferences. For example, in relation to people who had swallowing difficulties. We spoke with one person who was supported to eat in accordance with their cultural preferences. Staff shopped for and prepared the ingredients for the person to cook their own meals.

We saw evidence of staff working effectively both internally and externally to deliver positive outcomes for people. People were also supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists. People receiving care told us that staff accompanied them on visits to healthcare professionals as required.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and best-interests decisions. People or their relatives had signed to indicate their agreement and consent. We observed staff asking for consent at various points throughout the inspection.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and respect. Comments included; "They [staff] treat me well. I've got a good relationship with them", "There's not one [member of staff] I've had an issue with. I could call anytime. [Relative] is always happy" and "I don't go home with any apprehension. [They treat relative with] empathy, respect and dignity. I can't praise them enough."

It was clear from our observations and discussions that staff knew people, their needs and preferences well and provided care accordingly. For example, one member of staff was able to describe in detail how the person they cared for; liked to spend their day, preferred their drinks and how they communicated through facial expressions and vocalisation.

People and their relatives told us they were actively involved in decisions about care. They gave us examples of how staff took time to explain important information and offer choices. People's care records were extensive and contained sufficient information to help staff understand individual risks, preferences and needs. For example, one record made reference to the need for consistency in routines and the need to use the person's preferred name to engage them. Another record detailed a person's preferences for going to bed late.

Staff were aware of the need to maintain privacy and dignity when providing personal care. Staff told us that they recognised people's personal space and were respectful when engaging with them. We saw examples of this in practice when we visited people in their homes. Staff gave us practical examples of how they respected people's right to privacy and dignity when providing personal care and supporting people with complex behaviours.

We saw numerous examples in care records of staff actively promoting people's independence. For example, one care record explained how the person could drink from a cup with the aid of a straw. Another person told us how equipment had been installed in their home to allow them to answer the door independently.

Information on the use of independent advocates was available to people in accessible formats. For example, in simplified English supported by appropriate images. Other important information was adapted to make it easier to understand.

Good

Is the service responsive?

Our findings

People had their care needs met in a personalised way and plans were subject to regular review. People gave positive feedback when asked about this aspect of their care. Comments included; "We have keyworker meetings every month" and "Anything involving [relative] they ask us to go." We saw evidence of people's involvement in care planning and review in their records.

People told us how staff supported them with activities and personal interests in accordance with their wishes. For example, one person told us how staff brought the newspaper to them so they could follow a personal interest in horse-racing. Another person had an interest in pop music and bubbles. We saw that this was reflected in the décor of their home.

The majority of people that used the service had specific needs in relation to equality and diversity. We saw that people's needs were considered as part of the planning process in relation to; disability, culture, age and religion as well as other protected characteristics.

People's needs in relation to communication were also considered. We saw evidence that important information about sensory loss was recorded in care records. This helped staff to better meet people's needs. In another example, staff had been trained to use Makaton (simplified sign language) to improve a person's ability to communicate.

People understood how to make a complaint if they were dissatisfied with the service. We checked the records in relation to concerns and complaints. There were a small number of complaints recorded in the previous 12 months. Each had been addressed in accordance with the provider's policy and included a written response. We saw evidence and were told that action had been taken in response to complaints. For example, staff had been moved and rotas reviewed.

None of the people using the service was receiving specific end of life care, but staff were aware of the need to plan in this area should the need arise. One person's care record contained a very detailed and personalised plan for end-of-life. It detailed their wish to be cremated, where this should happen and what music should be played at the service.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

People spoke very positively about the management of the service and the approachability of senior staff. Comments included; "We're always included in decisions, no matter how small", "It always seems to be very well managed" and "The manager makes you feel part of the team."

The service had a clear vision to provide high-quality, responsive, person-centred care. This was reflected in promotional materials, surveys and the discussions we had with staff. Staff and managers were able to consistently articulate the values associated with the service.

The service had a clear structure and performance framework which helped to define roles and responsibilities. Staff and managers spoke with great enthusiasm about their roles and were able to provide evidence to support the inspection as required.

A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. We saw evidence that staff had been challenged when their performance did not meet the required standards.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys. The results of the latest survey were compared to those of the national organisation to identify areas of improvement.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The service used safety and quality audits to identify and address issues relating to; staff conduct, medication errors and late calls. Information had been used effectively to improve practice and to inform further development.

Ratings from the previous inspection were displayed as required.