

Leicestershire County Council

# Smith Crescent 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

This inspection took place on 13 November 2018 and was announced.

This was the second comprehensive inspection carried out at Smith Crescent Supported Living Service; the last comprehensive inspection took place in April 2016 and was rated Good. The service continues to be rated as Good.

Smith Crescent Supported Living Service is a domiciliary care agency. It provides personal care to people living in supported living accommodation. On the day of our visit, they were providing care for eight people, two of which received personal care.

The service had a registered manager. 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.

The provider and registered manager had improved people's care and support plans, documentation and policies to be accessible in an easy read format. Quality monitoring of the service ensured people continued to receive their care as planned in a safe way.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who knew people very well. Staff had a good understanding of people's needs, choices and preferences.

People received care from staff they knew well. Staff recruitment procedures were followed and staff received training and support to carry out their roles.

Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were supported to express themselves, their views were acknowledged and acted upon. People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Smith Crescent 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 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 announced comprehensive inspection took place on 13 November 2018 by two inspectors

This was the second comprehensive inspection; the last comprehensive inspection took place in April 2016 and was rated Good.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection we asked for 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 improvements they plan to make. The provider submitted their PIR in May 2018. We took this information into account when assessing the service.

During this inspection we met with four people using the service and one relative. We spoke with five staff including the registered manager, their line manager, the deputy manager, team leader and one support worker. We also contacted the local authority that commissioned people's care who told us they had no concerns.

We looked at the care records for two people who used the service including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included five staff recruitment files, training records, supervisions and appraisals. We looked at the

staff rotas, complaints, incidents and accident reports and quality monitoring information.

# Is the service safe?

## Our findings

People could be assured that they were being cared for safely. One relative told us, "[Name] is safe I know the staff and he is looked after." There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people using hot water in the kitchen and using public transport; appropriate controls had been put in place to reduce and manage these risks.

People told us that they felt safe within their home. They felt that the staff looked out for them and ensured that the environment was safe from hazards.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager was aware of their responsibilities to notify the local authority and Care Quality Commission when there were any safeguarding concerns. Staff were involved in analysis of events that led to incidents to look for patterns or changes in behaviour to prevent further incident. All lessons learnt were shared with staff and training in safeguarding was regularly refreshed.

Staff ensured there was always a member of staff who knew people well at the service to meet people's needs, this included working additional hours whilst recruitment was on-going. Staff recruitment processes protected people from being cared for by unsuitable staff.

Medicines were safely managed. One person had expressed a wish to be more independent. Staff had worked with the person to help them manage some of their own medicines by using an alert system on their mobile phone to remind them when to take them. Staff continually supported them, one member of staff told us, "It's a work in progress, we encourage [Name] to respond to the alarm and prompt staff." There were regular audits in place and any shortfalls found were quickly addressed.

People were protected by the prevention and control of infection. People were involved in helping to prevent infection, staff spoke with people about living together in one house and keeping each other safe; they provided prompts to people to wash their hands and helped to clean door handles. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

## Is the service effective?

### Our findings

People had a period of getting to know people, staff and the home before they moved into the service. For example, one person had got to know the service over a period of months which included 'sleepovers' before moving into their new home. People's care was continually assessed to identify the support they required; their plans were holistic and included their health and social care needs. This provided staff with information that guided them in providing effective care that met people's cultural needs. Staff understood the people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Any application to deprive a person of their liberty in their own home must be made to the Court of Protection. At the time of our inspection the registered manager had made the appropriate applications for the Court of Protection. People using the service were able to give their consent and were actively involved in their care planning. Staff sought people's consent to provide their care.

People could be assured that they received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. Staff competencies were checked through work books marked by the provider and training was provided in forms that suited individual staff. The registered manager told us, "We use staff strengths and interests to lead in key areas, such as risk assessments, infection control and mentoring." Staff were supported through regular supervision and on-going support.

People were supported to have a balanced diet. People chose their meals in advance at house meetings and shopped for the ingredients. People were aware of each other's preferences and needs, for example types of diet such as vegetarian. Staff were vigilant to people's risk of choking and supported one person to follow healthcare advice to eat slowly to help prevent choking.

People were supported to attend health appointments. One person required a blood test; they had agreed to staff helping them to practice using the equipment that would be used during a blood test to help desensitise them in time for the blood test. Staff told us, this method worked well as the person could receive their health care. Staff described how they would recognise when people were unwell, one member of staff told us, "[Name] takes to their own room and doesn't eat when they are poorly." Staff sought appropriate medical help as required.

## Is the service caring?

### Our findings

People were very happy with the care and support they received. People proudly showed us their rooms which reflected their personalities and demonstrated how happy they were in the company of staff. Staff knew people very well as four of the staff had worked at the service for over seven years. As staff were local, they also knew people before they worked at the service and could relate to people's experiences in their community. One member of staff told us, "It's important to people that we know them well, especially as they get older."

Relatives were also happy with the way the service supported their relatives. One relative told us, "I see the relationship [with the service] as a partnership. [Name] visits me at home each week, they know the taxi driver well. Staff are very good and have been brilliant. They go the extra mile and staff give information on local community interests for [Name]."

People had varying levels of communication skills and abilities. Staff had taken time to get to know people to enable them to understand unclear speech and hand gestures.

People were supported to live their lives as they chose. For example, one person enjoyed a lie in at weekends. Another person liked to wear the same clothes. Staff would support this person to buy two or three sets of the same clothes so they would feel comfortable.

People's privacy and dignity were maintained. People were treated with respect; staff ensured their personal care was carried out in private and staff used towels to keep people covered.

The provider had policies and procedures which took into account people's diverse needs. People told us they did not experience any discrimination. For example, one person was supported to visit their own church with their family.

There was a person-centred approach to the service offered and how the service was run. People's care plans demonstrated how the registered manager had taken time to get to know them and involved them and their families in planning their care where possible. This included their interests and their needs; the care plans were adapted to meet people's individual needs.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act.



## Is the service responsive?

### Our findings

People received their care as planned. People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People were involved in planning their care; staff used easy read documents to help people to understand their plan and make choices about how they wanted to live their lives. People's care plans were reviewed regularly, or as their needs changed.

People were encouraged to pursue their hobbies and interests. For example, one person liked a particular type of music; staff supported them to use the equipment to listen to their music. One member of staff told us, "I am so proud of the progress people have made over the years. At first [Name] couldn't get their own drink, now they can be more independent and get one when they want." A relative told us, "Staff are proactive in getting [Name] out and offering choice. I can go with him on a boat and other local trips which is nice."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, which complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed to. There was an easy read complaints procedure in place and there was information available to people about how to make a complaint if they needed to. In the last 12 months no complaints had been raised.

People had the opportunity to discuss what it meant to be at the end of life or make their preferences known in an advanced care plan. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. For example, one person had a specific preference for their funeral plan and staff supported them to source this.

## Is the service well-led?

### Our findings

There was a registered manager who had managed the service since November 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager understood and carried out their role of reporting incidents to CQC.

The provider had worked with the registered manager to assess the quality of the service. They had identified areas for improvement including changing people's care and support files. The registered manager and staff had been involved in the development of the care and support files to ensure they would capture people's needs, preferences and goals in an easy read format. Staff told us they felt involved in the running of the service. One member of staff told us, "We have regular team meetings, there is always space provided to discuss and learn from incidents and how we can make improvements."

People using the service held meetings about the way their home was managed. Staff supported people to make decisions or understand new information by providing easy read documents. For example, easy read information on human rights, mental capacity act and safeguarding had been implemented. People also discussed and staff used easy read information to explain the CQC inspections.

The provider recognised that staff worked alone for long periods; they had robust procedures in place to enable staff to have prompt access to services and managers in case of emergencies. There were flow charts and clear instructions readily available, linked to the provider's policies and procedures, to ensure staff provided care in line with safe guidelines.

There were effective systems in place to monitor the quality of the service. Audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service, the service did not have a website.