

Accomplish Group Support Limited

Accomplish Supported Living

Inspection report

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03 July 2018

04 July 2018

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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 comprehensive inspection took place on 28 June 2018 and was unannounced. We made telephone calls to people who used the service, their relatives and to staff on 03 and 04 July 2018. The inspection was carried out by one inspector.

This service provides care and support to people living in two supported living settings and two individual flats, so that they can live in their own home 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

There was a registered manager 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 using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure

that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, most people were independent with this but staff gave support when required.

People were supported to access a variety of health professionals when required, including community nurses and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and get jobs or volunteer roles.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately. Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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?

Good ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

People had up to date risk assessments in place.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision and appraisals.

People made independent choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and these were effective.

Accomplish Supported Living

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 comprehensive inspection took place on 28 June 2018 and was unannounced. We made telephone calls to people who used the service, their relatives and to staff on 03 and 04 July 2018. The inspection was carried out by one inspector.

Before the inspection we contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

We spoke with two people who used the service and two relatives of people who used the service. We also spoke with the registered manager, a team leader, a bank support worker and one support worker.

We reviewed people's care records, three medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

There were systems and processes in place to safeguard people from avoidable harm, abuse and discrimination. Staff we spoke with confirmed they had received safeguarding training and knew what constituted abuse and knew how to respond and report it. There was a notice in the office detailing how to report concerns with contact addresses and telephone numbers. Staff understood their responsibilities to raise concerns. They told us, "We would speak to [name of registered manager] or the team leader if we had any concerns."

Staff worked with people to enable them to understand as much as they were able regarding keeping safe, however most people accessed the community independently.

People had appropriate risk assessments in place to enable them to keep safe without removing their independence. These included; social vulnerability, weight and inappropriate behaviour. These had been reviewed and updated if necessary on a regular basis. Risk assessments were used to assist people with their independence whilst managing any associated risk.

Records were kept securely stored and available to relevant people who required access.

Accidents and incidents were investigated and recorded. They were processed through the providers computer system and were checked by the provider to establish any themes and if practices could be reviewed to prevent the same incident occurring in the future.

There were sufficient numbers of staff on duty to provide support for the people who were using the service. Rotas showed they had been developed around people's required hours of support when they needed it. The registered manager told us they would only use agency staff in an emergency as they had their own bank staff.

Staff were recruited using a robust recruitment process. Staff said, "I had an interview and had to take in documents for my Disclosure and Barring Services (DBS) check." Staff files we looked at showed this to be the case. Other checks included; checking the applicants identity and obtaining two references. This was to ensure staff were safe to work with the people supported by the service.

There were processes in place for the safe use of medicines. A team leader told us that most people who used the service were able to administer their own medication. They explained that people were at different stages, some had a week's medication at a time, others had a month, some people were prompted or reminded by staff to take their medicines and others were able to order, collect and take their medicines without any support. Records were kept when staff held any medicines. These were checked during the inspection and were all completed following correct guidance.

Staff told us that they encouraged people to keep their own flats clean, however some people needed support. Staff and people who used the service together cleaned the communal areas. There were plentiful

supplies of cleaning equipment along with Personal Protective Equipment (PPE) for example, disposable aprons and gloves.

Is the service effective?

Our findings

People's needs had been holistically assessed and support had been delivered in line with current legislation and best practice. We saw that staff had received training in equality and there were processes in place to ensure no discrimination would take place.

Staff received training to enable them to provide care and support in line with best practice. The registered manager told us that as part of staff induction they attend two days at the training centre then six months on the unit training. A bank staff member said, "I have the same training as the permanent staff." Another told us that the provider had a training room in the office building. This was seen to be used on the day of the inspection. We saw the training matrix which showed what training staff had attended and when it was next due. Some staff had completed nationally recognised qualifications in health and social care. Staff were able to tell us what they had learnt during training and how they put it into practice.

Staff told us they had regular supervisions on a one to one basis with the registered manager or team leader. A team leader told us they had received training to enable them to carry out effective staff supervisions. One staff member told us, "I am still on my probation so have supervision every month." We saw a supervision matrix which showed for the full year when individuals supervisions would be carried out and we also saw completed supervision records.

People were independent with their food shopping and meal preparation. Staff told us they would assist if required. This was confirmed by people who used the service. Staff told us that one person had given consent for staff to check they were eating a balanced diet. This was documented in their care plan.

People had access to additional professional healthcare when required. Within people's care records we saw evidence of hospital or doctors' visits.

People had been involved in decisions about the environment. One person said, "It is up to us to have our rooms how we want them." They confirmed that they had been consulted when there had been any changes in the environment such as decorating or new furnishings.

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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this would be a Court of Protection Order.

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 were being met. We found that no one who was using the service had any restrictions on their liberty.

People had signed their own care plans giving consent for staff to provide support. They also told us staff always asked for consent before entering their flats or providing support.

Is the service caring?

Our findings

People and their relatives told us that staff were very kind and caring. One person said, "Yes, they are nice." A relative said, "The staff are very supportive and patient."

Staff were very knowledgeable about the people they supported. Staff worked well together to support people. One relative said, "The staff know and understand [name of person], they know what to do to support them." A relative said, "I know that [name] is very happy, I would know if they were not."

Rotas were designed to ensure staff had time to spend with people on an individual basis to enable them to do what they wanted. One person said, "There is always plenty of staff to do what we want to do." We looked at rotas and saw there were always enough staff on duty. Staff told us the team leaders would always assist and also the registered manager if needed.

The registered manager told us that most people used an advocacy service. An advocate visited both settings on a regular basis and would act on people's behalf if required. Information was available on advocacy services.

People told us that their privacy and dignity was respected. One person said, "They always knock on my door." Another said, "I like to spend time on my own and staff respect that. They check on me to make sure I am ok." Staff told us that people lived in their own flats and they were treated as such and with respect.

Personal data was kept securely in the office which was locked when no one was using it. Staff were aware of their responsibilities regarding confidentiality. Each member of staff had an individual log in for the computer system and depending on the job role had access to appropriate records.

People were encouraged to be as independent as they could be. One person said, "I am quite independent, I will ask if I need help with anything and staff will help me." Staff assisted when required but gave people choices. A relative told us how much their loved one had progressed since they had moved into the service and were developing more independence.

Is the service responsive?

Our findings

Records showed people had been involved in the planning of their care and support as much as they were able. The registered manager told us that most people's families were involved in their loved ones' care and support. Care records we looked at showed they were person centred and reflected individuals needs and requirements. They included people's background, a pre-admission assessment and care plans for each area including; communication, mental health, personal care and consent to care. They also contained personal goals, a weekly timetable and information regarding what and who was important to them. Care plans had been reviewed on a regular basis. The person themselves and family or representatives had been involved.

Staff worked with people to support their protected characteristics in line with the Equality Act 2010. Records and documents were available in easy read or pictorial form to assist people who may need support to understand them.

Within care records we found people had a 'health action plan.' This is a record of their medical needs, medication and medical history and could be used for people to take with them to appointments. Staff told us they or a family member would accompany people to appointments if that is what they wanted. The registered manager told us that if a person was admitted to hospital a staff member would stay with them to assist with their support if the person wanted or needed this.

People were encouraged to follow their interests. A team leader told us that some people had paid jobs and others volunteered at a variety of places. They told us staff would assist with finding jobs if their support was needed.

There were processes in place to enable people to complain. One person said, "I know how to complain." There had been a small number of complaints. These had been responded to following the providers process. All complaints were logged on the provider computer system where they were assessed by the provider.

Within people's care records there was a section on end of life wishes. Some people had assisted with completing this but some people had declined to have the discussion. Where this had been the case it was documented and reviewed.

Is the service well-led?

Our findings

There was a registered manager in post who had worked at the service for a number of years. They were aware of their regulatory responsibilities and requirements. They were aware of the day to day culture of the service as they visited each setting on a daily basis. We observed staff interacting with the registered manager. It was clear they were comfortable in their presence. People who used the service and their relatives knew who the registered manager was. One relative said, "I can speak with [name of registered manager] anytime."

There was an open, positive and transparent culture within the service, which promoted fairness. The registered manager and provider had a clear vision and values to ensure people who used the service received the best care and support.

Staff told us they felt well supported by the registered manager and the provider. One staff member said, "He is supportive and here all the time." They told us they would not hesitate to raise any concerns as they knew the registered manager would be supportive and would investigate. The registered manager told us they were supported by the provider. He said, "I am extremely well supported, I know the senior management by name and can speak with any of them."

The registered manager told us they had learnt lessons from when things had gone wrong in the past and as a consequence had changed some practices. For example; in the past the registered manager had to sign all maintenance requests and this had led to delays. Now all staff are able to access a maintenance request on the providers computer system and chose how urgent it was. This would be responded to directly by the maintenance team in a timely manner.

The registered manager told us the provider was in the process of finalising a new satisfaction questionnaire. This would be sent out to everyone who used the service and their representatives if appropriate, in the near future. They were able to show us a draft version. There were also small satisfaction forms available for people to use if they had concerns or compliments or wanted to report anything.

There were a number of quality audits carried out on a regular basis. These included; medicines, care plans and health and safety. The provider also carried out quality audit visits. If any issues had been found the registered manager developed an action plan, spoke with staff involved and carried out the actions. The action plan was on the providers computer system and was updated and checked on a regular basis.

The provider and registered manager worked in partnership with other organisations including; the local authority, safeguarding and multi-disciplinary teams to support the best provision of care and support for the people who used the service. Where required staff shared information in a secure way to support this.