

Envico Supported Living LTD

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Inspection report

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Date of inspection visit:
21 April 2022

Date of publication:
09 May 2022

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

Envico Supported Living Ltd is a supported living service providing personal care to up to six people. The service provides support to people with a learning disability and/or autism living in a shared accommodation within a 'supported living' scheme. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. At the time of our inspection there were five people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Right care:

People's support focused on them having as many opportunities as possible for them to gain new skills and remain as independent as they could be. The staff supported people in a person-centred way and respected their privacy, dignity and human rights.

Right culture:

Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. The staff were

kind, caring and respectful and had developed good relationships with people who used the service.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 October 2020 and this is the first inspection.

Why we inspected

The service was inspected based on the date they were registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Envico Supported Living LTD

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We observed another person undertaking some kitchen activity. We spoke with three members of staff including the registered manager, service manager and a support worker.

We reviewed a range of records. This included three people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received email feedback from five staff members, two social care professionals and a relative. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. The provider had a safeguarding policy and procedure, and staff received training in these.
- The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns and put systems in place to keep people safe from avoidable harm. There were no safeguarding concerns at the time of our inspection.
- Staff received appropriate training to enable them to meet people's needs, including those who displayed behaviours that may be seen as challenging. Staff used de-escalating techniques, and these were effective. We saw evidence of this in people's care records.

Assessing risk, safety monitoring and management

- People who used the service were protected from the risk of avoidable harm. Risk assessments and comprehensive plans to manage and minimise such risks were developed. One person told us, "I am safe here, they look after me, I am happy."
- Risk assessments were detailed, clear and comprehensive. Risks assessed included falls, personal hygiene, oral health, nutrition, mobility, continence and dependency. Risk assessments contained instructions for staff to follow to keep people safe in the home or out in the community.
- People had personal emergency evacuation plans in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire.

Staffing and recruitment

- There were enough staff at any one time to support people and meet their needs. Most of the people who used the service at the time of our inspection attended day centres and colleges. The number of staff on duty varied according to people's agreed care packages.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

- The provider had systems in place to help ensure people received their medicines safely and as prescribed. There was a medicines policy and procedure in place and a 'Professional guidance on the administration of medicines in healthcare settings' which were distributed to staff to read and sign.

- The provider kept evidence of all returned medicines, including the reason for the return, name of the medicine and the number of tablets returned.
- People had individual medicines profiles which included their name and date of birth, medicines list, GP details and allergy status.
- Care workers received training in the administration of medicines and their competency had been assessed. Training records viewed confirmed this.
- We viewed medicines administration records which were all completed in accordance with the provider's medicines administration procedure.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including masks, gloves and aprons. They also completed training in infection control prevention.
- The service manager undertook regular infection control audits to help ensure the environment was clean and hazard-free. We saw the house was clean and hygienic and well maintained.
- The provider had systems for helping to reduce the risks of people and staff catching COVID-19. During our visit we were asked to show a negative COVID-19 test and complete a form to declare we were healthy and did not have any symptoms of COVID-19. Staff wore masks at all times. The service had not had any COVID-19 cases among staff and residents.

Learning lessons when things go wrong

- There were systems to record and manage incidents and accidents and to learn from these. We viewed two incident reports which were detailed. There was evidence that following both incidents, the staff had a debrief session whereby they discussed the incident and agreed on actions to put in place to reduce the likelihood of reoccurrence.
- For example, where a person had displayed behaviours that challenged during a shopping trip, it was agreed to avoid busy shopping centres and to ensure all staff had face to face training on physical intervention. We saw evidence that the person was referred to the GP and learning disability team for support.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- The registered manager assessed people's needs prior to them moving into the service. They received assessments from the local authority who provided funding for people's care, but felt it was important to conduct their own assessments to help ensure they could meet people's needs according to their wishes and preferences.
- Prior to admitting new people, the registered manager invited them to visit the service so they could get a feel for it.
- Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. Following admission, the management team and support staff observed the person and built the care plan according to the person's needs and wishes.

Staff support: induction, training, skills and experience

- People who used the service were supported by staff who were well trained and supervised. Staff received an induction before they were able to deliver care and support to people who used the service. Their comments included, "As I am one of the first members of staff that started working at Envico, the managers were super helpful and detailed with my induction", "The induction was very thorough and support was given until I felt comfortable working" and "I learnt everything from the register manager and service manager. They gave me a proper induction when I started my job."
- Inductions included information about fire safety procedures, health and safety regulations and infection control. New staff were supported to undertake the Care Certificate and qualifications in health and social care. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff told us they received regular supervision where they could raise any concerns and felt supported. One staff member stated, "My management is very supportive, they always help me whenever I need."
- People who used the service were supported by staff who were well trained. We viewed the provider's training matrix which indicated all staff were receiving regular training. In addition to training the provider identified as mandatory, staff received training specific to the needs of the people who used the service, such as equality and diversity and physical interventions, where they learned techniques to de-escalate and manage challenging situations.

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

- People's nutritional needs were recorded in their care plan and met. People were supported to shop for food and cook their meals whenever they wished to eat. Some people required supervision and support

with cooking and staff supported them with this.

- People were supported to make decisions about what and when they wanted to eat. Recently, they had requested to get together to have a Saturday breakfast club and a roast dinner on a Sunday and had been supported to organise this themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, dentists and dieticians and staff supported them to attend appointments where needed. Appointments were recorded and included the reason for the appointment, the outcome, and if a follow-up appointment was needed.
- The provider had good working relationships with healthcare professionals who were involved in people's care. They were able to contact them and seek advice when they required this.
- The provider also liaised with learning disability teams, the psychiatric team, behaviour support team, schools and colleges and the day centre to help ensure they shared information and meet people's needs.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted in all aspects of their care and support and we saw evidence of this.
- People had signed consent forms in a range of areas including consent to have their photograph taken, consent to care provision and to share information with health care providers.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. At the time of our visit, nobody was being deprived of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person and relative we spoke with told us the staff treated them kindly and respectfully. The person told us, "The staff are lovely and kind. I like them all. They look after me. I like living here." A member of staff stated, "From everything I have witnessed, all the service users receive the best care the staff could possibly give. All staff have a good rapport with the service users and have a genuine passion to care" and another said, "We treat our residents with a person centred approach where we respect the individual and their needs."
- People received care in line with their wishes and choices. They were supported to undertake activities of their choice in their home and outside. The staff had a good understanding of people's needs and strived to meet these at all times. Care plans were written in a respectful and person-centred way.
- People's cultural and religious needs were recorded in their care plans. Support plans considered people's characteristics and included detailed information for staff to help ensure they met people's equality needs, supported them to exercise their rights and choices and maintained their human rights.
- At the time of our inspection, the service was not supporting anyone from the lesbian, gay, bisexual and transgender (LGBT+) community. People's preferences in relation to their sexuality were recorded in their support plan, and included any support they might require to meet their needs.

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

- Staff met daily with people and all were able to express their needs and views. People had regular meetings with their keyworkers to discuss all areas of the person's care and support and give them the opportunity to express their views and if they had any worries or concerns. A keyworker is a member of staff who is responsible for one or a small group of people.
- There were regular meetings for people who used the service where a range of subjects were discussed. For example activities, health and safety and safeguarding. People were encouraged to join and participate in the development of the service. Most people had mobile phones and were able to communicate by emails and applications.

Respecting and promoting people's privacy, dignity and independence

- The staff spoke kindly and respectfully about the people they supported. They explained how they supported them to maintain their independence. During our inspection, we observed one person preparing themselves a snack and washing up their dishes.
- People valued their independence and enjoyed being involved in the day to day running of the service. For

example, they were growing tomatoes and potatoes in the garden and enjoyed this.

- The staff respected people's privacy and treated them with dignity. We saw the staff knocking on people's door and waiting to be let in. They spoke with people in a kind and caring manner and there was a calm and happy atmosphere.
- Each person has an ensuite shower in each room as well as a communal bathroom which they could use if they wanted a bath.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met. Care plans were developed from the initial assessments and were comprehensive and up to date. They contained all the necessary information about the person, including their background, medical conditions and wishes and preferences in all areas of their lives.
- Care plans were clearly written and included pictures to help people understand each section. People were involved in care planning and this was regularly reviewed as their needs changed. People's care needs were clearly identified and recorded and contained how they wanted their support delivered. A social care professional told us, "My client is settled and has expressed satisfaction with the service [they] receive."
- People had access to their care plan and during their meetings with their keyworker, they could decide if anything needed to be changed. Through interactions and observations, the care plans were developed to support each person's needs and remained a live document.
- Care plans also contained information about people's strengths, skills and abilities. Based on these, staff supported people to continue exploring these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans and met. Staff were encouraged to observe people's body language where they were unable to verbalise their feelings. For example, one person's care plan specified, "Staff to observe for signals that [Person] is upset, for example when they stay in their room quietly or when they are not happy."
- One person had a hearing impairment. Their care plan specified, "Staff may need to speak loudly for me to hear them. [Person] will show which ear to speak into."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to undertake activities of their choice. For example, some people attended colleges and day centres. One person told us they enjoyed going to a club where they took part in

a range of activities.

- The staff ensured activities were meaningful and encouraged people to use any skills or talent they might have. For example, one person enjoyed quizzes on the TV and the provider was in the process of registering them to take part. Other people enjoyed music and dancing, and we saw this happening on the day of our inspection. Two people had asked to be on 'Autism's got talent'.
- Some people enjoyed indoor activities, such as colouring. A member of staff told us, "We also do a lot of activities on daily basis for every service user, taking their wishes into account." People were encouraged and supported to maintain relationships with friends and family members.

Improving care quality in response to complaints or concerns

- Complaints were logged and taken seriously and there was a complaints policy and procedure in place. Nobody we spoke with had any concerns about the service. One relative told us, "Staff treat [Family member] very well."
- Staff and people were confident the management team would address any complaint they may receive. We saw one minor complaint on file which evidenced people's concerns were taken seriously and responded to appropriately and in a timely manner.

End of life care and support

- The provider has an end of life policy in place. People were encouraged to talk about death and dying and this was discussed in meetings.
- Care plans included a section about people's end of life wishes. However, the service manager told us people were reluctant to discuss this at present. Nobody was receiving end of life care at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the staff team and the registered manager. One relative told us, "In terms of looking after my [family member], they care greatly."
- Staff supported people in all areas of their lives and helped them believe in themselves and achieve personal goals.
- Staff told us they felt supported and listened to by the registered manager and the service manager. Their comments included, "My managers always treat me with respect and cooperate with me in every matter. I feel comfortable working here, because it's a good team. In fact, I am proud to be a part of this organisation" and "I think the management are very friendly and supportive." A social care professional agreed and said, "Overall the provider does well and it is a placement I would look to utilise again in future."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and service manager were transparent and told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. The service manager stated, "If something happens to somebody, such as the wrong medication, they have the right to know what we have done. We apologise and we report to CQC and the local authority that we have failed somebody." The registered manager added, "It's about being open and honest."

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

- The provider had robust systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager undertook audits regularly and these were thorough. They included audits of incidents and accidents, medicines, finances and records such as care and support plans and meetings. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.
- The registered manager and each supported living manager conducted regular quality checks of the buildings to help ensure all areas were safe and staff were meeting people's needs. These included checks about fire safety, risk assessments, food hygiene and infection control.

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

characteristics

- People were consulted about their views of the care they received via quality questionnaires eight weeks after their admission. These were provided in an easy read format. The provider was planning to undertake yearly surveys with people and relatives.
- People had the chance to discuss their care and support during meetings with their keyworker. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.
- The provider supported the staff team by engaging them in discussions and regular staff meetings where they could raise their concerns and share information. A staff member told us, "We have regular team meetings where we discuss any concerns if we have any, to ensure our residents receive good care."

Continuous learning and improving care

- The registered manager and service manager worked well together to help ensure they ran a good quality service and met the needs of the people who used it.
- The provider kept a record of compliments they received from people and relatives. We viewed a sample of these which included, "It has been a pleasure working with Envico ... the transition was smooth... [Person] is in good hand and happy" and "Thank you so much - so lucky to have found this home for [family member]."

Working in partnership with others

- The registered manager worked in partnership with other organisations and professionals, such as the local authority who invited them to attend regular meetings.
- The registered manager had a good working relationship with a range of healthcare and social care professionals such as the GPs, learning disability teams, colleges and day centres. They shared relevant information and learned from these professionals to continue improving the service. A social care professional told us, "The staff are organised, polite and demonstrate knowledge of properly supporting people with a learning disability and mental health conditions."