

Independence Matters C.I.C.

Long Stratton Supported Living

Inspection report

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Ratings

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|---------------------------------|--------|
| 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

Long Stratton Supported Living is a supported living service. The service supports people to live in their own home as independently as possible. 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. At the time of inspection, the regulated service was supporting four people with Learning Disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service lived in their own homes within the local community. They received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood how to keep people safe from abuse and they understood how to manage risks. People received their medicines as they were prescribed. The service had systems in place to monitor incidents and accidents to prevent things going wrong again in the future.

People's needs were holistically assessed. Staff received the training they needed to deliver care in a person-centred way. People were supported to eat and drink in a way that helped maintain their independence. The service worked with health professionals to ensure people had access to healthcare. The service was focussed on making sure 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.

People were supported by staff who were kind and caring and spent time getting to know them. People were supported to be involved in their care in a way that promoted independence and maintained privacy and dignity.

The service was responsive to people's individual needs. Support staff knew people well and could quickly identify any changing needs. The service had systems in place to meet people's different communication needs. People were supported to pursue hobbies and interests and to be part of their local community.

People and staff were very positive about the managers in the service. Managers were seen as approachable. They listened and responded to people's concerns. There were robust systems in place to monitor and improve quality. The service worked closely with other organisations and professionals to enhance outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk. The last rating for this service was good (published 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Long Stratton Supported Living

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in supported living settings, so they can live as independently as possible. Each person had their own accommodation in the community. 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 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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, and support workers.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data, quality assurance records and policies and procedures were reviewed. We received feedback from three professionals working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the service.
- Staff have an in depth understanding of safeguarding and know how to identify and report concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and assessed. Guidance was available for staff on how to manage and reduce risks relating to areas such as health conditions, going out in the community, finances, behaviours and falls. People's care plans contained a section at the front called, 'Vital information to keep you and me safe.'
- The service looked at ways to manage risks in a way that helped people to maintain their independence. For example, one person required constant monitoring for health reasons, and the registered manager had recognised that the level of monitoring could be disabling and detrimental to the person's independence, so they were looking at ways of using assistive technology to keep them safe while supporting independence.

Staffing and recruitment

- Managers matched the rotas against the hours of support that people were assessed as needing. Staff worked flexibly across the service, so they could all help with covering staff absence, to make sure people were supported by staff they knew.
- There were procedures in place to make sure staff were suitable to work in this type of service.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. People were supported to be as independent as possible with their medicines. One person told us, 'I do my own medicine but supervised. If I've recently had a seizure staff help me. They know what to do and are all medicines trained.'
- Staff had received training around administering medicines safely.
- There had been some medicine errors that the registered manager had investigated. No harm was caused to people by these errors and staff underwent additional training and manager competency checks in order to prevent them reoccurring in the future.

Preventing and controlling infection

- Staff could describe how to prevent and control the spread of infection. They used equipment such as gloves and aprons to support them.

Learning lessons when things go wrong

- The service recorded incidents and accidents. Records were reviewed by the team leaders and the

registered manager.

- Trends and issues were identified, and people's care plans and risk assessments reviewed to keep people safe in the future. Where necessary referrals were made to other professionals such as social workers or mental health services to support this process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were holistically assessed to ensure their care was delivered in a way that promoted their independence. Support plans, risk assessments and mental capacity assessments were all cross referenced.
- Support plans were person-centred and included a 'This is me' section which gave details of people's hobbies, interests, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff had attended training in key areas such as safeguarding, behaviour management, first aid, fire, moving and transferring. The service had recently introduced 'True colours' training which focussed on each staff member's strengths and how they manage situations which supported the staff to work effectively as a team.
- New staff had induction training and if they were new to care, completed the care certificate, an industry recognised training programme for staff working in health and social care.

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

- Staff understood people's different dietary needs. For example, one member of staff described how they supported a person who has a soft diet.
- Staff supported people to make healthy choices in their daily meals and involved people in preparing their own food as part of developing independent living skills. One person had just prepared their own lunch when we went to visit them.
- Staff changed the level of support to people as appropriate. One relative told us their family member enjoys doing their own cooking when able, but at other times required more support from staff.

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

- Staff supported people with visits to healthcare professionals including hospital appointments, GP's, or the learning disability nurse. People had health folders to record visits and outcomes of consultations. One professional told us the service achieved 'A very good balance between their duty of care towards my customer and enabling [them] to live as independently as possible.'
- We saw on the day of our inspection people come to the office to put healthcare appointments in the diary for staff to support them.
- Two people had recently moved on from the service due to increasing needs and the service had worked with other professionals to support the moves.

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.

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

- The service was very focussed on being led by people's choice in both daily living tasks as well in activities people took part in the community. Staff understood the importance of helping people make their own choices regarding their care and support and understood the principles of the MCA.
- There was a section in each part of the care plan to allow for an individual assessment of capacity in that area. For example, two people had been assessed as not having capacity in relation to finances but did have capacity in other areas of support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to be supported by staff who were kind and caring. A relative told us the service is, "Much better for [them], everybody is friendly, and they do what they can for [them]." One person told us, "If I have problems there are several staff I can speak to and they listen, they are very good at their job."
- Staff treated people fairly and understood how to respect equality and diversity. One member told us, "I like to treat people how I like to be treated myself...give respect and dignity. Look at them and talk to them, find out about them."

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

- People and relatives told us they were involved in their care. People and relatives completed 'tell us what you think' questionnaires. One person had written, 'I like all my support staff they are friendly.'
- People signed their support plans and could choose how involved they were. One person had ticked to say, 'I have been involved in developing my support plan,' another person ticked, 'I do not wish to be involved in the development of my support plan, but I understand staff need guidelines to keep me safe although I have not been involved I accept that this is still in place.'

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote privacy and dignity. One member of staff described being respectful when supporting with personal care and making sure that people were happy with how they were supporting them as well as making sure curtains and doors were closed for privacy.
- People's independence was promoted by following the choice of the individuals. People were supported to participate in community activities they chose. For example, one person was supported to assist the priest with church services. The support worker told us they took them to the church but then left them to go in while they waited for them. They told us, 'This was a really important thing to him.'

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care continued to be personalised. One member of staff told us, "We are here to give people choice and make them have a comfortable life and lead their life in their potential. People sometimes surprise you on what they can do.'
- Files were regularly reviewed and updated as people's needs changed. A member of staff told us, 'Because we know people well we work closely with them and any changes we write down.'
- The registered manager told us care plans are live documents, so staff can update them by hand initially when there are changes if they cannot get on a computer. They were arranging for staff to have access to lap tops to enable them to update files more easily.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was provided in easy read format to make it easier for people to understand.
- People had a communication plan and a more detailed communication profile. These included details on how to support people for example by using pictures, objects of reference, signs or guidance on verbal communication such as, 'Give me time and make questions short and concise.'
- One member of staff told us a person had taught them their own version of sign language that they used to communicate.

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 supported to be part of the local community which had a positive impact on their wellbeing. This included being part of local clubs and forums. One person was supported to both play and coach football as well as travelling to watch football matches.
- One member of staff told us, 'Access to the community depends on what they want to do, shopping, visiting places or just doing things they regularly do.'

Improving care quality in response to complaints or concerns

- People and relatives completed feedback forms which provided an opportunity for them to raise complaints. These forms were in easy read format to make them easy to understand. An easy read version of the complaint's procedure was available if people wanted to make a complaint.

- The service had not received any complaints recently, but people told us they knew who to speak to if they were unhappy. The registered manager told us they tried to deal with issues before they escalated to a formal complaint.

End of life care and support

- The service did not support people at the end of their life, but they recognised when people's needs changed and responded appropriately. Two people whose needs had increased when their health deteriorated had recently been supported to leave the service to move to residential accommodation where they would receive more support. The service had worked with the individuals and professionals to make this into a positive experience to enhance the life of the individuals.
- The registered manager had arranged for staff to attend end of life e-learning, so they would be equipped to support people if they needed to respond to a sudden need.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The aim of the service was for people to 'Have access to a mix of services to create a support package that suits their personal needs and aspirations, enabling them to remain as independent as they wish to within their own homes and communities.' This ethos was apparent within the service, led by the registered manager and team leaders and demonstrated by support staff in how they supported people.
- Staff, people and relatives told us the management was open and accessible. They listened and responded to concerns positively. One person had spoken to the manager about the rota and the staff supporting them and the manager had made adjustments to the rota as far as they were able.
- Staff attended regular staff meetings and told us these were good for team working to make sure all staff, 'Sing from the same song sheet,' to provide consistent support to improve outcomes for people.

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

- There were systems and processes in place to learn from when things went wrong. Staff felt able to speak to managers about mistakes and concerns.
- On the day of inspection, the registered manager was open about the systems they felt needed improvement or where certain tasks had not been carried out due to staff absence.

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

- Managers carried out regular audits of files and documents to ensure they were up to date and accurate. An external organisation had recently been used to carry out a mock inspection for the service. The registered manager was using this to develop an action plan for improvements.
- The registered manager understood when issues needed to be reported externally such as to safeguarding or the Care Quality Commission.

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

- People were engaged in the service. One member of staff said, 'We talk together' [with people] when doing support plans.
- Feedback forms from people, relatives and staff were used to develop the business plan for the service and make improvements for the future.

- The service had strong links with the local community which were led by people's interests and needs. For example, they had links with specific churches relating to people's beliefs. They also made links with the local gym, leisure centre and clubs which supported people to stay healthy, pursue hobbies and integrate into their local community. This in turn improved people's wellbeing and self-esteem.

Continuous learning and improving care

- The registered manager had a system for monitoring incidents and accidents. They had plans to transfer to an electronic system which would enable them to more easily identify issues and trends.
- The service had recently reviewed the format of care plans to make them easier for people and staff to follow, as well as to more easily assess people's capacity to make decisions in different areas of their life.

Working in partnership with others

- The service worked in partnership with other professionals and organisations in order to enhance the care people received.
- They had worked with the local school to raise awareness and break down prejudice around people with learning disabilities.
- People using the service had given a presentation at local doctor's surgery to raise awareness of learning disabilities amongst junior doctors.