Wakefield MDC

Supported Living Service

Inspection report

Grange View
Annie street
Wakefield
West Yorkshire
WF1 2PW

Tel: 01924302680
Website: www.wakefield.gov.uk

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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 29 November 2017 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

Supported Living Service provides care and support to people living in 12 'supported living' settings, 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.
There were 25 people receiving personal care and support when we inspected.

At our last inspection on 12 and 13 October 2016 we rated the service as 'Requires Improvement' and identified one breach related to staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Safe' and 'Well-Led' to at least good. We found action had been taken to make improvements.

The service has 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 2008 and associated Regulations about how the service is run.

Staffing had improved since the last inspection as the provider had filled many of the staff vacancies and there was an ongoing recruitment drive. Staff recruitment procedures ensured staff were suitable to work in the care service. Staffing levels were flexible to meet people's needs.

Staff received the training and support they required to carry out their roles and meet people's needs. All staff had received refresher training in first aid which had been overdue for some staff at the last inspection.

People were 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 supported this practice.

We saw staff knew people well and understood how to manage risks without limiting people's freedom unduly. Staff understood safeguarding procedures and how to report any concerns. Medicines were managed safely and people received their medicines when they needed them.

Staff supported people to access healthcare services. People were involved in planning their care and support which was delivered to meet their needs and preferences. Staff supported people to lead active lives of their choosing and to keep in contact with family and friends. There were systems in place to manage complaints.

Relatives praised the staff for their kindness and caring manner. Staff we spoke with knew people well and had developed positive relationships with them. They were compassionate, considerate and respectful in their interactions with people and were skilled in communicating and responding to their needs.

Relatives and staff were complimentary about the management team and leadership of the service. The registered manager led by example and promoted person-centred care. Effective quality audit systems were in place.

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.

Medicines were managed safely. Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

Risks to people's health, safety and welfare were assessed and mitigated. Safeguarding incidents were recognised, dealt with and reported appropriately. Safe infection control systems were in place.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA).

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff and we saw staff provided them with the support they needed in a caring and compassionate way.

People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and making decisions about their care and support which was tailored to meet their individual needs.

People were supported to pursue activities of their choice both at home and in the community.

Systems were in place to record, investigate and respond to complaints.

Is the service well-led?

Good

The service was well led.

There was a registered manager who provided strong leadership and effective management of the service.

Auditing systems ensured the quality of the service continued to be assessed, monitored and improved.

Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 November 2017 and was announced. The provider was given notice because we needed to be sure that the registered manager was available and make arrangements to visit supported living settings. The inspection was carried out by one inspector and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included reviewing information we had received about the service. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete 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 returned the PIR and we took this into account when we made judgements in this report.

In the morning we visited the office location and met with the registered manager and operations manager and spoke with two assistant managers. In the afternoon we visited two supported living houses and met with eight people who lived there and four support workers. The expert-by-experience spoke with three relatives on the telephone.

We looked at three people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

At our previous inspection we found there were insufficient staff deployed to meet people's needs. There were 12 care worker vacancies yet none of these posts had been advertised and no recruitment had taken place for two years. Some staff had not received up to date first aid training which the provider had identified as mandatory training. At this inspection we found improvements had been made in both areas.

Relatives told us there were enough staff to meet people's needs. Comments included; "The shift staff are always there"; "No issues with the staff timings; if they need the staff when they are not around, my relative has a number to call" and "Staff are always there for my relative. We feel assured that (my relative) has no problems at all." The registered manager told us staffing levels were kept under review according to people's dependencies. Some of the supported living settings were staffed over twenty four hours, whereas people living in other supported living accommodation required fewer hours from staff. An on call rota provided management support to staff over twenty four hours.

Staff we spoke with told us staffing had improved with the recruitment of more permanent staff. They said the recruitment process was robust ensuring new staff had the right skills for the job. One staff member said, "Staffing's much better now but what's good is they won't just take anybody. For example, we've got one vacancy which we've interviewed for twice unsuccessfully. They won't appoint unless the person's right for the service."

The registered manager told us the provider had implemented a pro-active recruitment process which ensured vacant posts were advertised. This had resulted in eight staff being appointed since the last inspection and further interviews were taking place to fill the remaining four vacancies. Our review of staff records showed the recruitment process followed safe procedures ensuring all checks, including a criminal record check, were completed before people started work. The registered manager provided us with evidence which showed all staff had received up to date training in first aid.

Staff we spoke with had a good understanding of abuse and knew how to identify and report any concerns or allegations. They were confident that management would act on any concerns. There had been two safeguarding incidents since the last inspection and records we reviewed showed these had been fully investigated and appropriate action had been taken to protect people. Referrals had been made to the local authority safeguarding unit and notified to the Care Quality Commission.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Any subsequent action was updated on the person's care plan and shared at staff handovers. The registered manager analysed this information for any trends.

Relatives we spoke with said they felt their family members were safe using the service. Comments included; "Absolutely, (my relative) is very safe indeed"; "Extremely safe indeed" and "Very happy. (My relative) is safe and comfortable at all times, a great team." Our observations and discussions with staff showed effective risk management strategies were in place to keep people safe. We saw detailed risk assessments relating to

areas such as nutrition, bathing, and mobility. These showed how risks were mitigated to keep people safe. For example, one person's risk assessment stated they were at high risk of choking and required a special beaker which controlled the flow of liquid. We saw staff using this when they were supporting this person with a drink.

Environmental risk assessments considered the safety of the individual and staff who were working with them in the supported living setting as well as out in the community. We saw detailed Personal Emergency Evacuation Plans (PEEPs) were completed which showed the support each individual required from staff if they needed to vacate the property in an emergency such as a fire.

Staff were provided with appropriate personal protective equipment such as gloves and aprons and understood their responsibilities in relation to infection control and hygiene.

Relatives told us they were satisfied with the way medicines were managed. One relative said, "No issues with medication at all." Another relative said, "It is monitored and given on time." One person using the service told us they received their medicines when they needed them.

We saw safe systems were in place to manage medicines. Care plans provided person-centred information detailing the medicines people were prescribed and the support they required to take them. Medicine administration records we reviewed were well completed with no gaps which indicated people had received their medicines as prescribed. Staff told us they had received medicines training and had their competency assessed and this was confirmed in the training records we reviewed.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to carry out their role and meet individual's care needs. Relatives we spoke with praised the staff who they thought were well trained and skilled in meeting people's needs. Comments included; "Always very good and take their time with my relative"; "Brilliant, certainly are trained and skilled" and "Very good- definitely skilled."

The registered manager told us all new staff completed an in-house induction and the Care Certificate. The registered manager said all staff working in the service had completed the Care Certificate to ensure the standards were understood by all. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

Staff had access to essential training and regular updates to make sure their skills and competencies were maintained. One staff member said, "They're usually good at keeping us updated and it's very relevant to the needs of the people we look after. For example, we've had training on PEGs and Buccal Midazolam (a medicine used to treat epileptic seizures)." A percutaneous endoscopic gastrostomy (PEG) is where a person receives nutrition through a feeding tube placed directly into the stomach.This staff member provided support to people who were epileptic and others who were PEG fed. The training matrix confirmed staff received training the provider identified as mandatory such as health and safety, fire safety, safeguarding as well as more specialist training such as dementia and epilepsy.

Staff said they were well supported through regular supervision and appraisal and this was confirmed in the staff records we reviewed.

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. We checked whether the service was working within the principles of the MCA. Our discussions with staff and observations showed people were involved in making decisions about their care and support and this was reflected in their care records. Mental capacity assessments and best interest decisions were recorded where people lacked capacity in relation to specific decisions.

Relatives told us their family members' nutritional needs were met. One relative said, "The food is always good. The staff are good as my relative wants to help and staff allow them to." Another relative told us, "The meals are good. They (the people who live together) share meals and staff support my relative well." People's care plans provided details of their dietary needs and preferences and the support they required from staff. For example, one person's plan showed the support they needed from staff in preparing food, snacks and hot drinks. Our discussions with staff showed they had a good understanding of people's

individual preferences. When we visited the supported living houses we saw staff supporting people with drinks and discussing with them what they would like for tea.

Assessments were completed before any new tenants moved into the supported living accommodation. This encompassed people's needs and choices and the support they required from staff, as well as any assistive technology to keep people safe and promote independence. For example, the use of personal alarms, bed sensors and care link pendants. This process ensured people's needs could be met by the service and also considered compatibility with the people who were already living in the supported living setting.

Care records we reviewed and our discussions with staff showed people were supported to access healthcare services in the local community such as GPs, dentist, opticians and hospital appointments. Health action plans were in place and were updated following any medical appointments.

Good

Is the service caring?

Our findings

Relatives spoke positively about the care provided to their family members and praised the kindness of the staff. One relative said, "Wonderful, my relative has never complained. From what I have seen the care workers are brilliant. They're kind, caring and very respectful. My relative is extremely happy." Another relative told us, "The staff have a great relationship with my relative. They are so caring and respectful. I've no issues at all." A further relative said, "The relationship is brilliant between my relative and the staff. They are always caring and kind. They are just brilliant with my relative."

One person we met who was able to communicate verbally told us they liked where they lived and liked the staff. The staff member who introduced us asked the person if they wanted them to leave and the person said they would like them to stay. It was clear the person had a good relationship with the staff member and they were laughing together as the person told us about their life and what they had been doing.

Staff we spoke with demonstrated a kind and caring approach to people. Many of the staff had supported the same people for several years which had resulted in strong and supportive relationships and effective communication. Staff spoke affectionately about people and clearly knew them very well. One relative told us, "My relative is very familiar with all the staff that are on hand."

People's communication methods were clearly recorded in their support plans. We saw where people were not able to communicate verbally, staff were skilled in interpreting body language and subtle mood changes. For example, we saw a staff member identified small changes in a person's body movements which indicated they were unsettled. They responded involving the person in an activity which they knew had a calming effect and we saw the person become more settled. People's communication methods were clearly recorded in their support plans.

Information was recorded regarding people's preferences and personal histories. For example, each person had information regarding people that were important to them and their interests. People were supported to maintain contact with family and friends. One person went to stay with family every weekend, another person's friend visited and had tea with them every week. One person had an advocate who supported them. Information about how to access advocacy services was available to people using the service.

When we visited the supported living houses we saw staff treated people with respect and maintained their privacy and dignity. One staff member said, "We never forget this is their home and we are just here to support them to live their lives." We saw people were encouraged to be as independent as possible and were involved in a variety of activities.

Good

Is the service responsive?

Our findings

People were encouraged and supported by staff to make choices and decisions about the support they received and how they wanted to spend their time. If people needed support with this from others such as relatives, social workers or advocates then this was facilitated. This was confirmed in our discussions with relatives. One relative said, "They always keep us in the loop. They go through the care plan with us. They are always there for us." Another relative said, "They are wonderful, always willing to do more for us. I can't stress enough that my relative could not be in a nicer place than this one."

We saw people's care plans were person-centred and focussed on people's strengths, detailing what they could do for themselves as well as the support they needed from staff and how they preferred this to be delivered. We saw people's care plans were regularly reviewed and updated. Daily records were well completed showing the care and support people had received and how they had spent their days. The registered manager told us no one was currently receiving end of life care. However, they were able to describe the processes they would put in place to ensure people's preferences and decisions about end of life care were known and followed by all those involved in supporting the individual.

People were supported by staff to pursue interests and hobbies both at home and in the community. People's support plans showed the activities each individual enjoyed and how they liked to spend their time and daily records evidenced this was happening. We saw people had attended church, hydrotherapy sessions, a friendship club and day centres. Other regular events included shopping trips, meals out, concerts and discos. A person from one of the houses we visited had gone out with staff to the local theatre to watch a pantomime.

Relatives said the staff worked hard to ensure people led full and meaningful lives doing things they enjoyed. One relative told us, "They (the staff) bring my relative to visit me. They go out a lot. They go to garden centres. They help my relative to make blankets which they used to do when they lived with us." Another relative said, "My relative is very independent. They go to do voluntary work and goes out with the staff." A further relative commented, "They go out together, They go shopping. (My relative) is very comfortable. (My relative) can watch the soaps they love."

Relatives we spoke with had no complaints. They told us they knew how to raise any concerns and were confident these would be dealt with appropriately. One relative said, "Wonderful company. No complaints at all."

The service had a complaints procedure which was included in the service user guide and available in an easy read format. The registered manager told us no complaints had been received.

Good

Is the service well-led?

Our findings

Following the last inspection the provider had taken action to address the regulatory breach related to staffing. The registered manager told us there was now an active and ongoing recruitment programme and steps had been taken to ensure staff training was kept up to date.

The service had a registered manager who was supported by seven assistant managers. The assistant managers provided daily support and guidance to the staff working in the supported living accommodation.

Staff told us they enjoyed working at the service and said they received good support from the management team. Staff said they thought the service was well managed. They described the managers as approachable and said they listened and acted upon any suggestions or concerns they raised. All staff we spoke with said they would have no hesitation in recommending the service to people who were looking for supported living accommodation. When we asked one staff member what they thought was good about the service for people using it, they said. "They get the best care. All the staff want to be here and we're a good team. We always have their interests at heart."

Relatives we spoke with said they thought the service was well run and effectively managed. Comments included, "The management are very nice, they are very amicable indeed"; "They are organised, it's well managed and they're a great company" and "The management are extremely nice. They have meetings with us and keep us fully updated at all times."

The registered manager had systems in place to audit care plans, daily records, medicine administration records, finances, staff training, supervisions and appraisals. This meant
checks were being made to ensure documentation was being completed appropriately and staff support systems were being kept up to date. We saw detailed reports of quality monitoring visits undertaken every four months by the assistant managers at each supported living property. The reports considered the outcomes for people using CQC's five key questions; is the service safe, effective, caring, responsive and well-led. Any improvements required or areas of good practice were also recorded.

Staff told us they had regular team meetings. We saw minutes from recent team and management meetings. The minutes showed what actions had been taken from any issues raised at previous meetings.

We found the service was well managed and saw the registered manager led by example. Our discussion with the registered manager showed they were focussed on providing a quality service and were continually looking at ways in which they could make improvements for people who used the service. This was also reflected in the Provider Information Return which the registered manager had completed prior to the inspection. This showed improvements the service planned to make in the next 12 months.