Durham County Council

Supported Living Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Supported Living Services on 11 March and 14 March 2016. This was an announced inspection. We informed the provider at short notice [the day before] that we would be visiting to inspect. We did this because we wanted to ensure the registered manager would be at the registered location office.

Supported Living Services provide personal care to people who wish to live independently in their own or shared homes. The service covers the County Durham area and provides a range of care and support services to 129 people in 37 properties. People may have learning difficulties, mental health problems or physical disabilities.

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.

We spoke with the registered manager, four support managers and clerical staff, and met four support staff in three homes we visited. All staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the registered manager and support managers worked with staff to identify their personal and professional development areas.

There were systems and processes in place to protect the people who used the service from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected. Appropriate checks of the buildings and maintenance systems were undertaken to ensure health and safety of staff and people.

Risk assessments were in place for people using the service and the safety of staff members. Staff members told us of the systems they followed in case of emergency as they were sometimes lone workers.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for and supported. There were enough staff on duty to provide support and ensure that people's needs were met. Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We witnessed safe medicine administration in one home we visited.

There were positive interactions between people who used the service and staff. We saw that staff treated people who used the service with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with them being involved in shopping and decisions about meals. Individual likes and dislikes were supported with meal choices.

People were supported to maintain good health and had access to healthcare professionals and services. We saw they were supported and encouraged to have regular health checks and were accompanied by staff to appointments.

People had a person centred plan which showed how they wished to be supported. Staff were able to demonstrate how these had been developed with people and they contained lots of information about people's history and current needs and goals. They were also regularly reviewed and updated when required.

Staff encouraged and supported people to access activities within the community and also to maintain family and other important relationships.

The provider had a system in place for responding to any concerns and complaints. Staff told us they knew when people were unhappy and would take action to resolve this.

There were effective systems in place to monitor and improve the quality of the service provided. We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found.

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.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

There were safe systems in place for managing medicines.

The service had person centred risk assessments relating to people using the service to reduce any potential harm

Staff had good knowledge and support of emergency systems as they were often lone workers. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support the people using the service. They were able to update their skills through regular training and had received regular supervision.

Staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food and were involved in planning, cooking and shopping for their menu where they were able.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Staff told us how they upheld the privacy and dignity of people using the service.

We saw people were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to them.

Staff took time to speak with people and to engage positively with them. People who used the service had access to advocacy services to represent them.

Is the service responsive?

Good

The service was responsive.

Peoples' needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

People were supported to be involved in a range of activities and outings in the community that were important to them

Staff told us how they would know if the person was unhappy and how they would take action to remedy this.

Is the service well-led?

Good

The service was well led.

Staff were supported by their registered manager and support managers and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. People were asked about their views of the service on a regular basis.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that the service had made improvements following review and feedback which showed it listened to people involved in the service.

Supported Living Services

Detailed findings

Background to this inspection

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

We inspected Supported Living Services on 11 and 14 March 2016. This was an announced inspection. We informed the provider at short notice [the day before] that we would be visiting to inspect. We did this because we wanted to ensure the registered manager was available at the registered location.

The inspection team consisted of one adult social care inspector. We firstly met the registered manager at the location's registered office in Durham where we viewed records and spoke to staff members and we then visited people in three different homes around County Durham. We also viewed recruitment records at the provider's head office on 14 March 2016.

Before the inspection we reviewed all of the information we held about the service. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including; commissioners and the learning disability team and no concerns were raised by any of these professionals. We met with a commissioner on the day of our inspection.

The provider had completed 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 had completed and returned this to us in a timely fashion. The registered manager gave us an update on these improvements during the course of our visit.

During our inspection we observed how the staff interacted with people who used the service and with each other. We visited people in their own homes to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who used the service.

We also reviewed staff training records, recruitment files, medication records, safety certificates, and records

relating to the management of the service such as audits, policies and minutes of team meetings.

During the inspection we reviewed a range of records. This included six care records, including support planning documentation and medication records. We also looked at six staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure the person was protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The registered manager told us that abuse and safeguarding were discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. One person told us; "I like living here, I feel safe here," and "If the fire alarm goes off we all know to go outside."

Staff told us that they had received safeguarding training within the last three years. Staff told us that they felt confident in whistleblowing [telling someone] if they had any worries. One staff member told us; "If I ever had a problem then I would raise it straight away."

We looked at the arrangements in place to manage risk, so that people were protected and their freedom was supported and respected. We saw that risk assessments had been implemented across the service and these were now personalised and linked to people's support plan so staff had clear directions as to how to reduce any risk both in the home and community.

The service had a health and safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan [PEEP] was in place for the person who used the service. PEEPs provide staff and others with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. All staff we spoke with said they knew what to do in an emergency and practices used to keep them safe when lone working such as precautions to take when answering the door and always requesting identification from any caller. We also saw that people were prompted through tenant meetings to share their knowledge of maintaining their personal safety. We saw from minutes that one person said; "I know all about house safety, I have to keep the doors locked so strangers don't come in."

We also saw that checks on water temperatures, fire equipment, emergency lights, first aid boxes and fire drills took place in each of the homes across the service and these were monitored by the support managers.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The provider's quality manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the organisation. For example, if a safeguarding alert was inputted onto the system, an email flag was sent to senior managers within the organisation ensuring they checked that actions had been taken to ensure people were immediately safe within 24 hours. The registered manager said that they carried out checks of every accident and incident form to ensure that all accidents and incidents had been reported and that appropriate actions had been taken.

The six staff files we looked at demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check [DBS] which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and skills to meet the needs of people who used the service. The registered manager explained there was not a set criteria for staffing levels in each house but they were set according to each individuals assessed care needs. From our observations we saw that when the person needed help or support the staff were visible and available to provide help and support. There was an on-call system provided by the six support managers and they would ensure staffing would be sought from another service or from staff members if sickness was to occur. The service was using some agency staff whilst they recruited and we saw that they were consistently requested where possible and were given an induction into the service.

We saw staff working in a safe manner regarding reducing any risk from infection and staff explained to us about cleaning schedules and good infection control practice. One staff member said; "We have plenty of aprons, gloves and cleaning equipment."
There were appropriate arrangements in place to support people to manage their medicines.

We checked the medicine administration records [MAR] together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of medicines. We saw that medicines held on behalf of people were stored securely and people had locked facilities if they were responsible for storing their own medicines.

All staff had been trained and were responsible for the administration of medicines to the person who used the service. Each staff member had a medicines administration observation carried out every six months. We witnessed staff ensuring they gained the person's consent before supporting them with their medicines, and recording their administration with a second staff member.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Staff also confirmed to us that they informed a senior manager whenever they gave medicines that were "as required".

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Staff told us they knew how to report any housing related emergencies and the housing providers carried out annual maintenance visits.

Good

Is the service effective?

Our findings

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. One staff member told us; "I did the postural care course and it was the best course I have been on, it really made me think." We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered 'mandatory' and was renewed on a three yearly basis. The training plan for 2016 showed the training updates that would be due during 2016 were planned or completed. Staff also received training specific to the needs of people who used the service including autism awareness, end of life care, dementia care, postural care and recording. One staff member told us; "I had computer training as I haven't worked with them before and I was frightened about it when they were brought in. I learnt a lot."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff told us; "I had one with [name] the support manager last week." We saw records to confirm that supervision, observations and annual appraisals had taken place. Although many of the staff we met with had worked at the service for many year, induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures, undertaking the Care Certificate and shadowing more experienced staff. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life and it covers minimum standards that should be part of induction training of new care workers.

Staff meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the registered manager and support managers in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes and when we spoke with staff, they said; "We use them to encourage people to voice their opinion."

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection in the three services we visited, no applications had been made to the Court of Protection.

Staff told us that menus and food choices were discussed with people who used the service on a daily basis.

We saw that people were provided with a varied selection of meals and staff ate with the person therefore promoting a more homely atmosphere at the service. Staff told us; "We have a menu we all discuss but we usually have a takeaway at the weekend, I think people have decided we'll have pizza." One person told us; "Yes we plan and go out shopping for food, I enjoy it but some people don't like going shopping so they stay at home."

People were supported to maintain good health and had access to healthcare professionals and services. People were supported to register with the local GP and to access all community services such as dentists and chiropody. We were told about a health facilitator who was based in the local hospital and who staff would contact for any person who had a planned hospital admission. Staff told us about a recent liaison where the health facilitator visited the person before their hospital admission and was with them when they went into theatre and came back round. They told us how this had really reduced the person's anxiety and this was a good example of partnership working.

The registered manager told us that specialist support was sought where required, for example the service worked with the forensic service and a specialist moving and handling trainer visited homes to provide individual training and support for people with mobility needs. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital or other appointments. This meant people who used the service were supported to obtain the appropriate health care when it was required.

Good

Is the service caring?

Our findings

We saw staff interacting with people in a positive, encouraging, caring and professional way. One person told us; "I love all the staff that work here, I get on with them all." We spent time observing support taking place in the service in three different houses. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. One member of staff told us; "I love my job, I feel lucky to work here."

The registered manager, support managers and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that staff knew people well, including their personal history, preferences, likes and dislikes. We saw all of these details were recorded in people's support plans. One staff member told us; "I believe the people who live here; the tenants, should have choice. The people here have chosen their carpets and paint scheme. We do whatever they want to do, we went bowling this weekend, and that's what is important."

We saw that people were encouraged and supported with decision making. We saw people making decisions about how they wanted to spend their time and what they wanted to eat and drink. One person told us; "I'm going to watch Emmerdale tonight, if other people don't want to watch it in the lounge, I can watch it in my bedroom."

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices. One person told us; "I have my own shower and there is a bath so I can chose which one I want." One staff member described how they promoted people's independence and maintained their dignity when providing them with personal care support. They said; "I don't believe in doing things for people that live here but doing it with them."

One of the support managers was dignity champion and they showed us how they organised a dignity festival each year to get everyone, both staff and people using the service involved. They told us how they had produced a DVD, posters, created and performed a song about dignity which they performed in other Durham County Council services, all with people who used the service. We saw that this support manager shared their passion about dignity in care with everyone who used the service.

The house environments were developed around people with furniture and furnishings that supported their lifestyle. The service provided support to 129 service users across 37 houses and they worked with housing providers to ensure the environment could meet the needs of people living there. For example where moving and handling equipment and specialist furniture was required, we saw it was in place.

We spoke with the support managers about the use of advocacy services. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The manager told us; "We have organised advocates over particular issues for people." Support managers also told us how they supported people in terms of financial support by liaising with care co-ordinators who would arrange assessments and appointees if they felt anyone was vulnerable in terms of managing their

finances.

We looked at the arrangements in place to ensure equality and diversity and support for the person in maintaining relationships. We saw that people who used the service had been supported to maintain relationships that were important to them. In one house we visited, one of the people had just been admitted to hospital. We saw staff offering lots of reassurance to the other people in the house and told them they would be able to visit the person as soon as they got the agreement from the hospital that the person could receive visitors.

The registered manager told us that in one house where a person had been on end of life care, the staff team had received training and worked with bereavement support to share information with other people in the home during the difficult time.

Good

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I've been out for fish and chips today," and another said; "I've been to the gym and my Zumba class."

The people who used the service and the staff told us about the relationship they had with the local community and how they visited the local amenities including the pubs, friendship clubs and local shops. This showed us that people were involved in planning their care and support.

The support plans that we looked at were person centred which means they were all about the person and how they wanted their care and support to be provided. The plans had been introduced in the last year and the manager told us; "We are still learning about how the process works." support plans were in an easy read format with information about the person's likes and dislikes, risk assessments and daily routines. These plans gave an insight into the individual's personality, preferences and choices. One staff member we spoke with told us; "I am [name] keyworker and I wrote the plan with others in language that is meaningful to [name]." The support plans went into fine details about how people liked to be supported, what people should avoid and how some people liked a regular routine. This meant that the service was providing person centred support to the people in their home and the community.

We saw people were involved in developing their support plans. We saw each person had a key worker and they spent time with people to review their plans. Key worker's played an important role in people's lives, they provided one to one support, kept support plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's support plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "It is really important that for big decisions that [name], their family and us as a staff team are involved to support them."

Staff demonstrated they knew the people well. One staff member told us; "We recognised that one person may be starting with dementia, we got support from the dementia nurse and they advised using communication flash cards so we have them for when [name] needs them, we have made loads." Staff knew about their individual needs including what they did and didn't like. Staff were responsive to the needs of the person who used the service. During a visit to one home, we saw staff immediately supporting people returning from their day services with drinks and asking them about their day.

Staff told us that the person who used the service would be able to tell or show staff if they were unhappy and that they would raise any issue of concern with the manager. We saw people were asked if they had any concerns or complaints at the regular meetings for people who used the service. Staff also told us that they ensured the person's family was supported to raise any concerns or issues and that they would bring them to the attention of the registered manager or support managers. The service had not received any formal complaints during the last year.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered manager was based at the registered location and they had taken over the management of the service in October 2015 although they had worked for the provider, Durham County Council, for a number of years in senior roles. They told us they had made changes to the management structure which had led to a more streamlined line management so that support managers now reported directly to the registered manager. The registered manager said; "This now works much better, I have more awareness of what is going on and we have better consistency". There were six support managers who managed a group of homes in a defined geographical area and we saw they worked closely together and supported each other.

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member told us; "I'd report anything straight away, it might be nothing but who am I to say or make that decision."

Observations of interactions between the registered manager and support managers showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; "I can phone [name] the support manager anytime and I have done so to check things occasionally." Many staff had worked at the service for as long as it had been running and we met one staff member who had worked with one person since 1978 and told us they were delighted to now support this person in their own home.

We looked at the arrangements in place for quality assurance and governance to assess the safety and quality of the services being provided. The registered manager was able to show us the formal quality audit programme for 2015. There was a rolling programme of audits for 2015 that had been completed, and we saw how significant changes had been made in response to one of these audits. The registered manager told us they had completed an audit regarding assessing the needs of people who may have epilepsy in relation to bathing and their safety. This was in response to a national campaign and awareness raising and in this service it led to staffing levels being increased to ensure people were kept safe.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. This was based on seeking the views of people who used the service at house meetings and through an annual quality survey. House meetings covered areas such as activities, health and safety but also person centred planning and people's choice and rights and these took place regularly using a picture format for easy read where necessary. The registered manager also told us they were about to implement a newsletter being launched his month. They said; "The only problem will be trying to condense it, there is so much people want to go in it!"

Records in each home showed that audits of housekeeping, support plans, policies, medicines, finance and health and safety had been completed every month. This meant people were kept safe and any issues or discrepancies were identified and dealt with quickly.

We discussed partnership working with the registered manager and they explained to us how they maintained links with the local community and other services people may use and how important it was for people to socialise in the community and keep in touch with friends. This was also evident in support plans and when we spoke with the people who used the service and staff. It was made clear that people were part of their local community. We saw in recent tenant meeting minutes that people were asked about their views of keeping in touch with people and visiting places. One person said; "We go all over the place when the weather is good, we're waiting 'til all the farms, zoos and parks are open."

Staff told us morale was good and that they were kept informed about matters that affected the service. Staff meetings took place regularly on a regional or "patch" basis and staff were encouraged to share their views. We saw records to confirm that this was the case.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.