

The Lisieux Trust

Supported Living

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

About the service

Supported Living is a supported living service providing personal care to seven people with learning disabilities or autistic spectrum disorder at the time of the inspection.

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 receive 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

People were kept safe by staff who knew how to report and act on concerns of abuse. Risks to people's safety were well managed and people received support from a consistent team of staff. Medicines were managed safely.

Staff received training relevant to their role to enable them to support people effectively. People had support to meet their dietary needs and access healthcare support where needed.

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.

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.

People were supported by staff who were kind and caring. People were given choices and their independence was encouraged.

People were supported by staff who knew them well. Activities and employment opportunities were based on people's individual interests. Complaints made had been investigated and people's end of life wishes had been explored.

People and staff spoke positively about the staff team and told us the service was well led. There were systems in place to monitor quality and although these were not applied consistently, the provider had

plans in place to improve on these. People were given opportunity to feedback on the quality of the service and the provider displayed a commitment to learning and improving care.

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 21/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

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 completed by two inspectors.

Service and service type

This service provides care and support to people living in five 'supported living' settings, 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.

The service did not have a manager registered with the Care Quality Commission. However, a manager had been recruited and was in the process of applying to register.

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 would be in the office to support the inspection.

Inspection activity started and ended on 19 September 2019. We visited people in their own homes on 19 September 2019. We also visited the office location on 19 September 2019.

What we did before 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 visited four people who used the service to discuss their experience of the care provided. We spoke with four members of staff as well as the manager and the nominated individual.

We reviewed a range of records. This included three people's care records and multiple 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 quality monitoring audits were reviewed.

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 for 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

- Staff had received training in how to safeguard people from abuse and knew the actions they should take if they had any concerns. One member of staff told us, "I would tell my line manager and if they didn't act, I would take it further."
- Where concerns had been raised, the manager has responded appropriately and took action to ensure people were safe. This included sharing information with external agencies where required.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety, risk assessments had been completed detailing the risk and how staff should respond to this. Risk assessments were detailed and staff we spoke with demonstrated a good understanding of these. For example, where people could display behaviours that challenge, assessments fully explained the triggers to behaviour, early warning signs and how staff could prevent an incident escalating.

Staffing and recruitment

- Staff had been recruited safely. Records showed that staff had been required to provide references and complete a check with the Disclosure and Barring Service prior to commencing employment.
- People told us that staff were always available to them when needed and that they were supported by a consistent staff team. One person told us, "There is always staff around." Another person explained that occasionally different staff would arrive to support them but that the manager always informed them of this in advance so that they knew who to expect. The person said, "We do have different staff sometimes but [manager] always calls to let me know that it's cover staff."

Using medicines safely

- People told us they received safe support with their medicines. One person told us, "I have painkillers. I had stomach ache today, so staff helped and gave me a painkiller."
- Records we looked at indicated that people had received their medicines when required. Medication Administration Charts had been completed accurately.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection and had access to the personal protective equipment they needed.

Learning lessons when things go wrong

- The provider and manager displayed a commitment to learning lessons when things go wrong. For

example, we saw that following concerns being raised about staff, the provider took action to address this and improve the service for people in future. This included following disciplinary procedures where needed.

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

- People's needs had been assessed prior to them receiving support from the provider. These assessments were then reviewed regularly by managers as part of their quality monitoring.
- Assessments completed considered any protected characteristics under the Equality Act. For example, we saw that people had been asked about their religious needs or any needs in relation to their sexuality.

Staff support: induction, training, skills and experience

- Staff told us that prior to commencing work, they had completed an induction that included completing training and shadowing a more experienced member of staff. New staff had also been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to. Staff spoke positively about their induction experience. One member of staff told us, "The induction prepared me [to support people] as I gained the knowledge from the Care Certificate and then used this to make improvements in how we work."
- Staff had access to ongoing training to enable them to support people effectively. Staff told us they felt the training was beneficial and felt able to request additional training if they wished.
- Training records identified a number of gaps within staff training. We raised this with the provider who had already identified this and was working on getting staff training updated.

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

- People who required support with their meals told us they were satisfied with this support. One person told us, "I get a choice of what I want to eat and staff know what I like and what I don't like."
- Records clearly stated where people had specific dietary requirements and staff we spoke with were aware of these.

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 to receive timely care where required. Records showed that people had been supported to access healthcare services including dietitians, opticians and podiatry. People had also been supported by staff to access annual health checks with their GP.
- People told us that staff would seek more urgent medical attention for them when needed. One person told us, "I have a problem. The doctor is coming. Staff called him for me."

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.

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 who received support from the provider all had capacity to make decisions. People told us that staff always sought their consent before supporting them and staff could demonstrate how they seek consent from people. One member of staff told us, "I always ask, If [person] didn't want my support, I wouldn't step in, I would just observe."

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

- People told us that staff were kind to them and that they had good relationships with their staff team. Comments about staff included, "Staff are really nice, they look after me" and, "[staff member] is the best, she helps me make cakes."
- Staff spoke about people in a kind and compassionate way. One staff member told us, "[person's] home is home from home for me. We are a big happy family and it is a joy [to work with person]."
- We saw positive interactions between staff and people that demonstrated the caring nature in the staff team. For example, one person became upset while we visited them. The staff member responded by affectionately hugging the person and comforting them with words. The person then visibly relaxed and displayed a happy appearance once again.

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

- People told us they were supported to express their views and were given choices. One person told us, "Of course I get choices." Other people told us that they took part in 'house meetings' to support them in expressing their views. This was attended by the manager so that feedback could be given directly.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples of how staff ensured they remained independent. One person said, "I have had a training day today, practising washing and cleaning." Another person told us, "This morning, staff helped me to Hoover my room." Records showed there was a clear emphasis on promoting independence and people were being supported to acquire the skills needed to achieve this. For example, people were being supported on training days to learn to travel independently.
- People were given privacy when they requested it. One person told us, "Staff are always here but they leave me alone when I want to be." We saw that when we visited people in their own homes, staff were keen to give people privacy and were seen asking people before entering rooms.

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 felt they were supported by staff who knew them well. Staff we spoke with displayed an in-depth knowledge of people's likes, dislikes and preferences with regards to their care. It was clear from conversations that staff had taken time to get to know people. For example, one person had an interest in Disney characters and had items of personal significance to them. Staff were aware of the importance of these items and were seen treating them with care and respect.
- Records held clear, detailed, personalised information about people. There was a culture of goal setting in which people were supported to set goals and work towards these. A number of people had recently achieved their goals, including one person who had prepared their own meal and another who had arranged their birthday party. People spoke positively about the support they received to meet their goals. One person spoke excitedly about staff supporting them to reach their aim of swimming with dolphins.

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.

- Where people had a sensory impairment, records clearly detailed this and gave guidance on how staff should support the person. For example, communication care plans gave information on how people communicated best including eye contact and tone of voice.

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 had access to a number of activities including educational courses and employment opportunities. For example, people we spoke with told us they worked in local nurseries and retail stores as well as growing vegetables in the provider's own allotment and visiting the gym. People's activities were individual and centred around the person's interests. It was clear from feedback that people enjoyed the activities they took part in.

Improving care quality in response to complaints or concerns

- People knew how they could make a complaint if needed. One person told us, "I would tell the staff if I had any concerns. They would help me."
- Information on how to complain was provided to people in an accessible way. People had access to pictorial postcards to support them in expressing their complaint to the provider.

- We looked at records held on complaints and found that complaints made had been investigated and resolved. The manager had spoken with people to inform them of the outcome of their complaint.

End of life care and support

- Although no-one who receives support from the service required end of life support, the provider had explored people's wishes with them. This would ensure that the provider would be aware of and able to act on people's wishes should they suddenly become unwell and need end of life care.

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 knew who the manager was and spoke positively about them. One person told us, "I see [manager]. They visit me once a week to check I am ok."
- Staff morale was high and staff reported feeling supported by their manager and the provider. One member of staff told us, "Every few days I get telephone calls from my manager just checking on me. They have been very supportive. I didn't know it was possible to have a job you actually enjoy."
- There was a clear focus at the service on promoting people's independence and supporting them to achieve their goals. This had positive outcomes for people who were seen to be reaching their goals and expanding on these.

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 provider acted on their duty of candour. Where concerns had been raised, these had been shared openly with all relevant agencies.

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

- There were systems in place to monitor the quality of the care provided. This included audits of care files, recruitment checks and compliance with CQC's Key lines of enquiry. However, these had not always been completed in a consistent way and we identified gaps in some of these audits. We raised this with the manager who had already identified this issue and was working on an improved auditing system to ensure more effective quality monitoring in future.
- The provider was aware of and meeting the regulatory requirements of their role. Their provider information return had been sent to us as required and the provider had also submitted notifications to us as required when incidents occurred.

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

- People were engaged within the service. People had house meetings in which they could provide feedback on their experience of care directly to the manager. In addition to this, people also had access to pictorial postcards to indicate to the provider whether they were happy or not with their care. Where the postcards had been completed by people, the provider had followed up on these.

Continuous learning and improving care / Working in partnership with others

- The provider displayed a commitment to continuous learning and improving care. For example, the provider had identified their own areas for improvement including reviewing staff training and changing the quality monitoring systems. In addition, the manager expressed their plans to improve the service provided further by introducing new care planning systems and encouraging people to be further independent.
- The provider had worked alongside other agencies to support them in meeting people's needs. We saw that the provider had joined up with local organisations to provide some of the activities people enjoyed including dance classes and the special Olympics.