

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

West Supported Housing and Domiciliary

Bury Resource Centre, Hollow Road, Bury St
Edmunds, IP32 7AY

Date of Inspections: 25 June 2014
23 June 2014

Date of Publication: August
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Leading Lives Limited
Registered Manager	Mrs Jennifer Mills
Overview of the service	West Supported Housing and Domiciliary provides personal care to people who live in their own homes.
Type of service	Supported living service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 23 June 2014 and 25 June 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with nine people who used the service, looked at five care records and spoke with the registered manager and four members of staff. We viewed the staff rota's, service policies for the administration of medication, safeguarding and quality monitoring systems. We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

When we arrived at the service administration centre the reception staff greeted us, noted our identification and asked us to sign in the visitor's book. We were invited to visit people in their own homes. We were introduced to people who used the service by members of staff and on each occasion our identification was checked. This meant that the appropriate actions were taken to ensure that the people who used the service were protected from others who did not have the right to access their home.

We reviewed training records regarding the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and saw that training had been delivered on 20 May 2014. The Care Quality Commission (CQC) monitors the operation of DoLS. While no applications have needed to be submitted, correct policies and procedures were in place.

Is the service effective?

There were systems in place to audit medication and care plans which ensured there were effective systems in place for the delivery of care.

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that staff had signed records to show they had been reviewed and updated appropriately. One person told us,

"The staff have helped me and I have learnt new things to be more independent."

Is the service caring?

We saw that the staff interacted with people who used the service in a caring, respectful and professional manner.

Is the service responsive?

We spoke with one person who explained to us the support they had received from the staff regarding a medical condition. They said, "The staff responded so quickly when I was not well and have continued to help me with the support of my doctor." The service had an effective complaints procedure in place which included a pictorial system to enable people to make a complaint.

The service has worked with three advocacy services to identify and respond to people's needs.

Is the service well-led?

Staffs were provided with supervision and there were weekly staff meetings. The registered manager and senior staff had arrangements in place to be in 24 hour contact with staff to support them as required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We inspected five care plans and found there was a system in place to update the plan as required and the plan was reviewed each month. Care had been planned specifically for each person with regard to their particular individual assessed needs. One person told us, "The staff help me with my shopping, I like buying clothes the best." The person explained that they believed the staff cared for them as they had been introduced to a number of clothing shops to increase the choices of clothing available to them. We saw a member of staff discussing menu planning to check what the food options the person wanted to purchase.

We saw that the service had planned and delivered staff training with regard to the role of the key worker and writing care plans. The importance upon how to structure care plans to support the person's independence had been emphasised in staff training in April 2014. Each member of staff was a key worker to a person who used the service. The registered manager explained to us how the service had involved the people who used the service to appoint their key worker.

In each care plan there were assessments of individual need. One care plan addressed how to increase the person's independence. An aspect of this was supported cooking and helping the person make healthy option choices. One person told us, "I go shopping with the staff to buy the food we like to eat." This meant that support was planned and provided with regard to the individuals care needs.

We saw there was a copy of the care plan in place in the person's home and also at the administration office. We were told that each plan was updated to ensure they were both accurate. People's preferences, which included how they liked to be addressed, were included. One person we spoke with told us, "The staff are nice and help me with the laundry." Another person told us, "The staff help me with my shopping, I like buying clothes the best." The person explained that they believed the staff cared for them as they had been introduced to a number of clothing shops to increase the choices of clothing

available to them. We saw a member of staff discussing menu planning to check what the food options the person wanted to purchase.

We saw that risk assessments were in place. One risk assessment explained how to support a person safely to have a bath. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We spoke with the registered manager and four members of staff. Each member of staff informed us that the service provided them with sufficient information about people's care needs prior to them meeting the person. Within each care plan there was a contact sheet with important information regarding the person's next of kin and doctor.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The registered manager and staff had undertaken training in the safeguarding of vulnerable adults from abuse (SOVA) in December 2013. We saw that the service had a policy and procedure for the safeguarding of vulnerable adults from abuse.

All new staff received safeguarding training as part of their induction when they joined the service. The training programme contained the types of abuse and the responsibility placed upon each staff member to respond appropriately should a situation occur. The registered manager explained to us that abuse is periodically discussed in team meetings.

The registered manager discussed safeguarding with us at our inspection. We spoke with two members of staff and they were aware that staff members could report a matter of safeguarding to the local authority safeguarding team. The staff were also aware they could also call upon the registered manager or person in charge of the service for support with matters of safeguarding. This meant the service had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke to staff about the systems in place for ordering and recording medication. We saw that the service had a policy and procedure for the administering of medication. At one person's home, we saw that medicines were safely stored in a locked cabinet. The keys to the medication storage facilities were kept safely by a member of staff at all times. There were assessments in place which determined that people who used the service, could not at that time look after the medication that was prescribed for them. This meant the service kept medicines securely and in an appropriate manner.

Medicines were delivered to people's homes from the pharmacy, clearly identifying the medication, the dose and when to be taken. Accurate records for the receipt of medicines were maintained. We saw that three people's medication administration record (MAR) charts were accurate, with staff having signed appropriately when they had administered each medicine. The reasons were recorded when people had refused medication or medication had not been administered. There were no gaps in any of the three records we inspected.

Each person had their photograph on an identification sheet in front of their MAR chart. This was in order that staff could identify people correctly before giving medicines to them and people's allergies were also recorded. This meant that the service had up to date and accurate records regarding people's medication.

We saw that staff underwent training and were deemed as competent before they could administer medication to people who used the service. The training covered how to support people who self-medicated. The service policy explained what the staff were to do should there be an incident of mal-administration. We noted evidence that when there had been an error with medication in the first instance the appropriate support and care had been provided to the person who used the service. The staff concerned were re-trained and the service had recorded what could be learnt from the situation to improve the service for all concerned.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at three sets of staff records and found that in each case the policy had been implemented. The registered manager informed us that each new member of staff had not commenced working with people who used the service until they had completed the service's induction training. We saw the content of the induction training and spoke with a senior staff member about how the training was comprised and delivered. The senior team had drawn up the induction training to ensure new members of staff were given the necessary knowledge to provide care to people who used the service. We viewed the on-going training which had been delivered and was planned for the year ahead for all staff. This meant that staff received appropriate training to support them in their respective work role.

To support the new member of staff they were introduced by a colleague to people who used the service before they were assigned to work with them. This was followed by a period of shadowing an experienced colleague until they felt confident to provide care to people who used the service on their own. This ensured that the care staff had the basic skills needed to provide care that met the needs of the people who used the service. There was a telephone log of times when staff had requested support and guidance regarding care delivery from senior colleagues at the administration centre. Relevant details were recorded which included the support provided by the senior member of staff to the staff enquiry for support.

We saw the service had a policy and procedure and additional information for staff regarding supervision and a performance appraisal. The service was in the process at the time of our inspection of planning the yearly performance appraisal but none had been provided in the previous year. One member of staff told us, "Although I have worked in care before I have learnt so much from the induction training." We saw evidence that staff received regular one to one supervision of their work from an experienced senior member of staff. This meant that staff received appropriate training and support.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at three sets of staff records and found that in each case the policy had been implemented. The registered manager informed us that each new member of staff had not commenced working with people who used the service until they had completed the service's induction training. We saw the content of the induction training and spoke with a senior staff member about how the training was comprised and delivered. The senior team had drawn up the induction training to ensure new members of staff were given the necessary knowledge to provide care to people who used the service. We viewed the ongoing training which had been delivered and was planned for the year ahead for all staff. This meant that staff received appropriate training to support them in their respective work role.

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About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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