

Independence Matters C.I.C.

# Norwich 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

Norwich Supported Living is a registered community based adult social care service providing personal care to people living in three supported living premises. The service offers 24-hour support and care to people who have a learning disability. There were 15 people who were receiving personal care from the service when we visited.

The inspection took place on 16 June 2016 and we gave the provider 48-hours' notice before we visited. This was the first inspection since the service was registered on 1 November 2013. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe as staff were knowledgeable about reporting any suspicions or incidents of harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff we met received training and were able to demonstrate a good understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Staff were supported and trained to do their job. People were supported to access a range of health care professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. The team managers and support staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated.

People had adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care and support was provided in a kind, caring and a patient way.

People's hobbies and interests had been identified and they were supported to take part in a range of activities that were meaningful to them.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, where needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions in relation to the support and care provided and staff acted on what they were told. There were strong links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

## 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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's care needs.

Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were aware of the key principles of the Mental Capacity Act 2005. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

An ongoing training and supervision programme was in place to ensure that staff had the support, knowledge and skills to support people who used the service.

People's social, health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to pursue activities and interests that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

### **Is the service well-led?**

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

There were strong links with the local community to create an open and inclusive culture within the service.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

**Good** ●

# Norwich Supported Living

## 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 16 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the 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 any improvements they plan to make

During the inspection we visited the services office, spoke with eight people who were living at the three supported living premises. We also spoke with the registered manager, two team managers, four care staff and the quality and compliance director. We also spoke with three care managers from the local authority who commissioned these services and a student nurse. We reviewed four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

## Is the service safe?

### Our findings

People we spoke with were positive about the support they received and one person told us that: We observed staff whilst they were assisting people who used the service and we saw that there was a friendly, professional and cheerful rapport in place. Staff listened to people in an attentive way and dealt with any concerns or queries the person raised about their safety including when they were going out for a trip in the local town. This showed us that people were listened to and promptly reassured by the staff on duty.

The staff had access to the contact details of the local safeguarding team and safeguarding reporting information was available to them. Safeguarding training had been provided for staff and refresher training had been given annually. Evidence of staff's up to date ongoing training was seen in the training records held in the service's office. Staff that we spoke with confirmed that they had received safeguarding training and ongoing annual refresher training sessions. One member of staff said, "I know where safeguarding information is kept and I would never hesitate in reporting any incidents or allegations of harm to my manager and to the safeguarding team at social services if ever I needed to."

Staff demonstrated that they were aware of their safeguarding responsibilities and would not hesitate in reporting any incident or allegation of harm. Staff knew of the whistleblowing procedures and felt confident that they could raise any concerns with the registered manager regarding any poor care practice that they had witnessed or were concerned about.

Care plans were complemented by up to date risk assessments to ensure, as much as possible, that the person remained safe and that care and support could be appropriately delivered both at service and when in the community. Examples included moving and handling, challenging behaviours and assistance when out in the community. Staff we met showed that they were aware of ensuring people were kept safe in accordance with the person's risk assessments.

We saw the medicine administration records (MAR) of people that we visited and they had been accurately recorded. The level of assistance that people needed with their medicine was recorded in their support plan. The registered manager and team managers regularly audited the MAR sheets to ensure records were being safely and accurately maintained. Medicine administration training sessions were provided and refresher training was given annually. Staff confirmed this to be the case. We saw that staff had annual competency checks undertaken by the team manager to ensure they safely administered medicines. The team managers confirmed that additional training would be given to staff whose competency needed to be improved before continuing to administer medicine. Evidence of ongoing training and competency checks were seen in a sample of staff training records that we saw.

Staff only commenced work in the service when all the required recruitment checks had been completed and we saw three staff records which confirmed this to be the case. All recruitment checks were carried out by the provider's via the provider's human resources (HR) department in conjunction with the registered manager and team managers. Recruitment records were held centrally at the organisation's HR office and the service received a confirmation sheet to confirm that satisfactory recruitment checks had been

completed. Checks included; proof of identity, references and a satisfactory disclosure and barring service check (DBS). The registered manager and team managers ensured that recruitment records were up to date and that ongoing updates regarding staff's DBS were in place in conjunction with the HR department.

During our inspection we saw that there were sufficient numbers of staff to meet people's needs. This included being able to safely assist people with personal care, accompany people where needed to attend appointments and to be able to assist people to go out shopping when required. We saw that the registered manager monitored staffing levels and where people's needs changed additional staff were rostered when necessary. Where there were staff vacancies or shortages due to staff sickness or leave bank workers and agency staff were used where necessary.

Staff confirmed that they received regular recorded supervision sessions and told us that they felt well supported by the registered manager, team managers and their staff colleagues. Staff also confirmed that they received an annual appraisal to monitor their development, performance and work practices.

The registered manager monitored accidents and incidents and identified any recurring trends. Examples included the monitoring of people's mobility and referrals made to the local 'falls team' where appropriate. We saw that there were individual fire and personal emergency evacuation plans in place for each person to make sure they were assisted safely in the event of an emergency. We saw that fire alarm, fire drills and emergency lighting checks were regularly carried out to ensure people's safety.

## Is the service effective?

### Our findings

One person we spoke with said, "I am really happy living here and the staff help me with sorting out my laundry and to go out and visit shops and cafes." Another person said that, "The staff help me to go on daytrips and to go shopping for clothes."

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. The atmosphere in each of the supported living premises was homely, calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw that there were enough staff on duty to be able to provide both support to people at service and to be able to accompany people in attending their hobbies and interests in the local community. One person told us that "I can go out whenever I want and visit friends and other places I like."

Staff confirmed that they had undertaken training and had an understanding on the Mental Capacity Act 2005 (MCA) and this was confirmed by the staff training record we looked at. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves either with, or without, support from staff. The registered manager was also aware of the relevant contact details and reporting procedures regarding this area. Due to their level of awareness about the MCA and DoLS codes of practice they were knowledgeable about when to contact the relevant authorities should people's needs changed.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from their variety of training sessions. Examples of training included but were not limited to, MCA, food hygiene, first aid, epilepsy, de-escalation of challenging behaviours and safeguarding people from harm. Staff told us that they were supported to gain further qualifications and examples included the Diploma in Health and Social Care and the Care Certificate (nationally recognised qualifications for staff working in the care field). Staff we met told us that these qualifications helped to expand on their skills and knowledge of people and their care needs. Training was monitored by the team managers and registered manager and staff we spoke with confirmed that they were informed of dates when they would need to refresh/update their training.

We saw that care records gave staff detailed information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. We saw that people were assisted to take part in daily living tasks and were encouraged to make choices including meals they preferred and places they wished to visit in the local community. One person we met told us that they were looking forward to going on an activity they had planned with assistance from staff.

People were free to use the kitchen and they were able to prepare drinks and snacks with staff assistance where required. People told us that they enjoyed their meals and that staff assisted them with cooking and shopping. People also told us that they were involved in planning meals and went to local shops with staff to purchase food during the week. People said that they could choose something different if they did not wish to have the planned meal. We saw staff discussing the evening meal choices with people and offering

them alternative choices. The staff told us and records confirmed that people were assisted to access appointments and seek advice from nutritionists and dieticians whenever people's dietary needs changed.

We saw that people had regular appointments with health care professionals and these were recorded in people's daily records. We spoke with three care managers from the local authority who had regular contact with the service. They were all positive about the care and support being provided and told us that communication was good and information provided by the registered manager and staff was professional and detailed. They told us that they worked closely with the registered manager, team managers and staff team and that they met to review and discuss changes and issues regarding people's care and support. A care manager told us that any advice or agreed protocols were followed by the service's staff and that they were proactive in reporting any concerns. We also spoke with a student nurse who had had contact with the service and they too were positive about the care and support being provided to people.

## Is the service caring?

### Our findings

People we spoke with were positive about the care they received and one person said, "I like living here and the staff are very helpful." Another person told us that, "I have lived here for a long time and I am very happy – the staff are really kind and caring." Observations in the supported living schemes that we visited showed that there were friendly, caring and warm supportive relationships in place between staff and people using the service. People's independence and choice were promoted by staff and they were assisted in being able to make choices about their lives. We saw staff assisting people with their lunch in a social, sensitive and unhurried manner and offered choices of meals and drinks.

People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We saw staff gently assisting and reassuring a person who wanted to check about going out. The person had limited communication but staff knew and understood the person's gestures and sounds and were able to respond in an attentive and reassuring way which reassured the person.

We also saw that people were assisted to undertake domestic tasks independently as much as possible such as putting laundry away and to help organise their lunches and the evening meal. We found that assistance was given in a fun and caring way. One person said, "Staff have been really good to me and I enjoy getting out and about and I am happy living here."

Staff we spoke with talked enthusiastically about their work and with a great deal of warmth and kindness about the people they were supporting. One member of staff, "I really love my job and helping people remain as independent as possible." Another member of staff said, "It's really good to see people improving their life skills such as becoming more confident in preparing and cooking their meals." We saw staff speaking with people in a kind and caring manner whilst assisting them. We saw that staff knocked on people's bedroom doors and waited for a response before entering to respect and preserve the person's privacy and dignity.

Each person had an assigned key worker who helped to assist and monitor the person's care needs on a daily basis. A keyworker is a member of staff with a specific role in coordinating a person's care and activities and reviewing and updating their care and support plan. Daily records showed that people's support needs were monitored and that any significant events that occurred were recorded. We saw that some documents in support plans we looked at had been produced in a pictorial format where required. This showed us that the provider gave people information in appropriate formats to aid people's understanding.

The registered manager told us that no one using the service had a formal advocate in place but that local services were available when required. Advocates are people who are independent and support people to make and communicate their views and wishes. People had family members who acted in their best interest. Staff that we spoke with said that they had contact with relatives of people using the service the service and involved them where possible, in the planning and reviewing of their family members care and support.

## Is the service responsive?

### Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I go out a lot during the week and enjoy going bowling." Another person said, "The care staff are very good here and help me with my cooking and shopping" We saw that people had been out shopping, going for walks and attending the local day service during the day. The service also had the use of vehicles so that people were able to regularly go on day trips, attend medical appointments and be able to visit local towns. This showed us that people had opportunities to go out in the community and take part in their social interests.

We saw assessments of people's support needs in the care plans that we looked at. Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. Care plan records showed that people's health care needs were documented and monitored. We saw that and where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person's daily notes. We saw that there were 'communication books' in each of the supported living premise so that staff could inform staff colleagues of any significant changes or events which were cross referenced to daily care notes and people's care plans.

People's support plans were detailed with guidelines for staff to follow so that they were able to assist with the people's assessed needs, and support requirements. Examples of support in care plans included guidelines regarding; communication, eating and drinking, assistance with medicines, night time routines, personal care, safe moving and handling and healthcare. We saw samples of daily notes that care staff had written, which described the care and support that had been provided These confirmed that people's care and support needs had been met.

Care plans were up to date and we saw samples of monthly reviews completed regarding the care and support that was being provided. We also saw that these reviews showed any significant changes or events that had occurred such as people's activities and changes to health care. We saw that each person had a weekly activities programme in place. However, this programme was open to change should the person decide to do another activity. Examples included visiting a local day service, arts and crafts, shopping, day trips and assistance with daily living routines including assistance with daily chores and assistance with cooking.

However, in the care plans we saw it was noted that more detail was needed in the review section of the care plan to show what changes had taken place. We raised this with the team managers and they told us that this would be included at the next reviews.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, using pictorial aids and/or understanding what a person's body language and facial expressions were telling them.

A copy of the service's complaints procedure was made available to people and also in alternative formats if people required this. The team managers told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw the complaints log. No complaints had been received in the last twelve months.

People we met told us that they knew who to speak with if they had any concerns about the care and services being provided. No one we spoke with raised any concerns about the service. One person told us that, "I can always talk to the staff if I ever have any worries."

## Is the service well-led?

### Our findings

People who use the service, their relatives and staff were asked for their views about their care and treatment and they were acted on. This was in various ways such as a face to face meeting and also at formal care plan reviews. People told us that they had regular contact with members of the services' management team. Some people we met were unable to tell us their opinion of the support provided but observations showed that there was an open and enabling atmosphere in place to help people express themselves so they could be assisted effectively. Some people we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person said that, "I can always speak to the staff and they listen and help me with any worries I have."

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said that, "I enjoy working with my colleagues and we work really well as a team." Another member of staff said, "I see my manager regularly and they are always readily available to talk about any issues or concerns."

All the staff we spoke with were aware of their role in reporting any concerns or incidents of poor care practice in accordance with the service's whistleblowing policy. They told us they would be confident in reporting to their manager and external agencies about any concerns they had witnessed regarding any poor care practices.

Staff told us that they were encouraged to be actively involved in the running and the development of the service to further enhance the lives of people they supported. Staff also told us that there were regular staff meetings which provided opportunities to discuss care issues, new initiatives and ideas for development. We saw samples of recent staff meetings that demonstrated that care and development issues were discussed.

There were opportunities for people to raise concerns in 'tenant meetings' and we saw recent minutes of a meeting in one of the supported living schemes. People we met confirmed that that they were able to raise any issues or at their meetings regarding events and daily living at their home. Surveys were conducted with people using the service and their relatives to monitor their views of the support that was being provided. The results of surveys were analysed and we saw samples of surveys which indicated that people were satisfied with the service. The registered manager had also responded to some issues raised by a person's relative and had met with them. We saw correspondence that showed that the concerns had been resolved.

We also met the organisation's quality and compliance director during our inspection and they told us that they were liaising with the service's managers and with representatives of people using the service and their relatives, where possible to improve surveys and hopefully encourage more participation from people using the service and drive forward improvements where needed.

Incident forms were looked at by the registered manager and team manager. Any actions taken as a result incidents were documented as part of the services on-going quality monitoring process to reduce the risk of

the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the service.

The manager and team managers undertook audits regarding people's financial records and medicine administration in the supported living schemes. A manager from one of the organisations other services conducted regular audits of the service including; care and support, staffing and records to ensure that people were receiving an effective service. Any areas for action were highlighted and an agreed action plan was put in place to deal with concerns or shortfalls. We saw a copy of a recent audit that had been carried out.

The registered manager had an understanding of their role and responsibilities. The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required.

The registered manager and team managers and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. These included comments from a care managers at the local authority and a care professional who was in contact with service. Comments were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and any queries with the service were responded to promptly and professionally.