

Auxilio Care Limited

Richmond 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

Richmond Supported Living is a service which provides care for eight people living in a supported living environment. This is a large house which has been converted into eight flats. People supported have physical and mental health needs and learning disabilities.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Five people were supported in relation to personal care.

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

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. Staff were caring in their approach and had good relationships with people. Promoting independence was a key part of the service and people were supported to improve their daily life skills.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

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; systems supported this practice.

People received care which was responsive to their individual needs. Staff were matched with people and had a good understanding of how to support them well.

Care was recorded electronically and provided staff with information in relation to people's backgrounds,

interests and individual needs.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

There was no registered manager in post. A new manager had started and was in the process of applying for registration with us.

Positive feedback was received in relation to the management of the service. People, staff and professionals had opportunities to feedback about the running of the service.

Quality checks were carried out to monitor the service, and these identified where improvements could be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good (published in September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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 ●

Richmond 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 one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so 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. Care was provided by staff to people living in flats.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager who had been in post for eight weeks and was in the process of applying for registration with us.

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 manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority who work with the service who told us they felt improvements had been made recently.

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people about their experiences of the care provided. Some people were unable to tell us about their care, however we completed some observations to understand their experience further. We also spoke with one professional. We spoke with a support worker, two senior support workers, the manager and the service manager. We reviewed a range of records including two people's care records and two medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We looked at two staff files to ensure they had been recruited safely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. For example, risks around managing behaviours or travelling in a vehicle.
- Staff had been trained in fire safety. Regular fire alarm tests and drills took place. A lighting alarm system was in place to alert one person in case of emergency, who had a hearing impairment.
- People were supported with equipment checks, for example of wheelchairs, to ensure these remained safe.
- An on-call system ensured staff could contact managers for advice and support out of office hours.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Richmond Supported Living, and the provider's policies and procedures provided staff with guidance of how to keep people safe.
- Staff understood the signs of abuse and how to recognise and protect people from this. One staff member told us, "Anything that might harm anyone, or not keep them safe, I would raise as a safeguarding. I have raised this before and know about whistle blowing. I would go to my manager or if necessary above them."

Staffing and recruitment

- People were supported by enough staff to meet their care needs. One staff member told us, "I would 100% say that people are supported correctly. More staff are being employed which will help cover any sickness or anything like that." Care was provided based on people's assessed needs and people received support from one or two members of staff. A 'floating' staff member offered additional support where needed.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed.
- Protocols were in place for the administration of medicines taken on an 'as required' basis. Staff used this medication in relation to people's behaviour only if absolutely necessary, and some positive feedback received from a professional confirmed this.
- Staff were trained to administer medication and regular competency checks were carried out to ensure they remained safe to do this. The manager had recently carried out one to one training for all staff as they

had identified some improvements were required. The management team completed audit checks of medicines, for example, stock counts, to ensure this remained safe.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. ABC (antecedent, behaviour and consequence) charts were completed to record incidents, actions taken and any learning from these for staff. For example, following one incident, further professional advice had been sought in relation to managing one person's behaviour.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff. Support of a 'buddy' was also provided.
- Staff completed the necessary training to enable them to carry out their roles, for example, first aid, or training in relation to food hygiene. Training was monitored to ensure this remained current. Staff told us in the past the training was mainly DVD based, but now this had improved. One staff member told us about challenging behaviour training they completed and found helpful, "We learned about keeping yourself safe in this situation and managing this before it gets too much."
- The manager told us they had done a lot of work around training recently to ensure this was up to date. Staff were supported to take additional care qualifications if they chose to, including the Care Certificate for all new staff. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people using the service had capacity to make decisions. Where people were unable to make decisions for themselves, mental capacity assessments or best interest's decisions had been completed, for example for one person in relation to risks around their diet. Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care.

- The manager had applied for a DoLS for one person and was awaiting an assessment for this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were complex, and care and support was provided in line with current guidance.

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

- People were supported to access meals in line with their needs and choices.
- Specific dietary needs were catered for and risks managed, for example one person who was at risk of choking had their fluids thickened.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals including dieticians, speech and language therapy and community nurses when required. Advice given by professionals was documented. One professional told us, "I think the care is great. Everyone time I make appointments, communication is good. [Person] knows when I am coming."
- Hospital passports documented important information about people should they need to be supported in another setting such as a hospital.
- Following ongoing support from staff, one person's admittance to hospital had significantly reduced as their health improved.

Adapting service, design, decoration to meet people's needs

- People had their own flats, and these were decorated to their individual preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy, for example with dental checks.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

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 they were happy living at the service. We observed some positive interactions between people and staff where staff were caring in their approach. One person said their support worker was 'really good' and they felt confident to raise any issues with them. In some written feedback we saw another person described staff as friendly, helpful and caring, and that they also 'go beyond this'.
- The manager told us having come to the service recently, they were genuinely impressed by the staff and described them as 'amazing'. One staff member told us, "I have no concerns about the care. It is very supportive here, we have a great team and working alongside people is very enjoyable." One professional described the service as having a really nice atmosphere and they had observed good relationships between people and staff.
- Staff had arranged to take one person on holiday to Cornwall by the beach as this is what they wanted, and they were very excited about this. The person could at times become distressed with certain triggers and so staff had carefully sourced accommodation for the person considering noise, traffic and crowds. The staff member had said they considered this person to be like family to them, and if they could make this work out for them, they would.
- Staff completed training in relation to equality and diversity. Some staff and people were supported around diet, religion and with individual needs in relation to sexuality. One person was very motivated and had certain beliefs and staff supported them to be able to express their views safely. Staff were also supported by the provider, for example with flexible working at times of religious celebrations.

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

- Staff understood the importance of people's views, wishes and choices being respected.
- People made decisions about their daily lives and care for example in planning their meals for the week. An advocate supported some people in relation to finances.

Respecting and promoting people's privacy, dignity and independence

- People were supported with day to day tasks such as personal care, making meals, cleaning and laundry. One person told us, "The staff do my cleaning. I try to help them. I do cook, and they help with everything. I control my own money though." A staff member told us about another person who they encouraged to eat independently, however could also require staff support at times.
- Staff supported people with privacy, respecting people to take this time when needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with staff before care started.
- Staff knew people at the service well and supported them in line with their wishes. One person told us they could decide what they did or did not want staff to help them with each day. Some people preferred support from staff of a certain gender which was arranged where possible.
- Staff were matched with people and regular staff worked in different flats to provide consistent support. One staff member told us, "The care here is great [Staff] is amazing with [Name]. They know ways to calm them down and just have this special way of working." The manager told us with one person, staff knew them so well, they could recognise subtle changes in behaviour which might indicate the person was becoming upset.
- Care records were person centred and contained people's profiles which enabled staff to understand about their likes, dislikes and preferences. A 'portrait of a resident' documented a snap shot of what important information staff needed to know about people. Goals were documented for people to achieve. For one person this was in relation to buying some new clothes and going on holiday.
- People's care and support plans had been reviewed and updated to reflect any changes to people's needs. For example, one person had epilepsy and it was documented what staff could expect before, during and after a seizure, to ensure they supported them consistently and correctly.
- An electronic system was in place which meant staff could record care provided in real time on hand held devices. Information could be shared from this system confidentially with professionals if required. Staff told us this system was working well.
- People and relatives where applicable, were involved in care review meetings with staff and other professionals to ensure their care remained suitable.
- People had opportunities to follow their interests and hobbies. One person enjoyed attending a farm, discos and theme parks with staff. Another person was supported with their love of football.

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.
- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format that met their needs for example, a booklet about the service was in a pictorial format. Another person with a hearing impairment was supported by staff in relation to this with an interpreter. This person understood British Sign Language and used an 'App' to

communicate further with staff.

Improving care quality in response to complaints or concerns

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. One complaint had been received and the investigation of this and outcome was documented. One person told us, "I would complain about something, no matter how small if I thought it was relevant, I would do it." Another person told us they had raised a concern in the past and this was addressed.

End of life care and support

- No one at the service was receiving support with end of life care. There was some information in care records to record people's wishes, however some people had chosen not to do this. The manager was considering how they could support one person in this area and planned to develop this further.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and senior staff checked the quality and safety of the care provided, for example, checks in relation to medicines and staff practice. These checks had been successful in identifying some areas for improvement for example some gaps on medicine records.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team consisted of the manager, a service manager and two senior care staff. The manager told us they had identified some areas which required improvement further and were in the process of addressing these currently. The management team told us they felt supported by the provider.
- Plans were in place to consider some adaptations to the building, an extension of the service and possibly supporting people further living in the community. Some challenges at the service included helping people to move on that wished to and finding them suitable alternative accommodation.
- People gave positive feedback about the management team. One person told us they were happy at the service particularly since the recent management team had been there. The told us they 'put the residents first'. Another person told us they were happy with everything and felt the service ran smoothly. One staff member told us previously they felt staff had 'slipped back' with paperwork however this was now better with two managers supporting the service.
- Staff felt managers were 'approachable and easy to talk to'. One staff member told us, "I am grateful that we are here together and if there are any shortfalls with anything, we jump in and do this together."
- Staff felt supported on a day to day basis and had one to one meetings with senior staff to discuss any issues. One staff member told us these meetings provided them with encouragement to do their role.
- The provider understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong.

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

- Views of people were gathered at service users' meetings to identify areas for improvement. One person

told us, "My point of view is listened to." Satisfaction surveys had been sent out to gather feedback from people, relatives and professionals. Responses were positive and included, 'It is a friendly atmosphere with caring staff,' and 'Management are approachable and support the staff fully.'

- People were also involved in checks of the environment to feedback if they had any concerns or identified any areas which required repair.
- Monthly staff meetings were held. These provided an opportunity for staff to feedback their views and suggestions. At a recent meeting, a staff awards scheme was proposed.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff and the management team worked with social workers, occupational therapists and other professionals to support people's care.
- One person had nominated the service for a 'care team of the year' award in 2018 and they were shortlisted as a finalist. They did this as they described the service as, 'Unique, where staff care, a place to call home, where you can be independent'. They said they could not thank staff enough for the support they had given them.