

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

Supporting Independence - Findon

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Date of Inspection: 20 December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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	Supporting Independence
Registered Manager	Ms. Ruth Worley
Overview of the service	Supporting Independence currently provides personal care and support to people who wish to retain their independence and continue living in their own homes.
Type of services	Domiciliary care 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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We were not able to speak with many people who used the service during our visit because they were engaged in therapeutic activities and it wasn't appropriate to interrupt them. We gathered evidence of people's experiences of the service by reviewing questionnaires, comments documented during reviews, stakeholder feedback and information provided by relatives. We observed people's interaction with staff to help us to understand their experience of the service.

We found that people were happy with the service and felt the staff supported them well. Relatives spoke of how much people had improved since moving to Ivy Cottage and having the care and support from the service. One relative fed back that since moving to Ivy Cottage the person has been "So happy, more content, assured and of a happy disposition."

We found that people's care had been assessed and there was clear guidance for staff about how to best support people. People's care needs and risks were documented and planned to ensure their care was adequate and safe. We found that people and their relatives were involved in their care planning and their wishes were respected. People were treated with kindness, respect and dignity and consulted in their care needs and preferences.

Staff had access to training and supervision to maintain their knowledge and skills, which ensured they provided safe and appropriate care to people. There were systems in place to monitor and review the quality of care offered.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three members of staff and visited Ivy Cottage where we observed staff supported people to prepare for Christmas. We observed staff treated people kindly and with respect. There was much laughter and friendly banter between the people who used the service. We saw staff explained different choices that were available and gave unobtrusive assistance when required.

We spoke with staff who told us that they involved the people they supported by explaining their actions and ensuring they had their permission before starting any care. Staff told us that they involved people's relatives if appropriate.

We viewed the care records for five of the six people who received support at Ivy Cottage. We saw that their care records included reviews where the people and their representatives had been involved. The records confirmed that people's care plans and service contracts had been discussed with them and they had agreed to its content. For example in one care plan the attending social worker had noted that the person was very pleased that Supporting Independence had involved them, as previous services had failed to engage with them. This demonstrated that people's input and agreement was sought in the planning of their care.

People were supported in promoting their independence and community involvement.

We saw from records and talking with people that they were encouraged and assisted to participate in community activities where appropriate. The service helped people to integrate into both the local and wider community. We saw that people attended swimming sessions, arts and crafts classes in nearby towns, together with local horse riding, regular

discos and social evenings at a nearby pub. The manager told us that the local community also supported the people who lived at the service by their friendly interactions and included them where appropriate.

People's diversity, values and human rights were respected.

We saw that where people didn't wish to engage or socialise that this was respected. We noted that one person had told staff that they didn't want to attend the local disco and this was respected. Staff told us they were concerned about the reason behind this and had investigated the person's recent experiences at the disco and their state of health. This was all fully documented in the care records including looking at other interests the person could undertake instead.

We saw that people's rights were protected through best interest meetings where appropriate. For example one person needed dental work and staff felt that they may not fully understand what they had consented to. A best interest meeting was held where the issues were fully discussed with the person and involved professionals. This demonstrated that there were procedures in place to ensure people's rights were protected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

All of the people who used the service had complex mental health needs and were supported to live independently by the service. We visited one location where the service provided care. We saw that people socialised in an outside building where art and craft work took place. We observed that staff supported people with patience and respect, and encouraged people to do things at a pace that was appropriate for them.

We looked at five care records and saw that they included a plan of care, risk assessments, health and social care needs. The care plans included the person's personal goals and these demonstrated that staff listened and helped them to achieve these where possible. For example, one person had stated that wanted to keep chickens. Following risk assessment and identifying funding, the service had arranged for a chicken coop and chickens to be provided for them. They had then supported the person to take care of them. The most recent care review documented that the persons confidence had increased since they joined the service. The records we saw showed that Supporting Independence had helped to give the person a focus and develop their skills at independent living.

We noted that the service maintained appropriate records which monitored people's health and wellbeing. We saw examples of where staff had taken urgent action following changes in people's behaviour. For example one person had been eating well but had lost weight. Staff had noticed and documented this and then arranged for them to see a doctor. Following this early intervention the person had been able to receive appropriate treatment.

Staff had written in their staff survey that they had received good information which enabled them to support the people in their care. One staff member said "The service user plans are easily accessible and the back ground information is always shared by the managers." This enabled staff to put context to people's behaviour and to offer them the appropriate support.

People's care and treatment reflected relevant research and guidance. We spoke with the manager who explained that Supporting Independence had established links with Canterbury University to look at best practice in behaviour analysis. The service was looking to design an ongoing assessment process for all the people who used the service which would start by reviewing the documentation. This demonstrated that the manager investigated best practice and recent guidance to improve the service offered to people.

There were arrangements in place to deal with foreseeable emergencies. We saw that risk assessments included managing people's behaviour. For example several people were at risk of challenging behaviour in certain circumstances. We looked at their risk assessment and saw they included triggers to avoid and a behaviour management 'traffic light' system of interventions. For example 'Green' for no harm or a near miss, 'Yellow' for an incident that could be managed locally and 'Red' for senior management intervention. We saw one example documented where a person had become angry and impatient whilst out in the community. This had been managed through boundary setting, explanation of unacceptable behaviour and calm prompting of appropriate behaviour. This had all been documented and the person's care plan updated. This demonstrated that there were systems in place to ensure people with challenging behaviour were cared appropriately in a safe and consistent manner.

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

People who used 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. People were protected from the risk of abuse and neglect because staff understood how to identify and report potential safeguarding concerns.

We saw that during reviews people had fed back how safe and supported they felt. For example a social worker had documented that a person enjoyed living at Ivy Cottage and felt safe. Another social worker had documented that a person now felt able to accept support with a trusted member of the staff team which was a big step forward.

We saw people had responded to questionnaires about the service and said they felt safe. People knew who to go to if they had a problem and felt confident that staff would listen and support them. Relatives had said that staff always kept in touch with them, listened to them and acted on any concerns. They said they had confidence in staff and the manager to respond appropriately to any complaints.

We spoke with the manager who demonstrated an understanding of safeguarding and potential types of abuse or neglect. Although no one had had cause to raise a safeguarding concern, the staff we spoke with told us they would do so if necessary. They told us they had confidence in their manager to escalate serious issues to the appropriate safeguarding authority if needed. This demonstrated staff knowledge of the safeguarding process which helped to ensure people's safety and well being.

We were told that staff had received safeguarding training and this training was refreshed regularly. This was supported by viewing induction and training records.

We saw that the service had a questionnaire that people could fill in following any incident. The form was in picture form and titled 'What has upset me?' We saw an example where a person had become upset because staff had asked them to stop doing something, they had responded by becoming aggressive. The form included actions that the person might take in the future to prevent a reoccurrence. The form demonstrated that staff supported people in developing coping strategies and encouraged people to talk about their feelings. This would reduce the risk of violence, aggression and abuse.

We saw a copy of the service user guide which was in picture form. This made it easy for people to access information about the service. Included in the guide was information about safeguarding and how to raise a complaint or concern

We saw the service had policies and procedures in place with regards to safeguarding people, responding to complaints and whistle blowing. These policies were available for staff as guidance. This meant that the service had clear guidelines for staff and people about how the service kept people safe from risk and harm.

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

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with the manager and the external training provider. We saw documentary evidence of staff training, supervisions and appraisals.

We looked at four sets of staff training records and saw that staff received induction training followed by ongoing training and development. The induction training followed the Skills for Care Common Induction Standards and included the principles of safeguarding and respecting people's privacy and dignity.

The records confirmed that over the past year the majority of staff had undertaken annual mandatory training in such topics as first aid, moving and handling, safeguarding and infection control. This demonstrated that people were safe because their health and welfare needs were met by competent staff.

We spoke with the external training provider who was visiting the service during our inspection. They told us about the planned training programme for the coming year and how they would support the service in training staff in relevant topics such as medication awareness, forensic mental health and intensive interactions. Additional training was planned in specialist conditions and person centred care.

We saw there was a staff handbook in place which included copies of all relevant policies. The manager showed us the staff bag that every employee was provided with. This included useful equipment such as a thermometer, disposable gloves and sanitizer gel. Also included in the bag was a copy of the staff handbook. This ensured that staff had access to information and equipment to enable them to support people appropriately.

There was not the opportunity to speak with staff about the services training provision as they were involved with supporting people at a different location.

Staff were also supported through regular supervisions, appraisals, spot checks and staff meetings. We saw the service kept records of these various methods and documented supervision took place every 12 weeks which ensured staff were supported.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke with the manager who acknowledged that monitoring the quality of service was a challenge. They told us that they were in the process of developing further systems to monitor the quality of care to ensure that people received a good service at all times.

The systems in place at the time of our inspection included auditing staff rotas, the client/staff timetables against the client's one to one notes, risk assessments and feedback questionnaires. This demonstrated that there were systems in place to monitor the quality of care and support provided.

The manager told us that there had not been any serious incidents to date but any issues were discussed at the staff meetings and recorded. The manager gave an example of a person who became aggressive while out in the community and the action that was taken to ensure the person returned back to their home without incident. Their care and treatment package was reviewed and care plans and staff updated. Learning from incidents took place and staff were appropriately notified of changes made as a result.

The provider took account of complaints and comments to improve the service. We saw that the service captured and monitored complaints through the use of pictorial forms and information sheets. The manager told us that any concerns were dealt with promptly before they escalated. People were encouraged to raise concerns to ensure a good quality of service. The complaints section of the service guide explained what people could expect from the complaints procedure and how they could pursue their concern further if they were unhappy with the outcome.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with the office manager who told us that great importance was placed on feed back from relatives, social workers and the clients. We saw feedback sheets where people had indicated that they were very satisfied with the service. One relative had written "This is ideally the best place."

The office manager told us that all care records were reviewed when they were returned to the office and these were not filed unless they were properly dated and signed. Any issues would be raised with the manager to pick up with the appropriate member of staff at

supervision.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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