

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

## Supporting Independence - Findon

Supporting Independence, 2 Old Stocks, Npcote Lane, Findon, Worthing, BN14 0SA

Tel: 01903877920

Date of Inspection: 05 February 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We visited Supporting Independence to look at the care and welfare of people who use the service. We spoke to six members of staff and two support/key workers. We also spoke to two relatives, five people who use the service and a community psychiatric nurse (CPN).

We visited a supported living service where we observed people being treated with respect and kindness.

We looked through people's care records and found that comprehensive assessments and care plans were in place and signed. The people who use the service told us they understood their care plans and gave us examples of their day's activities. We saw evidence that carers were actively involved in their relative's care.

We found a wide range of medication management policies and procedures in place to ensure medication was stored and administered in a safe and effective manner. We looked in staff records which showed us that all staff were trained in medication management.

We found that when recruiting staff, the provider had policies and procedures in place to ensure potential staff have the necessary skills and experience to fulfil the requirements of their role. We found that all staff had received an induction programme and relevant training. We also found evidence to show how performance issues were identified and resolved. All staff we spoke to told us they were happy working for Supporting Independence and felt well supported.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We used a number of different methods to help us understand the experiences of people using the service. We visited a supported living service which is home to six people all who have mental health needs or a learning disability. The home is in a rural location and has a small holding with horses and chickens which we were told the people who use the service are actively involved in the management and maintenance of as part of their planned activities.

We were told that the people who use the service all have their own rooms. We were told that three of the people who use the service were more independent and therefore had their own flats with cooking and en suite facilities. We were shown one of the flats and a shared kitchen and bathroom all of which were clean and tidy.

We spoke to one person who uses the service who was being supported whilst preparing a meal of their choice. They told us what they had to do in terms of meeting personal care needs once they had eaten. For example they told us they had to have a shower and clean their teeth before going outside. We heard a member of staff giving gentle encouragement and praise to the person for what they had achieved so far that day. We were shown the care plan that stated the person needed prompting to clean their teeth.

We were told that each person who uses the service is allocated a key worker who primarily works with them and supports them in achieving their goals. We also observed people being given a choice of who they would like to support them when going out or with cooking their evening meal.

We were told how people using the supported living service have a choice regarding who they work with. For example one person living in another supported living service had requested a specific member of staff, other than their key worker, to take them to a football match. This demonstrated to us the flexibility of staff in responding to the choices of the people who use the service.

We observed one person who uses the service choose their activities and meals for the day with the support of a member of staff. This was done using pictures which the person selected from and sticking them to their own personalised daily planner. This planner included the person having designated jobs such as cleaning out the chickens to choosing an activity such as swimming or walking.

We observed another person being assisted to put the horses out in the field. They told us how they enjoyed doing this.

We spoke to a relative who told us that the person who uses the service preferred one to one activities with staff rather than group activities. They told us that the staff had responded to this by taking the person out on their own each month to a jazz event which they really enjoyed. The relative told us: "The staff are very good. There has been a massive improvement in (name of person using the service) since living there due to the support of the staff". They told us how they were kept informed of their relative's care and took part in six monthly reviews.

Another relative described the staff at the supported living service as "brilliant". They told us how impressed they were with the care and support provided by Supporting Independence: "(name of person using the service) has improved so much since moving there nine years ago". They told us how involved they were in their relatives care plan "we work together" and how the staff support them both meeting up on a weekly basis "I can't always get there so the staff support (name of person using the service) by bringing them to see me".

We observed staff interacting with the people who used the service. All interactions observed were carried out in a respectful, personable manner and demonstrated how well the staff knew each person. We looked at four sets of notes and observed that all care plans demonstrated how families were involved in the planning of care.

We were told how some of the people who use the service prefer to be alone at times and how this is facilitated. One person told us: "I prefer to spend the evenings in my flat on my own watching TV or playing on the x-box. I am able to do this if I have done my jobs!" We spoke to another person who uses the service who told us they had been allowed to keep a cat as at times they preferred the company of animals to people.

We were told how each year the people who use the service are taken on holiday. One member of staff told us how they involve the people who use the services in deciding where to go. They told us that they go to different places each year to try and meet the preferences of people using the service. For example one year they stayed in a caravan which was the choice of one person whereas last year they went to a hotel which provided many different activities. The people we spoke to who use the services all said how much they had enjoyed each holiday.

We observed that people's cultural needs had been assessed and planned for where appropriate. For example, "(name of person using the service) has not expressed a wish to attend any religious meetings but enjoys going to carol services at Christmas".

We saw much evidence to demonstrate that people who use the service are treated with dignity and respect.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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We were told that all the people who use the service had capacity to understand and consent to their care and treatment. We spoke to five people who use the service who all told us that they understood their plan of care. All were able to tell us what they do with their time and what they enjoy doing.

We observed people being asked what they would like to do during our visit to the supported living service and we also saw them make their own choices and decisions.

We looked in four sets of records which demonstrated that people who use the service had signed their care plans. We observed detailed care plans setting out the levels of support required by each person to fulfil their goals. People who use the service told us they were happy to take part in the planned activities.

We found evidence that each person's ability to manage their finances had been assessed and where someone was unable to manage their finances, a power of attorney had been appointed. We found evidence that each person's finances were closely monitored by Supporting Independence to ensure they were safeguarded.

One member of staff told us that they liaise closely with the local council's financial adult safeguard team providing additional protection to the vulnerability of the people who use the service.

Policies and procedures relating to consent to care and treatment were in place including advocacy, resuscitation and working with relatives, friends and carers. Staff told us they were aware of holding best interest meetings with relevant professionals, should someone lack capacity.

We observed much evidence to demonstrate that people using the service were consenting to care and treatment



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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We looked in four sets of care records and found a detailed assessment of needs for each person. These included clearly set out goals for increasing independence along with comprehensive risk assessment and management plans.

We found each care plan detailed the level of support required by each person when doing tasks such as cooking, managing finances, taking medication or preparing a shopping list. For example, one care plan stated "(name) forgets to clean their teeth or does not clean them properly". The care plan gave clear details as to how the staff could support the person with their hygiene.

We spoke to a CPN who told us how one person who uses the service "has progressed well since being at Ivy Cottage. They were unable to hold a conversation initially but is now able to express their views. They have also just started a voluntary job which is great". They also told us "The staff know them so well. They recognise the person's stress levels and are able to anticipate any issues." The CPN told us that they attend a meeting every six months to review the person's package of care. They told us that this meeting was attended by the person, their relative and the staff. The CPN also told us that the staff contact them if they have any concerns thus preventing any issues escalating. They also told us how the staff were responsive to the needs of relatives by supporting them as much as possible.

We found comprehensive risk assessments and management plans which included a traffic light behaviour management system. We saw that red indicated a significant risk event; amber a moderate risk event and green was a minor risk event. For example in one person's risk plan, we saw that red light risk factors included the person starting a fight or being asked to do something they didn't want to do. An example of an amber risk included the person clenching fists or bending forward suddenly. A green light indicated a minor risk and how this might be demonstrated by the person appearing happy or being in contact with their family.

We saw evidence that these care plans were monitored and reviewed regularly with family present and that progress notes were updated daily in a clear and concise manner. The

care plans we looked at demonstrated the involvement of other agencies such as community psychiatric nurse (CPN) social workers and general practitioners (GP).

One person who uses the service told us "I like my flat. I know there is always someone here and know how to contact them. I have staff contact numbers on my phone and will call them if I need to".

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

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## Our judgement

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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.

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## Reasons for our judgement

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We looked at a set of policies offering guidance on medication management including safe storage, handling and administration of medicines. We were told that these policies were currently under review.

We were told that all rooms at the supported living service had a safe in which medication was kept. We were told there is also a centrally kept safe. All four sets of care plans we looked at stated the level of support required by each person to ensure they took their medication safely and at the right time. For example, one care plan stated that the person who uses the service "... takes their medication at night and sometimes takes it out of day order". The care plan stated that staff should observe them take their medication at ten o'clock at night to support them in selecting the right day's tablet. The care plan also stated when the medication arrived and kept centrally until needed.

All four care plans we looked at had an assessment of each person's medication needs even though not all people were taking prescribed medication. For example, one care plan stated "(name) is not on any medication. They are unable to swallow tablets and will chew them. Staff to ensure that should they be prescribed medication, the doctor prescribes it in the correct form i.e. liquid."

We looked at four sets of staff training records that demonstrated that they had all received training in medication management. This training included; understanding of medication; storage, disposal, administration, record keeping and audit process. We also saw evidence that staff are required to shadow experienced staff until they are competent to manage medications themselves.

We were shown medication administration reports (MAR) for each person using the service. These demonstrate what medication was being taken by whom and when and which member of staff was present. We were also shown daily task sheets which require staff to complete and sign when people who use the service take their medication.

We spoke to one member of staff who was able to tell us what to do in the event of a medication error. They told us that they would report to their manager, report the incident

and seek medical advice.

We were told that all people who use the service were given an annual health check and we found evidence of this in all four sets of care records.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We found recruitment policies and procedures were in place to ensure potential staff were of good character and had the necessary skills and experience to carry out their role.

We looked in four sets of staff records and found that all were very well organised and compliant with the policies. They included evidence that disclosure checks had been made, two references had been sought and received and the person's identity checked. We found records of interviews held which included questions relating to protection of vulnerable adults, risk assessment and independence along with the given answers.

We were told that all staff employed by Supporting Independence received an induction programme which included information regarding health and safety, lone working, adult protection, supervision and appraisal. We saw that all staff were given a briefcase with useful items in such as personal protective equipment, personal alarm and hand wash.

We found that each member of staff had a copy of their general responsibilities and also specific responsibilities regarding the work they did with people who use the service and for whom they were key worker.

We were told that all care staff received supervision and appraisals from a member of the management team. We were shown a matrix demonstrating this and copies of appraisals in each staff file. We found an example of how a system had alerted the management to the fact that a member of staff had not been completing paperwork adequately. The issue was dealt with via supervision and support and subsequently resolved.

All the staff we spoke to told us they were happy working for Supporting Independence and felt supported by the management team.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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