

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

West Supported Housing and Domiciliary

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

Date of Inspection: 02 December 2013

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2014

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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leading Lives Limited
Registered Manager	Mrs. Jennifer Mills
Overview of the service	West supported housing is a learning disabilities service which supports people to live within the community. West supported housing support adults with a learning disability who live in the Bury St Edmunds area.
Type of service	Supported living service
Regulated activity	Personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service.

What people told us and what we found

The provider had person centred care plans for people who used the service. We saw evidence that people who used the service understood their care and treatment and trusted the staff who looked after them. Appropriate risk assessments were carried out for people who used the service based on their individual needs and for the environment within which they lived. The provider had clear processes for decision making and service development. People who used the service and staff were involved in the on-going review of service provision and worked in collaboration to identify risks in relation to health, welfare and safety. Clear procedures were in place for emergencies. The provider had a clear recruitment process to ensure people who use the service are safe and have their needs met by appropriate staff. Staff and people who used the service were fully aware of issues around safeguarding and clear processes were in place to record and report abuse or suspected abuse.

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 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

We were able to speak with five people who used the service from different establishments supported by the service. They told us they were all aware of their care plans and had all had input into them and were supported in meeting the care plans. During the visit all staff were observed to be respectful and polite to people and during discussions all had a clear awareness of people's individual needs. Staff were observed to ask people who used the service for permission before they entered their bedrooms and we also heard them discuss people's preferences for activities for the day. All five people who we spoke with stated they trusted the members of staff and felt confident they could approach staff with any concerns they may have and that actions would be implemented. This meant that people who used the service were treated with dignity and respect.

Advocacy services were available to those people who used the service who required them. People who used the service had monthly house meetings and were encouraged to give feedback regarding their experience of care. We observed minutes from three of these meetings alongside a timetable of topics to be covered over the year. Staff and people who used the service stated these were completed as planned every month. This meant that people who used the service had been involved in planning the service.

Person centred care was evident throughout people's care plans. People were encouraged by staff to make their own goals and record these in their care plans. All five people whose records we looked at had individual risk assessments completed with staff and these assisted in achieving desired goals in measurable steps. All five people that we spoke with stated their personal goals had been taken seriously and every step had been made to assist in achieving them. Their personal goals had included aspects of personal development, financial control and leisure activities. Care plans were written in easy read format with pictorial support to aid people's understanding.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we had the opportunity to look at five people's care plans. Each person who used the service had an allocated key worker who worked alongside each person to complete the goals as identified in the person's care plan. All five people who we spoke with confirmed they had been involved in completing their care plans.

All five care plans we looked at had taken into consideration the personal preferences of those people who used the service. People were encouraged to structure their day with a balance of personal, domestic and leisure activities. Care plans took into consideration the level of support each person needed in achieving their daily routines. Goals included in the five care plans we looked at focused on medication management, budget management and morning washing and dressing routines. This meant that the service had been effective in supporting those who use the service in achieving person centred goals.

Care plan layouts had been modified to suit individuals and had clear layouts with pictorial representation for each area. All care plans included personal risk assessments, which were completed in collaboration between person and keyworker. Individualised risk action plans were seen in five people who used the service notes reviewed whilst on inspection. Individualised risk assessments were completed and reviewed for changes to support the person centred goals agreed between the service and the people who use the service. This meant that the service had taken into consideration the risks linked to each person's own care plan.

The provider had clear guidance in relation to emergencies detailed in a disaster plan. All four staff we spoke with were clear on the action needed in the event of an emergency. People who used the service were practised at planned and non-planned fire evacuations from the homes. This meant that the service had plans in place for emergency situations.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we were able to speak with four members of staff. All of the staff were aware of their safeguarding responsibilities and stated they would raise concerns of abuse should they feel necessary. All four members of staff said they had received safeguarding training and their individual training records confirming this were seen during the inspection. This meant that the provider had taken steps to ensure staff had an appropriate awareness of safeguarding.

The induction programme for all new members of staff included staff having training to understand issues surrounding safeguarding and how issues should be reported. All five people who used the service we spoke with told us they felt safe and confident that staff would know how best to support them if abuse was suspected. People who used the service had monthly house meetings where the topic of 'say no to abuse' had been discussed on five separate occasions across the last year. People were given time during these meetings to discuss how to raise concerns and be reassured they would be supported by the staff team. A clear flow chart detailing procedures for recording and reporting abuse were available for staff to refer to.

We reviewed the process taken for one safeguarding matter and it was evident from the work completed that a clear referral process had been made, instigating collaborative working with external teams and agencies via regular meetings and reviews. The process taken followed the safeguarding policy outlined by the service provider. We looked at the safeguarding policy which had last been reviewed in March 2013. This meant that the people who used the service were made aware of safeguarding and were confident that the staff team were aware of their safeguarding responsibilities.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Whilst on the inspection we looked at the recruitment records for staff which demonstrated a clear and effective recruitment process. We saw the personnel and supervision files for four members of staff. All files showed copies of criminal records check certificates, personal identification, contracts, interview notes and job descriptions. Each new member of staff had a structured induction programme from the provider and to each individual house they may work in. This meant that the provider had an effective recruitment process in place.

We spoke with five people who used the service and it was evident that the staff were well known to them and had a clear understanding of their needs. This meant that staff had been recruited to meet the needs of those people who used the service.

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

The service was working in a safe manner because the provider had completed risk assessments for people's homes and written evidence was seen indicating action had been taken when necessary. Team meetings for staff took place once a week. Three sets of minutes that we looked at from these meetings showed that action points from previous meetings were reviewed alongside any health and safety concerns raised since the last meeting.

The index of the Health, Safety and Wellbeing manual showed that there were policies applicable to the service to assist in maintaining quality and reducing risk. All serious incidents and near misses were recorded on a set incident report form template. Three examples of incident report forms were seen and all showed a clear process of management review and action plans following an incident or near miss. This meant that the provider had gathered information about health and safety and was using this information to manage risks to those who used the service.

The provider had an up to date business plan detailing their vision to support people who use the service. There was a supported living development group which considered any issues raised by staff or people who use the service in maintaining ongoing service development. The provider was also represented at joint advisory group meetings with housing services and tenants for collaborative service development. A clear complaints and compliments procedure was in place. The people we spoke with knew how to make a complaint and staff were aware of how to deal with complaints. This meant that the provider had taken steps to review and improve the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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