

Walsingham Support Supported Living South Yorkshire

Inspection report

Fraser House
2b, Nether Hall Road
Doncaster
DN1 2PW

Tel: 02083435600
Website: www.walsingham.com

Date of inspection visit:
03 September 2020
08 September 2020
16 September 2020
29 September 2020

Date of publication:
23 October 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Supported Living South Yorkshire is registered to provide personal care to people with a range of disabilities, such as learning disabilities and/or autism, mental health needs and physical disabilities. At the time of inspection 21 people were receiving support from the service. The office is based in Doncaster.

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. 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.

People's experience of using this service and what we found

People told us they felt safe with the staff who supported them. The service was person centred and risks were well managed. For instance, people's medicines were managed safely. Staff received training in moving and handling techniques for assisting people safely. The provider made sure infection control processes helped keep people safe during the COVID-19 pandemic. Staff had a good understanding of how to safeguard people from abuse. Staff recruitment procedures were robust and there were enough staff to care for people safely.

We received positive feedback about the management and leadership from people we spoke with including staff, people using the service and other professionals. Appropriate governance and quality assurance systems were in place to monitor the service effectively. Staff told us there was an emphasis on treating people with respect and dignity, and promoting their independence. It was evident that the team worked well in partnership with other professionals to provide a person centred service that met people's needs.

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 registered with CQC under a different registration and provider, Walsingham Support in May 2019. Therefore, this was the first time we had carried out an inspection of this service under the current registration.

Why we inspected

The service had not received an inspection since registration and we were made aware of concerns in relation to how some risks had been managed. As a result, we undertook a focused inspection to review the

key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not include them in this inspection.

The concerns we received related to management of medication, moving and handling, confidentiality, management and leadership and staff culture. We used this information when both planning and carrying out our inspection. As this was a focused inspection, only reporting on Safe and Well-led, an overall rating for the location will not be produced.

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, although has not been rated at this inspection.

Inspected but not rated

Is the service well-led?

The service was well led, although has not been rated at this inspection.

Inspected but not rated

Supported Living South Yorkshire

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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in several supported living setting's so that 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to seek information from the provider to enable us to contact people and their relatives to gather their views of the service.

Inspection activity started on 3 September and ended on 29 September 2020. We undertook a site visit to the supported living scheme office on 8 September and held virtual meetings with members of the management team on 3 and 29 September. We conducted individual telephone interviews with support

staff on 16 September. Further inspection activity was completed by telephone and email. This included speaking with people and their relatives and reviewing a range of information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, including Doncaster local authority. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care and support provided. We spoke with two specialist nurses who have regular contact with the service to seek their views of the service. We spoke with the operations and development manager, an interim change consultant, two locality managers, four deputy managers and five support workers.

We reviewed a range of records. This included three people's risk assessments and plans, day to day care and support records and records of medicines. We looked at two staff files to check staff were recruited safely and reviewed the arrangements the service had with agencies, in relation to the pre-employment checks undertaken on agency staff. We reviewed rotas, records showing the use of agency staff and staff training and supervision records. We saw a variety of other records relating to the management of the service as part of the inspection. This included the COVID risk assessment for the service and associated action plan, quality assurance and safety audits and associated action plans, minutes of meetings with people using the service, and staff meetings, recent newsletters, and records of safeguarding issues, concerns and complaints, including investigation reports, lessons learned and actions taken in response to these.

Is the service safe?

Our findings

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

This was the first inspection undertaken of the service therefore, this key question has not previously been rated.

Prior to our inspection, we received information of concern regarding the management of people's medicines and risk management. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

Using medicines safely

- People received their medicines safely and were happy with the support they received in this area.
- People had clear plans in place and guidance for staff on how people liked to take their medicines. This included 'time critical' medicines that needed to be given at certain times of the day and medicines which were to be given 'when required' or as a 'variable dose'.
- Staff had received medication training and had their competence was assessed to ensure people's medicines were given safely.
- The service worked to the government's guidance for stopping over-use of medication for people with a learning disability, autism or both. For instance, there were regular reviews. This included evaluating the need for people to be prescribed medicines used to treat mental health conditions.
- There were effective medicines audit processes in place. For instance, where errors had been identified these were reported and action taken to mitigate the immediate risks, as well as any possible future incidents.

Assessing risk; Safety monitoring and management

- Risks to people using the service were well managed.
- People had individual risk assessments in place about the risks that were relevant to them. These included, their mobility, moving and handling, and nutrition and hydration. Where needed, people had access to specialist equipment which suited their individual needs. Aids were used to help people maintain their mobility and independence.
- Staff received training in safe moving and handling, as well as guidance for assisting people individually with specialist aids and equipment. Moving and handling competency assessments were carried out for staff to ensure they used the correct techniques.
- If there were concerns about a person's swallowing abilities, referrals were made to speech and language therapy (SALT). When needed, there was clear guidance in place, detailing the consistency of the food people needed. This helped to make sure people at risk of choking were provided with the correct texture of food and drink and helped keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People using the service said they felt the service was safe, as did relatives we spoke with.

- One person said they felt safe and everything was, "Very perfect." They told us they would speak with staff if they had any concerns. People also told us staff helped them to keep in touch with their friends and families during the COVID pandemic. This meant they had other people to speak with if they had any concerns.
- Appropriate safeguarding systems were in place. Staff demonstrated an understanding of safeguarding and told us training was provided. Staff were clear about the processes they would follow and who they would report any concerns to.
- Safeguarding allegations were reported to the local authority. People were provided with accessible information, on how to report any concerns.
- All safeguarding concerns, accidents and incidents were monitored closely, with very thorough investigations recorded. This included a record of action taken to prevent reoccurrence.
- The provider's quality assurance system helped the management team to make sure any learning was shared effectively across the team and improvement were maintained.

Infection control

- People told us staff helped them to keep their homes clean and tidy.
- One person told us staff wore aprons and gloves when providing support with their day to day domestic tasks.
- Risks had been properly assessed, including those presented during the COVID-19 pandemic. As a result, appropriate plans had been put in place to mitigate and manage the risks identified. Staff confirmed they had access to personal protective equipment.
- Staff routinely received training in the control and prevention of infection and additional training and guidance had been provided in response to Covid-19. For instance, staff had received guidance and training hand washing and the use of personal protective equipment. The provider ensured staff had access to up to date government guidance on Covid-19 infection control measures.

Staffing and recruitment

- Enough staff were available to provide care to meet people's needs safely.
- The people we spoke with who used the service said they were happy, and the staff were nice. One person told us there had been some staff changes and they were aware some new staff were due to start. They said this had made them feel unsettled. However, they were happy with the way the staff looked after them, both in the daytime and at night.
- Relatives said there were usually enough staff. Although, one relative told us of there were times there were not enough staff to accompany people if they needed to go to hospital. We found improvement work and planning had been undertaken by the service. The healthcare professionals we spoke with also confirmed, this had been addressed appropriately.
- Wherever possible, the same agency staff were used, this helped them to integrate into the team and understand people's needs. Although, new several staff had been successfully recruited in recent months. And this had reduced the need for the use of agency staff significantly.
- Staff were recruited safely. Appropriate pre employment checks were carried out to protect people from the risk of unsuitable staff working in the service. The provider also had agreements in place to make sure agency staff had undergone adequate checks before working in the service.

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.

This was the first inspection undertaken of the service therefore, this key question has not previously been rated.

In advance of our inspection, we had received information of concern about management and staff culture and confidentiality. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from about the management and leadership of the service. For instance, one person's relative complimented the service on the way COVID-19 was being managed. This included helping people to keep in touch throughout lockdown. They said, "We have spoken through the door, us one side and [person] the other, and we have seen each other in the garden; we can sit for a cup of tea, with social distancing. I appreciate what staff have done over COVID and I have taken cards and flowers in to say thank you."
- One person's relative felt there had been more opportunities for activities for people since the new provider had taken over. They said staff were engaging people in more home-based activities and games.
- One relative felt communication was not as good as it could be. This was between staff, and with keeping relatives updated about people's lives during lock down. We found this had been identified by the provider, and improvement work had been undertaken with positive results. A healthcare professional we spoke with also confirmed this was an area which had developed well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of governance systems and audits were in place to monitor the quality of service effectively. And all staff we spoke with were clear about their roles.
- A service improvement plan was in place at the time of the inspection, which detailed how the service could continuously improve and showed the progress made.
- Notifications were submitted to CQC as required for incidents such as serious injuries, deaths and police incidents. These are legally required to be sent to CQC so we can decide if there is a need to take any further action.
- The display of performance ratings was not reviewed because the service had not been inspected under the new registration. We will report on this further when we next inspect the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to involve people using the service, relatives and staff in how the service was run. This included phone calls, surveys and meetings, so people's feedback could be sought and used to make improvements.
- Overall, staff told us there was a positive culture in the service, with good teamwork. It was evident that staff's feedback, both positive and negative, was used to develop and improve the service.
- Staff supervision and appraisal sessions also took place, presenting the opportunity for staff to discuss their work and receive feedback about their performance.
- The managers we spoke with understood the requirements and their responsibilities under the duty of candour.

Community links; Working in partnership with others

- The service helped people to maintain links in their local community, in line with COVID guidelines.
- The healthcare professionals we spoke with provided positive feedback about the way the staff in the service worked in partnership with them. The service also worked in partnership with other agencies in the Doncaster area including GPs and social workers.