

Salisbury Support Services Limited

Salisbury Support Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Salisbury Support Services is a supported living service. The service supported people with a learning disability and autistic people. At the time of the inspection 8 people were receiving the regulated activity of personal care. Support was provided across 3 supported living schemes. Staff were available in each scheme 24 hours a day.

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

Right Support: The model of care was not always in line with nationally recognised standards for supported living. We have made recommendations to the provider about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us the support they received enabled them to make choices about how to live their lives. Staff focused on each person's strengths to enable people to lead fulfilling and meaningful lives.

Right Care: People told us they received kind and compassionate care that supported their needs and aspirations. Care was personalised and responsive. People were treated with dignity and respect by kind and caring staff who understood their individual needs, choices and preferences well.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. There was a flexible approach to risk management which promoted people's independence and provided opportunities for new experiences. There was a strong commitment to ensuring the service was inclusive and people had the opportunity to gain employment, learn new skills and develop friendships and community connections.

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

Rating at last inspection

The last rating for this service was good (published 13 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection. We have made a recommendation about standards for supported living.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Salisbury Support Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe section below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led section below.

Salisbury Support Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

This service provides care and support to people living in 3 'supported living' schemes, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is a supported living scheme. People are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 1 February 2023 and ended on 15 February 2023. We visited the location's office on 6 February 2023. We visited 2 supported living schemes on 6 and 8 February 2023.

What we did before the inspection

We looked at the information we held about the service and information from other sources such as visiting professionals. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who received support about their experience of the care provided. We spoke with 7 members of staff including the registered manager, care staff and the office administrator. We sought feedback from relatives and visiting health professionals about their experience of the care provided

We reviewed a range of records. This included 5 people's care and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff we spoke with had undertaken safeguarding training and were knowledgeable about reporting and recognising abuse.
- People told us they received safe care and support. A person told us, "The staff help to keep me safe. They know me well and they are good staff". Another person told us they would tell the manager or a family member if staff were being unkind, adding, "I haven't had to do that, the staff are alright to everyone here". Relatives told us they had no concerns about their loved one's safety.
- The service worked with other agencies to keep people safe. Records held in the service demonstrated staff had considered and reported concerns appropriately and in line with the providers policy and local authority safeguarding guidance.

Assessing risk, safety monitoring and management

- Care and support plans were personalised and reflected a good understanding of people's needs. Where people had risks associated with their health such as diabetes and epilepsy appropriate guidance was in place to ensure the person received safe support. Positive behaviour support (PBS) plans provided detailed strategies about how best to support people including when additional behaviour support was required.
- Positive approaches to risk management ensured people's complex needs were not an obstacle to achieving fulfilling lives. Robust risk management processes promoted people's independence and enabled opportunities for employment and to be active members of their local community. We spoke to two people about their employment and volunteering roles. Both people's lives had been enriched by these opportunities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

- For example, in both properties we visited there were keypad locks on the kitchen door which restricted people's access to the kitchen. People we spoke with told us the door locks helped to keep them safe and risk management processes demonstrated their involvement and consent to the restrictions.
- Where people were unable to consent appropriate authorisations to deprive them of their liberty had been gained from the Court of Protection. We observed some people had the keypad code. This enabled them unrestricted access to the kitchen to prepare and cook their own meals without staff assistance. This ensured people were free from unwarranted restrictions.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. Safe recruitment checks were undertaken to ensure staff were safe to support people. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were enough staff. Our observations and a review of the staffing rota confirmed this. Staffing allocation supported people with daily living skills and enabled people to pursue hobbies and interests. A person told us they were supported by staff to use the bus to visit their favourite places. They showed us photographs of places they had been, including local landmarks and London shows.
- Support was flexible and tailored to meet people's individual needs. A person told us they had the right support and were able to make choices about their life. Another person told us staff supported their independence and helped them to learn new skills.
- People were supported by a consistent team of staff who knew them well. People spoke warmly about the staff supporting them. We observed positive engagements between people and staff.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff were trained to administer medicines and their competence to safely administer medicines was regularly assessed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Processes were in place to ensure people were supported to achieve a safe level of independence with their medicines. A person told us they were able to administer their own medicine to treat diabetes. Another person administered topical creams without staff support. A person who required medicine support from staff showed us a locked cupboard in their bedroom where their medicines were kept. They showed us a pictorial medicine administration record (MAR) which they signed once staff had administered their medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections. The service ensured the most recent government guidelines for infection prevention and control were followed.
- The service followed shielding and social distancing rules.
- The service was admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely

- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Action was taken to mitigate a further occurrence and lessons learned were shared.
- The registered manager analysed accidents and incidents for emerging trends and there was evidence they had sought professional and medical advice appropriately. For example, where there had been an increase in incidents relating to a person's epilepsy a review of the person's medicine was undertaken. This had a positive outcome for the person with a reduction in epilepsy related incidents.
- The registered manager worked collaboratively with people, relatives and staff to continuously improve safety for people. Staff undertook training to support people safely through times of crisis or heightened anxiety. Positive feedback was received from relatives about collaborative working to support their loved one's emotional and psychological wellbeing in order to keep them safe.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. The leadership and culture of the service did not always support the delivery of high-quality, person-centred care.

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

- There was an absence of provider oversight and scrutiny of the service and quality assurance processes. This meant the provider could not be assured systems and processes for assessing and monitoring the quality of the service provided were effective. This is an area that requires improvement.
- For example, the provider had failed to identify that some practices were not in line with nationally recognised standards for supported living. Consideration had not been given to the appropriateness of a fully equipped and functional staff office within a supported living scheme. We observed inappropriate signage regarding rules imposed by staff and people's personal information displayed in communal spaces. Following the inspection, the registered manager took action to remove the signage and told us plans were in place to change the office into a communal area for people.

We recommend the provider sources training from a reputable source about how to ensure the standards required for supported living are imbedded into practice.

- There was a structured approach to monitoring the quality of care plans and risk assessments. Systems were in place to identify and manage risks to people's health and wellbeing.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service in line with regulatory requirements. The provider had informed CQC of significant events in timely way. This meant we could check that appropriate action had been taken

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was visible across all of the supported living schemes. We observed the registered manager to be approachable and they took a genuine interest in what people, staff, family, and professionals had to say. People told us they liked the registered manager and we observed some very warm engagement between the registered manager, people and staff.
- The registered manager routinely engaged with people, families and staff and valued their input in the continuous development of the service. People told us they suggested ideas for events such as parties, holidays and were listened to. People were involved in the recruitment of staff and their feedback was integral to the selection process. Relatives and staff told us they felt listened to and valued for their feedback and opinions.

- The staff team worked effectively together and were truly focused on meeting the needs of people. Care records and our observations of the care and support provided demonstrated this. Staff had a clear understanding of their roles, responsibilities and contributions to ensuring a person-centred service. Staff told us they received regular and constructive supervision and appraisal.

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

- The registered manager had a strong commitment to being open and honest with people, families and relevant professional and regulatory bodies. Our experiences at inspection supported this. We found the registered manager was open, honest and transparent throughout the inspection process.
- The registered manager had an open-door policy. Staff told us they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

Working in partnership with others; Continuous learning and improving care

- There was evidence of continuous learning to improve people's experience of care. The registered manager and staff worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and with people and stakeholders.
- The registered manager worked proactively with local services to enable people to have opportunities for employment and be active members of their local communities. There was evidence of partnership working to enable people to live as independently as possible and respected their wishes and preferences. This included bespoke care packages, flexible staffing and supporting people to access schemes to enhance their lifestyles, such as car leasing and companionship schemes
- We received positive feedback from professionals working with the service. This included how people were supported to manage their health, wellbeing and independence. Health and social care professionals were involved in the reviewing of people's care alongside families, staff and people. A healthcare professional told us the care provided was person centred. They said people were central to the whole process of their own care planning and delivery. For example, at a recent review a person was empowered to have their say and talk about their care, aspirations and wishes.