

Southdown Housing Association Limited

Roman Court

Inspection report

12 Roman Court
The Brow
Burgess Hill
RH15 9BH

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Roman Court is a supported living service where people are supported to live in their own flats. Staff were providing personal care to 3 people with learning disabilities or autism at the time of the inspection. People using the service lived in ordinary flats in a single building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were living full, active independent lives at Roman Court. Dedicated staff supported people to take positive risks and to enjoy doing things they chose. Staff were positive, happy and friendly, and people and relatives appreciated the care people received. Focus was always on what people could do and how staff could support people to do more, including increasing their independence.

People were the at the heart of the service and their wants, needs and individuality were always accommodated. Care was planned around people's goals, which were recorded in support plans. Staff knew people well and chatted to them about their interests while providing support. We saw people go out to take part in hobbies or shopping trips both alone and with staff, in each case people chose if they wanted staff to accompany them.

People were safe at the service and the registered manager ensured safety measures put in place to protect people were always the least restrictive option and also where possible they were unobtrusive to ensure people's dignity was protected.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People lived independently and staff supported people to make their own choices. People were included in decisions about new staff at the service. The individual flats were in a larger block where other residents lived. The location was close to the town so that people were able to go to the shops alone.

Right care:

Care was person- centred. Support plans were specific for each person and contained details of things important to the person. Relatives told us how happy they were with the care at the service. One relative said, " We feel fortunate that [person] is in Roman Court."

Right culture:

The passion and dedication of staff at Roman Court showed in their interactions with people. Conversation was light and often full of jokes. People were happy to tease staff and staff joined in with the laughter. A relative told us, "You can't go to Roman Court without coming away feeling good."

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

This service was registered with us on 25/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Roman Court

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

The inspection team consisted of one inspector.

Service and service type

Supported Living:

This service provides care and support to people living in a 'supported living' setting, 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at five staff files in relation to recruitment and staff supervision. We continued to seek clarification from the provider to validate evidence found. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and the risk of abuse. Staff were trained in safeguarding and knew what signs to look for that could indicate a problem. Staff knew who to report concerns to.
- People were reminded how to seek help if they felt they needed, it by easy read posters on the noticeboard.

Staffing and recruitment

- There were enough staff at the service to support people in the ways they needed. People told me they did not need to wait and staff always helped them when they needed it.
- Staff were recruited safely with all background checks completed.
- We saw several staff members accompany people out of the service on shopping trips. Sufficient staff remained at the premises to continue providing safe support.
- A relative told us, "The registered manager remains committed to keeping all service users safe during covid in particular and I am grateful for his dedication."

Using medicines safely

- Staff were trained in administration of medicines and this was reviewed yearly with competency checks.
- Not everyone at the service needed their medicines administered by staff and staff encouraged independence with medicines where appropriate.
- Medicines were stored securely in the office, or, where people self-administered, in people's own flats. Medicines charts were kept safely with the medicines and medicines audits carried out regularly.

Preventing and controlling infection

- People understood the risk of infection from Covid-19. Easy read posters were displayed on notice boards in communal areas and staff spoke to people about keeping safe by wearing masks and washing their hands. Staff told us they kept up to date with government policy and guidance.
- We saw staff and people at the service wearing masks. Staff wore masks and used appropriate PPE and the office areas were kept well ventilated.
- Staff testing was carried out in line with government guidance and people were supported with testing when necessary.
- Communal areas were kept clean, hand gels were provided for visitors and visitors were reminded to wear masks to keep people safe. People were encouraged to keep their flats tidy and clean.

Learning lessons when things go wrong

- When errors were made in medicine administration staff reflected and carried out retraining. Staff knew who to report errors to and knew to contact the GP in the first instance to check any risk to people.
- Staff were encouraged to learn lessons when things went wrong and to share ideas to improve the service. A staff member said, "We work really well as a team, everyone is really respectful, you can talk about anything, raise issues, give ideas and everyone will listen and be respectful, there is no animosity, that's important as the clients notice it, we have such lovely clients."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People at the service were thriving and the service was people centred. Staff always worked closely with people to ensure their needs were assessed and their choices always respected. People had detailed care plans, which enabled staff to deliver flexible care that was always specific and targeted for the person. A staff member told us, "We follow guidelines, but we do it with warmth and understanding, listening is really important."
- People and their relatives were at the heart of the planning for care. The registered manager was proactive in care planning, ensuring that changes in people's needs were included in constantly evolving plans rather than waiting to react to change. This enabled people to be sure the care they received was always appropriate. Feedback from healthcare professionals was positive. A healthcare professional said, "I have always found the standard of support at Roman Court to be extremely high. The carers I have worked with have had a very good understanding of the needs of the clients they are supporting, and have a good knowledge of guidelines and the support plan."
- Frequent thorough reviews and planning for the future led to seamless care for people, with the care they received changing gradually with them. A healthcare professional who worked with people at the service told us, "(The service) is highly effective, proactive and person-centred working with [person]. It is very refreshing when approached around a complicated issue by a support provider, to find that they have clearly thought about the issues and already implemented and planned changes in the way they work."

Staff support: induction, training, skills and experience

- Staff were well supported by the registered manager and by senior staff and other members of the team. Staff felt part of a strong team and were confident in their knowledge. A staff member told us, "We have done autism training, and dementia training. Including training to help us understand Downs Syndrome and dementia together. People with Downs Syndrome have a higher chance of dementia."
- The staff induction included teaching new staff 50 core Makaton signs to ensure they could communicate effectively with people at the service.
- Due to the ongoing COVID-19 pandemic training was carried out online, staff felt this was adequate. A staff member said, "I liked the social aspect of the face to face training but the eLearning is fine, it's just personal preference."
- Some staff members had been working at the service for over ten years. They enjoyed working and were enthusiastic in their approach to care. A staff member told us, "We have a lovely team here. We've become closer during COVID and support each other."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan their meals and to eat healthy options where possible. Staff ensured people had choice about what they ate but always encouraged healthy choices. For example, staff worked with one person who liked to snack to plan the snacks for the day and include healthy options, these were then placed in bags to have each day. We saw dietician input into these decisions made with the person.
- Staff supported people to maintain a healthy weight. One person who wanted to eat more healthily was supported to change their diet and had lost weight to improve their health and activity levels.
- Staff talked to a person who sometimes became confused about which food needed cooking and which was safe to eat as bought. After discussion with the person staff had agreed to store food which needed cooking in the office and that staff would help with it when needed, staff supported the person to cook food safely. The person agreed to store only ready-to-eat foods in their flat. This ensured they did not become ill through eating uncooked foods.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well together as a team to ensure seamless care for people supported by the service. Staff used secure messaging apps to keep in touch, along with handover meetings and communication books. A staff member said, "We have a handover book and have handover meetings, we have a team WhatsApp group, we meet up outside of work, we are a big happy family."
- People always had the healthcare they needed because staff advocated for them. A healthcare professional said, "[Registered manager] is very accessible and has been persistent in following up with professionals to ensure movement in processes beyond his control and has completed and documented support plans and considerations of risk in a way that reflects the feelings, thoughts and wishes of the person his team supports."
- The close relationship staff had with people, and their knowledge of people's moods and behaviour enabled them to ensure people were seen by healthcare professionals when needed. A healthcare professional told us, "My experience is that the staff work well with the community team and their referrals are appropriate and considered."
- Staff supported people to make appointments and to see their GPs when necessary.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 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 checked whether the service was working within the principles of the MCA.

- The registered manager and staff at the service were passionate about people being able to make their own decisions. All people at the service were deemed to have capacity unless proved otherwise and staff used various techniques to help people remain independent. People's individuality was promoted by staff. A

staff member said, "Clients sometimes make bad choices and that's OK, that's how we all learn. We support them through that."

- We saw evidence of informal mental capacity assessments that included ways to help people understand and make choices about complex subjects. Staff used simple language, pictures and Makaton to enhance explanations.
- Staff told us they explained about the COVID-19 vaccinations in order to help people make an informed decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people and each other, and this allowed people to be open and honest about their feelings. A healthcare professional told us, "The interactions I have observed have been kind, thoughtful and adapted to the client's communication needs."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views about anything at the service and were confident to do so.
- Staff understood that people's likes and dislikes can be changeable and so they spoke to people often to ensure they were happy with what they were doing that day. We saw staff ask people what their day would consist of and if they needed any support. People were able to accept or refuse support and staff remained calm, kind and respectful.

Respecting and promoting people's privacy, dignity and independence

- People lived in their own flats and staff respected this. We saw staff always knock and ask to be admitted to flats by people, even within the flats staff asked permission to enter rooms or to sit down. Staff asked people for their consent frequently in conversation, using simple phrases or Makaton signs to ensure people knew they had choice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at the centre of everything about their care and support at the service. The care plans we saw were detailed and gave a clear picture of the person and their needs and preferences. We saw long lists of food likes and dislikes in a care plan where the person's nutrition was being monitored. There was guidance for staff on how to talk to the person about food, how to encourage or suggest healthy choices, but the guidance also made it clear the person was to be able to make their own decisions even if staff felt this was an unhealthy choice.
- People's care plans focussed on what they wanted to do, what they could do, and how staff could support them to do the things they enjoyed. A staff member told us, "We know people really well and what they like to do, they all have things they want to do and they will tell you!" and another staff member said, "The clients always come first, we help them live the life they want in the safest possible way. We help them reach their goals."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People at the service had varying communication needs and staff knew how to interact with each person. Where people used Makaton sign to enhance understanding staff told us they often ask people at the service to teach them some signs. Staff told us that asking people to teach them gave people a feeling of pride and increased their confidence. We could see the confidence people had when a person at the service joked with us about the staff having bad memories.
- Staff used a mix of every day speech, simplified language, Makaton and pictures to talk to people about complex issues. Staff told us that repetition or explaining the same idea in several ways could help a person understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to be independent including taking positive risks. Staff tried to reduce risk by planning and talking to people. For example, staff had accompanied a person on a train journey where they boarded the wrong train. Staff supported the person to find the correct train staff to ask for help and now

the person is happy to travel by train alone as they told us they knew what to do if they got lost.

- When people wanted to have relationships outside of the service, including romantic relationships, this was facilitated by staff. The registered manager and staff at the service supported people to meet up and helped to plan and support people's partners to stay overnight.
- People were assisted to take part in hobbies and activities they enjoyed. A person at the service was proud to tell us about their volunteer work, and another person showed us their book collection. A relative told us, "[The service's] support is 'second to none' in our opinion. Their personal support, especially during the night must have been exhausting. Generally, they have always been supportive for normal issues of life, working out menus, shopping lists, helping [person] achieve their goals such as [volunteering], basketball at the park, ensuring their safety. Socially, they also support trips to the shops, i.e. breakfast at a local café and Christmas shopping. We cannot praise highly enough the care and concern the staff have shown."

Improving care quality in response to complaints or concerns

- There had been no complaints in the six months before the inspection. Relatives told us they were confident in the manager and knew they would sort out any issues they had. A relative told us in response to a query with support, "I have requested a review meeting with [registered manager] in the New Year to discuss the way forward. [The registered manager] is very approachable, and I am confident he will formulate a plan."

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 is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People at the service were empowered to live their best lives. The service had an extremely person-centred culture that was positive and inclusive. Staff often referred to the service as a family. People at the service laughed and joked with staff. A relative told us, "You can't go to Roman Court without coming away feeling good."

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

- There had been no incidents that were notifiable under the duty of candour. The registered manager understood their responsibility to keep people's next of kin informed of changes in care or any incidents that occurred.

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

- The registered manager and staff were clear about their roles. A staff member said, "I'm happy to talk to [registered manager] he's great."
- The registered manager ensured quality assurance audits were completed.
- Regular staff meetings were used for staff to raise concerns or share ideas.
- The service was well supported by the provider with clear policies and templates for care plans and risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the service, not just in the writing of the support plans they needed but in choosing new staff. The registered manager told us that after short listing new carers, people at the home met them and talked to them to feed back to staff later about who they thought would fit in best.

Continuous learning and improving care

- Staff told us they continued to learn from people at the service. They ensured care was shaped for the people at the service and as those needs changed, staff learned how best to provide support. A staff member said, [Person] has changed how we support them, the pandemic made us change how we support

people. It has been challenging to keep up with guidelines."

Working in partnership with others

- The registered manager had a good relationship with social workers and other healthcare professionals. A healthcare professional said, "The manager is excellent and my observations are that he is supportive of his staff and I am sure that they would be able to discuss any concerns with him. They do present as working very well together as a staff team."