Guardian Supported Living Limited

Guardian Supported Living Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on the 13 November 2018.

We gave the provider 24 hours' notice of our intention to undertake the inspection so that there would be someone available to assist us with the inspection process.

At our last inspection carried out on 02 May 2018 we judged this service as 'good' in the key questions of safe, responsive, caring and effective and 'requires improvement' in the well led key question and rated the service as 'good' overall.

Prior to our last inspection we received concerning information about how the registered manager who is also the provider had dealt with a situation at the service. Since our last inspection we received some further information regarding the same incident. This focused inspection was planned so that we could follow up on these concerns and see what lessons had been learnt by the provider. This report only covers our findings in relation to the two key questions of safe and well led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guardian Supported Living on our website at www.cqc.org.uk

Guardian Supported Living provides care and support to people living in a supported living setting, so that they can live in their own home 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. Guardian Supported living consists of 21 individual apartments' in a converted listed building. There were 15 people living there when we inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always safe because staff were not always aware of some of the risks associated with people's support needs and records concerning risks to people's safety and well-being needed to be improved so the risks to people and how they would be managed were clear.

Staff had an understanding of abuse and what to look for but where unclear about who concerns would be raised with outside of the service. When an incident occurred there needed to be greater clarity about who this information had been shared with.

People received support to take their medicines as prescribed but some improvements were required to the storage and recording of medicine administration within the service.

The provider's quality monitoring systems were not always effective at identifying where improvements were needed.

People spoke positively about the care staff. We saw people were relaxed around the staff and registered manager. There was a friendly and calm atmosphere within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems in place for the management of risk were not always robust.

There were systems in place for ensuring people were protected from the risk of harm. However, these needed to be strengthened and staff knowledge needed to be improved.

Systems in place for the management of risk were not always robust.

People received their prescribed medicines when they required them, but some improvements were required to the storage arrangements.

The provider's recruitment process needed to be strengthened

There were enough staff to support people safely.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place however, these needed to be further developed to ensure
they were effective at driving the required improvements.

People and staff were complimentary about the service.

Guardian Supported Living Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 November 2018 and was announced.

We carried out this inspection because prior to our last inspection we received concerning information about how the registered manager who is also the provider had dealt with a situation at the service. Since our last inspection we received some further information regarding the same incident. This focused inspection was planned so that we could follow up on these concerns and see what lessons had been learnt by the provider.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection.

During our inspection we met with four people. We visited three people in their flats with their consent. We observed how staff supported people throughout the day. We also made general observations around the service.

We spoke to three support staff, an administrator, the registered manager and the director. We also spoke with six health and social care professionals. We looked at records relating to the management of the service including care plans for three people, incident and accident records, three staff recruitment records,

Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 02 May 2018 we rated this key question as 'good'. At this inspection we found that some improvements were needed and rated this key question as requires improvement.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated an understanding of the types of abuse people could be at risk from. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager but not all staff were clear about which external agencies the registered manager would need to notify any concerns to.

During our inspection we became aware of incidents that had taken place in the service regarding individuals. There was a protocol in place for the registered manager to share these with a multi-disciplinary team and they had done this. However, there was a lack of clarity about what the threshold was for notifying other agencies of such events including the local authority under safeguarding procedures and the CQC. We discussed this with the registered manager and they agreed to take this forward and have discussions with the multi- disciplinary team so that there would be clear expectations about who would be notified in the event of any future incidents taking place.

Risk assessments lacked detail and needed to be clearer about what the risks for people were and what staff should do. For example, for one of the people if they refused their medication this would be pertinent to a mental health relapse. This information was not specified in their risk assessment. We saw that for people who were at risk of self-harm some had management plans in place that had been agreed by a multi-disciplinary team. However, some people did not have risk assessments in place to support this need. Staff that we spoke with had an understanding of the risks people faced on a day to day basis. However, not all staff that we spoke with were aware of some of the more complex risks and some of the historical risks that could impact on the persons wellbeing if they were to become unwell.

We saw that some people had a health condition which was referred to in their records. Although staff that we spoke with were able to tell us about some of the signs they would look for in relation to the different health conditions they were not aware of all of the health conditions that people had. People's care records detailed limited information about their medical history or the signs, symptoms and triggers that staff needed to be aware of in relation to the health condition and any associated risk. In addition, the care records did not detail how the person was being supported to meet these health care needs.

Staff told us that all recruitment checks had been completed before they commenced employment. We looked at three staff records. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited. We saw that for one staff member a reference had been sought from a senior staff member and not one of the management team. We found the provider needed to strengthen the recruitment process. They needed to ensure that when references were sought from previous employers within the care sector the person providing the reference must be in a position where they are able to disclose information about the staff members work performance, any disciplinary

information and suitability of the person to work within the care sector.

Some people were supported by trained staff to take their medicines. One person told us, "The staff remind me to take them [medicines]. They are very good and sort it all out for me. They keep them in the locked cupboard." We saw that the medicine storage for one person was not adequate to store all their medicines so some medicine was stored outside of the medicine cabinet and the lock was broke. Although the medicines were kept in a locked room. We also saw that eye drops and nasal sprays where not always dated when they were open. Some medicines have a reduced expiry date once opened.

People told us there was enough staff available to support them and they knew the times that staff would be calling to their flat. The provider had a small team of staff who were allocated calls at specific times throughout the day depending on the level of care hours that had been agreed.

The registered manager had records in place to monitor any accidents and incidents. One person told that they had a fall and now had a bath mat in place to prevent further falls. Records showed that a referral had been made to an occupational therapist for further advice.

People told us they were supported by staff to keep their own flats clean and tidy. Staff told us they had had access to cleaning products and protective equipment. We saw that a staff member used disposable gloves when assisting with a person's medicines to reduce the risk of cross infection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We found that there was a lack of clarity regarding who was in receipt of the regulated activity of personal care. We explained at that time to the registered manager that it was their responsibility to ensure that they are appropriately registered to carry on the services they provide and they should be aware of who within the service is in receipt of the regulated activity. We also found that the provider had some systems in place to monitor the quality of the service. However, these systems needed to become embedded to ensure that they were effective. At this inspection we found that improvements were still needed.

There remained a lack of clarity at times regarding who was in receipt of the regulated activity. During our inspection we became aware of incidents that had taken place in the service regarding individuals and the registered manager told us that some of these people were not in receipt of the regulated activity prior to the incident so they did not need to let us know about these events. However, following the incident the registered manager told us because there had been a change in the persons care needs they were now in receipt of the regulated activity. In addition to this staff told us about and we saw that incidents had taken place and these had been shared with multi- disciplinary teams and not raised as a safeguarding alert. There needed to be greater clarity and understanding by the registered provider regarding events or occurrences that had taken place and what was required to be reported to external agencies.

At this inspection we found that although we saw evidence that the provider had made some improvements to develop their quality monitoring systems since our last inspection further improvements were still needed. We saw that no analysis of incidents had taken place when people's risk assessments were reviewed. There was no system in place that provided an analysis of incidents in the service to identify trends and actions needed to reduce the likelihood of events happening again. We saw that some care records contained inaccurate information about people's capacity. Systems in place had not identified that medicine storage arrangements were not adequate some for people's medicines. They had also not identified that there was no recording system in place for when community health care staff delivered medicines to the service and the medicines were handed over to a staff member.

We spoke with both the registered manager and the director of the service about an incident that had occurred and had led to a safeguarding investigation. At the time of our last inspection we were aware of the safeguarding. However, since then we were in receipt of further information about the same incident. The incident raised questions about the conduct and behaviour of the registered manager who is also the registered provider. These discussions took place so we could establish that under the requirement of 'Fit and Proper Persons' that the people responsible and accountable for delivering care at Guardian Supported living comply with these regulations. The registered manager told us that the incident should not have happened and they apologised to the individual for their actions and told us that a lot of learning had taken place since then. They told us that they understood their responsibilities as a registered provider. The director told us that the incident should not have happened. However, going forward they had no concerns about the registered manager and reiterated what had been said.

People that we spoke with told us that they were happy living at Guardian Supported living. One person told us, "They [staff] look after you really well here. I am happy and feel safe. They help you to do things like cooking, and looking after my flat." Another person told us, "Its good here, they[staff] are there when you need them".

We spoke with a number of professionals and received some mixed feedback. Some professionals told us that staff needed further training so that they had a greater understanding of the complexities of some of the people the service supported. A health care professional told us that care records and risk assessment needed improving. Other professionals spoke very positively about the service and the support that the person they were involved with received. A professional told us, "[Person's name] has definitely improved since living there. They are very happy and would tell me if there were any problems. Their family visit the service regularly and they are also very pleased with the support [person's name] is getting." Another professional told us, "The person I support has come on loads we have been very satisfied with the placement and the registered manager communicates well with us."

At our last inspection we identified that staff needed further training on mental capacity act (MCA) and mental health. The registered manager told us that he was in the process of agreeing this training. At this inspection the registered manager told us that there had been some delay with this being arranged. However, at the time of writing this report we received written confirmation that this training was now underway and will include social supervision, mental health and recovery, mental health and law, psychosocial interventions, depression and schizophrenia.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that they felt supported within their work and told us that someone was always available to speak with them should they require any assistance or support. A staff member told us," The managers are very approachable and available for support and advice at any time". This view was supported by all the staff that we spoke with. Staff told us they felt confident in raising any concerns with the registered manager and were aware of the whistle-blowing procedures. Whistle-blowing is a term used when a member of staff raises a concern about wrong-doing or illegality that may be occurring within the organisation in which they work. Whistle-blowers are protected by law to ensure that they are protected as far as reasonably possible, against the risk of reprisal.