

Craegmoor Supporting You Limited

Priory Supported Living Lancashire

Inspection report

Mather Fold House
Hoghton Lane, Higher Walton
Preston
PR5 4ED

Website: www.prioryadult.co.uk

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21 April 2022

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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

Priory supported living Lancashire is a Domiciliary care service providing personal care, supported living for one person in their own home.

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

Medicines were mainly managed safely, medication records had been completed and staff had undertaken the relevant training. Where the key had been left in the medication cupboard the registered manager took action to ensure these were stored safely. We made a recommendation about this.

Staff were recruited safely, and there was sufficient numbers of staff to support the needs of the person. Policies and guidance was in place to protect people from abuse, and staff knew what to do if abuse was suspected. Fire risk assessments and personal evacuation plans had been completed.

People received good care, their individual needs, choices and independence was supported. Care records contained information about individual needs and how to support them. How to communicate effectively with the person had been considered and, an activities programme was in place. Staff told us the activities provided had improved since the COVID-19 lockdown. A system to deal with complaints had been considered.

Team meetings were taking place and staff surveys had been completed. Continuous learning and improving care was supported. People were complimentary about the registered manager, he was open and transparent during the inspection. We saw copies of audits undertaken, where these had not been completed in full recently, the registered manager took immediate action to ensure these had been done.

Staff had received relevant training to support them in their role. Professionals had been involved in the health care needs of the person. 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. The service supported the persons choices in daily life and their decisions. The registered manager and the staff team clearly knew the persons needs and supported them to be involved in making choices in their day to day life.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

Why we inspected

This was a planned inspection to provide a rating for the service.

Rating at last inspection

This service was registered with us on 05 August 2021 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have made a recommendation about the safe storage of medicines.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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 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.

Priory Supported Living Lancashire

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector undertook the inspection.

Service and service type

This service provides care and support to people living in one '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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we looked at all of the information we held about the service. This included feedback and notifications which the provider is required to send to us by law. We also asked for feedback from professionals.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with the relative of one person and observed staff interactions with the person during a visit to their home, with permission. We spoke with five staff members. These included, two care staff, the deputy manager, the associate director of quality and the registered manager who had overall responsibility. We looked at a number of records including, one person's care record and medication administrations, audits and monitoring relating to the operation and management of the service.

After the inspection

We continued to receive information and evidence to support the inspection.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were mostly managed safely.
- Training records confirmed staff had undertaken medicines training and competency checks had been completed. This would ensure staff had the knowledge and skills to administer medicines safely. One staff told us they had completed a medicines competency and training.
- Medicines were stored in the office at the persons home. The cupboard was secured safely to the wall and lockable. However, the key had been left in the lock unsupervised. The registered manager removed this immediately to ensure medications were stored safely.

We recommend the provider consider current guidance on ensuring medicines are stored safely and securely, and take action to update their practice accordingly.

- Medication administration records had been completed, dated, signed and policies and guidance was in place to support the management of medicines. The registered manager confirmed that the dispensing pharmacy undertook a yearly review of medicines and completed medication training with the staff team.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- Staff files confirmed they had been recruited safely, and relevant checks had been undertaken. However, they required organising to support audits and checks on their content. The registered manager confirmed they would take immediate action to ensure all staff files were reviewed and organised.
- There was an ongoing recruitment programme. The registered manager told us no agency staff was being used in the service, but they were looking at developing risk assessments to enable agency staff to work with the person safely, if required. Staff told us there was always enough staff to meet the individual needs of the person. One staff member said, "The staffing is getting better. [Person] always gets their quota of staff, and we always use a staff member that knows [person]."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The relative we spoke with raised no safeguarding concerns. They told us they, "Feel [person] is safe there." Staff understood the actions to take if abuse was suspected. One told us, "I have no safeguarding concerns, [person] is safe. I would raise concerns to [name] registered manager and contact safeguarding through the website. I have heard of whistleblowing." Training records confirmed staff had undertaken safeguarding training.
- Policies information and guidance was available for staff to follow if abuse was suspected. We saw evidence of the actions taken as a result of safeguarding investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had developed systems which ensured risks were assessed and managed safely.
- Individual risk assessments had been developed. Fire risk assessments, fire safety checks and personal evacuation plan had been completed. Records confirmed relevant checks such as portable appliance testing and emergency lighting had been done. These included the findings as well as the actions to be taken. Where one record had not been completed recently, this was done immediately following the inspection. The provider had worked closely with the landlord to ensure the environment was developed to meet the needs of the person.
- Incidents and accidents records had been completed, and contained detailed analysis of these and the actions taken had been recorded as a result of these. This would support any lessons learned going forward. We saw evidence that lessons learned were recorded and discussed at the governance meetings with the staff team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The relative told us that the person was supported to visit them regularly at their home.

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's needs had been assessed. Assessments had been completed and contained information about the needs of the person, and how to support them.
- The relative we spoke with told us the care their family member received was discussed with them.

Staff support; induction, training, skills and experience

- People were supported by a skilled staff. The relative of the person raised no concerns about the knowledge and skills of the staff. They told us, "Staff have got the skills to look after [person]. They have a good relationship."
- Staff confirmed they had undertaken training which supported them in their role. Records confirmed this, as well as evidence of spot checks, supervisions and one to ones. These confirmed that staff were supported and developed in their roles. One staff member told us, "I am supported with career progression and training. I am up to date with training and have re done physical interventions training."

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

- People were supported to eat and drink. Care files contained information about the persons dietary needs, likes and information relating to referrals to professionals where required.
- The relative we spoke with told us the person was provided with their choice of meals and that staff were monitoring for any risks or concerns.

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

- People were provided with appropriate support with their individual health needs. Care records confirmed relevant reviews by professionals had taken place to support their individual needs. A family member told us the service supported them and the person in relation to reviews and treatment by professionals. The registered manager confirmed good working relationships had been developed with professionals.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The person was protected from unlawful restrictions. Information, training, policies and guidance was in place to ensure people's best interests were supported. Staff demonstrated their understanding of best interests and MCA, and how to support the person in the least restrictive way. One staff member told us they had undertaken MCA and DoLS training and that, "[Persons] DoLS have been applied for through the Court of Protection."
- Care records contained pictorial information in relation to consent for the person. Care records included MCA and DoLS assessments.

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person was involved in decisions about their care. They received good care and their diverse needs were considered. Staff demonstrated their understanding about how to ensure the person was engaged and involved in decisions about their care, respecting their views and promoting their independence.
- We observed staff interacting positively with the person and supporting them in their choice of activity during a visit to their home. It was clear they understood how the person communicated their choices, and respected these, promoting their independence.
- A relative told us they were happy with the care their family member received. They said, "Happy with the care [person] is getting. Staff are good with [person], [person] is thriving."
- Care records contained detailed information about the person and their care, individual needs, choices and, ensuring their dignity and respect was considered. Staff understood the care needs of the person and said that the person received, "Good care."
- Policies and guidance was available in relation to privacy, dignity and personal care which would support staff in meeting people's needs. We saw evidence of the involvement of advocacy services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Information was stored securely in the office, which supported the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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; End of life care and support

- Assessments of the person's needs had been completed. Care records were in place and contained detailed information to support the care they received. Whilst the information was detailed, they required an up to date review to ensure all areas of the record reflected their current need. The registered manager took immediate action and confirmed that these had been reviewed and were up to date.
- The relative told us the service discussed their family members care with them. Staff understood the importance of the care files and told us they had, "Read the support plan. I am informed when it has been updated."
- End of life planning records were in place to complete if required. The registered manager told us information in relation to the persons wishes had been provided to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care files contained information about how to support the individual communication needs of the person. Information relating to how they communicate had been developed. Records included a communication dictionary which made use of pictures and support to guide staff in effective communication.
- The service made use of electronic devices to support contact with the persons family. Staff said, 'FaceTime with family was used and phone calls with updates were ongoing.'

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 supported to avoid social isolation. An activities programme had been developed, which included details of the activities planned. Staff told us that restrictions due to COVID-19 had impacted on the activities available to people but, this was improving. We observed the person being supported to undertake an activity when we visited their home. The relative told us, "[Person] is getting out and about when [person] wants to. Visiting has now improved and [person] comes to see me regularly."

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to. Records had been developed to record and monitor any

complaints. Policies, including the procedure for staff to follow were in place. This would ensure staff knew how to deal with any complaints or concerns.

- Staff we spoke with told us, "I have never had any complaints, if I did I would listen and look for a resolution. If I couldn't solve it I would go to someone who could. I would be open and honest. There is a whistleblowing and complaint procedure and we have an open-door policy." The family member we spoke with raised no concerns.

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.

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

- Records were seen in relation to audits on a number of areas including, MCA, walk around, financial audits, care planning documentation and medication. However, not all audits had been completed in full in the last month and the audit log was blank. The registered manager told us they would take immediate action and confirmed the audits had been completed following the inspection.
- Statutory notifications had been submitted as required and a file was in place to support the monitoring of them.

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

- A person-centred, and open culture, which supported good outcomes for people had been developed. The service acted when things went wrong and understood their responsibilities. We received positive feedback about the registered manager and the staff team. Comments included, "[Registered manager] is really good and really supportive" and, "There is nothing he wouldn't do he puts people and staff always first. [Registered manager] is always around, he is here every day." The relative told us they were, "Happy with [registered] manager, you can talk to them with any concerns."
- The registered manager and the staff were clear about their roles, responsibilities and their duties. The registered manager was open and transparent throughout the inspection process and took immediate actions to ensure the findings from the inspection were acted upon promptly. All of the staff team and the management were very supportive of the inspection, and information we requested was provided.
- Relevant certificates were on display in the office, including the employer's liability insurance.

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

- People and staff were engaged and involved. Staff surveys had been completed on a range of areas including, employee experience, leadership, empowerment, well-being, satisfaction and personal growth. Care records included information which supported the person to be engaged and involved in the care provided to them.
- Team governance meetings had taken place. The registered manager told us these were undertaken with all of the staff team. Records confirmed the date of the meetings, attendees, the topics discussed and the actions required. Topics covered included, actions from the last meeting, safeguarding, health and safety,

incidents (themes and trends), environment, staffing and recruitment.

Continuous learning and improving care

- Continuous learning and improving care was considered. Information and guidance was on display in the office. The provider had developed a range of policies and guidance to support the staff team in the delivery of care to people, as well as the operation and management of the service.

Working in partnership with others

- The service worked in partnership with others. The registered manager and staff had developed positive working relationships with professionals. We saw evidence of professionals involved in the care and treatment in the persons care file we looked at.