

Craegmoor Supporting You Limited

Priory Supported Living South Peninsula

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Priory Supported Living South Peninsula is a supported living service which provides personal care to people with a learning disability and autistic people living in their own homes.

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. When we visited, the agency supported three people with personal care.

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

People's relatives gave us positive feedback about the service. They said staff were caring, compassionate and treated people with dignity and respect. One relative said, "I just feel very positive, very impressed with it [the service]. The care team are so efficient."

People were safe with the staff who supported them. Staff understood the signs of abuse and felt confident any safeguarding concerns reported were listened to and responded to.

People received their prescribed medicines safely and on time. People's risk assessments and care plans provided staff with detailed, up to date information about how to safely care for each person. Risk was balanced with people's individual rights and responsibilities.

We were assured the service was following safe infection prevention and control procedures to keep people safe with regard to the current COVID 19 pandemic. The service had monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

People received safe care because staff recruitment, training, supervision and competency checks ensured all staff had the necessary qualifications, skills and experience and were of the right character to support vulnerable people.

The service was going through a significant period of management change. Quality monitoring systems were being constantly reviewed and improved to ensure the safety and quality of the service. An action plan was in place to ensure necessary improvements were being made.

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.

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

People were at the centre of their service; people chose where they lived and who they lived with. They had control over their own lives. People's care was planned with them and with those close to them, such as their family members and was reviewed regularly. People were supported to live independently in their own homes by a small team of staff. People's human rights were respected and they were encouraged and supported to make their own decisions and to take risks.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 (report published 8 February 2020).

Why we inspected

We received several notifications from the provider that one person may be placing themselves and others at risk of harm. We had also been notified the last registered manager had left the service and they had de-registered with us on 27 April 2021. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Priory Supported Living South Peninsula on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

Priory Supported Living South Peninsula

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

One inspector visited the service and an Expert by Experience made calls to family members to gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a supported living service. It provides personal care to people living in their own home.

There was no registered manager at the service when we visited. A new manager had been recruited and started work on 7 June 2021. The provider's peripatetic manager was the 'acting manager' at the service, with the support of the local operations director. Currently, the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the acting manager would be available to support the inspection process. The inspection was carried out between 2 June 2021 and 9 June 2021. We visited the office location on 3 June 2021.

What we did before the inspection

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.

In preparation for the inspection, we reviewed all the information we held about the service such as our contacts with them and notifications. A notification is information about important events which the service is required to send us by law. Due to the COVID -19 pandemic, we requested a range of documents prior to the inspection such as policies, procedures, information about staff and quality monitoring information. We used all of this information to plan our inspection.

During the inspection

The three people who used the service did not wish to share their experience of the service with us during this inspection. We therefore spoke with two family members to gain their views. We looked at two people's care plans and risk assessments. We spoke with the acting manager and local operations director and with two care staff. We also reviewed three staff recruitment, induction and supervision records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe with the staff who supported them. One family member said, "[Their relative was] very safe. I am a regular visitor and telephone him often and there's never any times where I need to worry."
- People were protected because all staff received training on how to recognise and report signs of abuse. Policies and procedures gave staff clear information about how to report any concerns and the steps to be taken in response. Staff said they thought people were safe and they would not hesitate to report any concerns. Staff were confident action would be taken immediately to make sure people were protected.
- The acting manager and operations director recognised signs of abuse. They made the local authority safeguarding team aware of any potential concerns and worked with them, with the police and with other health and care professionals, to protect people.

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

- Initial risk assessments were carried out with people and families before they began to use the service. People's care plans included ways to minimise risks for people but respected their human rights. Relatives told us they thought risks to their family member were well managed. One relative said, "Yes [risks are well managed], because the staff are very vigilant. They are quite attentive to [their family member] and they haven't come to any harm."
- One person had placed themselves and others at risk of harm due to their behaviour. They had been well supported by staff and by other health care professionals. There was ongoing additional support in place to ensure this person's, and others, safety and wellbeing.
- Environmental risk assessments were undertaken so staff were aware of any hazards. For example, each person had a detailed assessment about the risks of a fire in their home.
- Accidents and incidents were reported by staff and each one was escalated by the acting manager to the provider's senior managers using an internal reporting system. These were analysed and then discussed with staff at 'huddle' meetings. This enabled managers to learn from events and share that learning with staff. For example, following a fall, one person's care plan was amended and this, together with their referral to an occupational therapist, was discussed with their care team in a 'huddle meeting' on 2 June 2021. They had not fallen since.

Staffing and recruitment

- People received care and support from a small team of skilled care staff they knew and trusted.
- Relatives said the service was reliable and consistent. One relative told us, "Yes, [their family member has] one to one staffing all the time and also has some two to one. There have been no changes in staff for the last two to three years which is good."

- Risks to people were minimised because the provider had a safe and thorough recruitment procedure which made sure all new staff were thoroughly checked and vetted before starting work.

Using medicines safely

- People received their medicines safely and on time. One relative said, "Yes, they [meaning staff] log everything and get the prescriptions delivered. It's all recorded. Medication support is spot on really."
- Staff were trained in medicines management to make sure they had the required skills and knowledge. One staff member said, "We have to complete training and also score 100% on the assessments before we can help people with their medication."
- Medicine care plans gave staff clear instructions about each medicine, such as dosage and frequency of administration.
- Checks were completed to ensure staff were administering medicines on time and in the correct way.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because the provider had been proactive in providing information to each person about COVID 19 in a format each person could understand. People had also been given lots of information about the vaccines available and some had chosen to be vaccinated.
- Staff received training in good infection control practices, including COVID 19 precautions. The provider's infection prevention and control policy was up to date. One staff member thought the cleaning of people's homes could be more thorough. They had raised this within their team.
- The provider made sure staff had access to personal protective equipment such as disposable facemasks, gloves, aprons and alcohol gel. Infection control procedures and checks at the offices were stringent. One relative said, "Yes, very strict, only allowed to the doorstep at the beginning. Only let in with a mask."
- Relatives confirmed that staff washed their hands, used face masks at all times and wore personal protective equipment such as aprons and gloves for personal care.
- Infection control checks were undertaken to ensure staff followed the correct procedures to prevent cross infection risks and used personal protective equipment effectively and safely.
- All staff had regular tests for COVID 19 and followed self-isolation procedures, if necessary, to prevent cross infection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The ethos of the service was to provide personalised care and support at home, tailored to people's individual needs, wishes and aspirations. For example, two people had been supported to continue to live together, as they had wished, when they had to move out of their previous home. Both were very happy in their new home and had shared their story in the provider's newsletter.
- Relatives and staff said the service was well led, but this had not always been the case. It had been a particularly difficult time prior to and after the last registered manager left the service. One relative said, "We were not told about the change of management; one month after the manager had left I found out. We had to chase them up; no response to emails, during this time and we didn't know why." One staff member said, "We didn't know what was happening, sometimes it felt like we are on our own and not being directed. I find that difficult. I think this might improve now we have a new manager. I'm very positive about it." The acting manager and operations director confirmed to us this lack of information sharing would not happen again.
- The acting manager and operations director had worked hard to improve things since they became involved with the service. They both recognised the leadership of the service needed improvement and have already implemented many positive changes. One told us, "We have been on a journey. We found the service needed improvements and last manager needed lots of coaching and mentoring." One staff member told us, "From what I've been seeing, a lot more things are happening. There are a lot more in-depth handovers, better care plans and lots more organisation. It is a really good thing. Things have really improved."

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 acting manager and operations director understood the requirements of duty of candour, which is to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted relevant people to make them aware of any incidents and outlined actions taken in response to reduce risk.
- Both the acting manager and operations director were open and honest during the inspection about things which had gone wrong, the improvements they had identified were needed and how these were being implemented and monitored.
- The service had whistleblowing policies and procedures, which encouraged staff to raise concerns in good faith, so they could be addressed. One staff member said, "We have numbers here to contact" if they needed to raise concerns in confidence.

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

- The acting manager and operations director were setting clear expectations about the standards expected and led by example. One commented, "There is a really good team here and all the tenants are lovely. It is all about the people we are supporting and what they want."
- Staff told us they enjoyed their jobs and that staff support and morale was good. One staff member said, "It's a very good company who care for vulnerable people. On the whole it's a lovely job, I enjoy it. It's actually the best job I have ever had."
- There were quality monitoring systems in place. The acting manager and operations director had also carried out a thorough review of these and of the service overall as soon as they became involved. A comprehensive action plan was completed to address the improvement areas they identified. This plan was being worked through when we inspected.
- Monthly reports were completed and sent to the provider on key areas, such as accidents, incidents and complaints, together with an update on the improvements completed.

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

- People and families were consulted and involved in day to day decisions and in future plans. Relatives said communication could be improved upon. One relative told us, "We get a form once a month from Priory. We fill out the forms but nothing comes back." Another relative said about being kept informed, "Bit sketchy. I've had to ask." This was discussed with the acting manager and operations director and they will ensure this is improved.
- Overall, relatives were positive about the service. One said, "Yes, I would recommend it [meaning this service]". Another told us, "We've not personally experienced other services, wouldn't want to change services at this stage. We are 80-90% there with Priory."
- Staff were encouraged to seek support, share good practice ideas and identify further training needs through regular calls, supervision and via virtual staff meetings.

Continuous learning and improving care; Working in partnership with others

- People benefitted because staff worked in partnership with health and social care professionals and family members to make sure people received the care and support they needed.
- The service kept up to date with best practice guidance through regularly updated policies and procedures. The acting manager and operations director worked closely with other staff within the provider group to share learning and good practice ideas.
- Staff were kept up to date with developments within the company, within the health and social care sector and in relation to the COVID 19 pandemic.