

Southdown Housing Association Limited

Southdown Housing Association - 3a Grosvenor Road

Inspection report

3a Grosvenor road
Seaford
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

3a Grosvenor Road is a residential care home providing personal care and support for up to three adults with learning disabilities or autistic spectrum disorder. There were two people living there at the time of the inspection. The care home had two bedrooms downstairs and a self-contained flat upstairs with a large accessible garden.

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

There was a lack of consistency in how the service was managed and led. Staff had not always been well supported and the provider's systems for monitoring quality had not always identified shortfalls in the management of the service. There were not always sufficient staff with the skills needed to support people with complex needs. The provider told us that Covid-19 had caused many challenges which contributed to these issues. They had taken action to make improvements, including with staffing levels. Staff told us this had already made a difference.

People were supported in a personalised way and were leading full and busy lives. A relative said "People have a good quality of life. It's a homely atmosphere, it's not clinical, it feels like their home." Staff were knowledgeable about people's needs and supported them to be as independent as possible. Staff had undertaken training that was relevant to the needs of people they were supporting. Support plans and risk assessments were detailed and had been reviewed regularly and when people's needs had changed.

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.

Based on our review of Safe, Effective and Well led, the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to access the local community and staff were focussed on providing choice and enabling independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Support was highly personalised and reflected people's individual needs and preferences.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described an ethos of supporting people to maximise their quality of life and used positive behaviour support to increase confidence and reduce restrictions on their freedom.

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

Rating at last inspection

The last rating for this service was good (published 18 November 2016).

Why we inspected

This focussed inspection was prompted in part due to concerns received about the safety and management of the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

We have found evidence that the provider had taken action to mitigate the risks but changes were not yet fully embedded and sustained. Please see the Safe and Well -Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 3a Grosvenor Road on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Southdown Housing Association - 3a Grosvenor Road

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.

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

The inspection team consisted of two inspectors.

Service and service type

3a Grosvenor Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. At the time of the inspection there was an interim manager in charge because the registered manager was absent from the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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

During the inspection

We spoke with one person who used the service, one relative and two friends of a person about their experience of the care provided. We spoke with five members of staff including the interim manager, senior support worker and three support workers. We spent time observing how staff interacted with people throughout the day.

We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, staff training and quality assurance records were reviewed.

After the inspection

We spoke with the nominated individual and operational manager and asked for additional information about the management of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the Community Learning Disability Team from the Local Authority.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always enough suitable staff to keep people safe.
- People's complex needs meant that staff needed to have relevant training and skills including in Positive Behaviour Support. Staff told us that new staff and agency workers needed to have a thorough induction to the service and this meant that it was not always easy to find suitable staff to cover absences.
- Staff told us that staffing levels had been difficult to maintain, and the provider confirmed this. A staff member told us, "It had been a very difficult time and we struggled, but things are looking better now."
- Staff told us about the impact that staffing issues had earlier in the year. They described how unsettling this had been for people living at the service and that this may have contributed to incidents of behaviour that were challenging and distressing. One staff member said, "We had a big turnover of staff." Another staff member told us, "People need consistency, they like routine and changes can be very disruptive for them."
- There had been changes within the staff team in recent weeks. The provider had arranged for experienced staff to be transferred from another service and staff told us that this had led to improvements. One staff member said, "It is much better, and they are recruiting more staff."
- There were robust recruitment systems in place. Appropriate checks and references were carried out to ensure that staff were suitable to work with people.
- We have not judged there to be a breach of regulations as the provider had taken appropriate action to address concerns about staffing levels. The staff rota showed that staffing levels had improved and there were enough suitable staff to care for people safely. However, these improvements were not yet embedded and sustained and therefore this is an area of practice that needs to improve.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed to support people to stay safe.
- People had behaviour that could sometimes be challenging or distressing. One person's needs meant their behaviour could be unpredictable. This had made it difficult for staff to support them at times, and some incidents had an impact upon staff safety. The provider had taken action and sought advice from other professionals to ensure that they were doing all that was reasonably practicable to reduce and mitigate such risks.
- Staff understood how to support people and looked for ways to reduce the causes of distressed behaviour or put them at risk of harm. One staff member explained, "We know people well and look for triggers that could cause the behaviour or upset people. We can then put strategies in place for how to support them." Records confirmed this approach and risk assessments had been regularly reviewed and updated to reflect changes in people's needs or circumstances.

- Risks to people were identified with comprehensive assessments and support plans were in place to minimise risks. For example, following the recent pandemic, risk assessments for going out in the community had been reviewed to identify the level of risk for each person considering their individual needs. People's wishes had been taken into account and the assessments were proportionate and personalised to minimise restrictions on people's freedom.
- Staff were focussed on supporting people to remain as independent as possible and gave examples of how they enabled people to take positive risks, for example one person was supported to go swimming in the local community.
- Environmental risks were assessed, monitored and managed. Regular health and safety checks were recorded, including fire safety checks. Personal Emergency Evacuation Plans PEEPs were detailed and personalised to reflect people's individual needs and the support they would require in the event that emergency evacuation was needed.

Learning lessons when things go wrong

- There were effective systems in place for monitoring incidents and accidents.
- Staff described how incidents were analysed and discussed to capture any learning. One staff member told us, "We discuss what happened and whether we could have done something in a different way." Another staff member said, "We need to be very observant to identify the small things that might be triggers for people. Then we can change things to prevent it happening again. Sometimes it's trial and error but it makes a difference."
- Staff sought advice following incidents of challenging or distressed behaviour. One relative told us that following an incident staff had contacted them. They said, "We discussed what might be aggravating the situation and I said that certain foods can be a trigger. They have worked really hard to make sure they are doing everything possible."
- The local authority Community Learning Disability Team told us staff had made them aware of significant incidents for one person and they were working with the provider to review the person's changing needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People were observed to be happy and relaxed in the company of staff. A relative told us, "I feel they are safe there because there is always someone there and they watch over people. I think it is safe."
- Staff told us how they would recognise abuse and knew what to do if they had concerns.
- Records confirmed that there was a consistent approach to safeguarding people and referrals had been made appropriately to the local authority in line with local safeguarding arrangements.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored securely and there were safe systems in place for ordering and disposing of medicines. This meant that people had access to their prescribed medicines when they needed them.
- We observed how a staff member administered medicines in a person-centred way. They were patient and gentle in their approach, explaining what would happen and giving the person time to understand and consent to taking their medicine.
- Only staff who had been trained and assessed as competent were able to administer medicines to people. Records were accurate and showed how issues of consent had been addressed in line with relevant legislation.
- Staff were knowledgeable about people's needs and medicines. Records showed how staff monitored symptoms and any changes or improvements were noted in regular medicine reviews with health care professionals.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and choices were assessed in a holistic and person-centred way.
- Assessments and care and support plans were comprehensive and provided clear guidance for staff to follow. Care and support reflected evidence based good practice including Positive Behaviour Support (PBS) plans. PBS is a person- centred framework for providing support to people with a learning disability or autism who have behaviours that may be challenging or distressing. Staff demonstrated a good understanding of PBS and how it is used to support people to have a good quality of life.
- Staff used evidence- based guidance tools to support the assessment of people's needs. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks. A Disability Distress Assessment Tool (DisDat) was used to identify signs and behaviours that might indicate pain or distress for a person who had limited communication.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to be effective in their roles.
- People's relatives and friends told us staff were skilled and experienced. Their comments included, "I have absolute confidence in the staff, they are skilled in what they do," and, "The staff are trained and understand people's needs."
- Staff told us they had access to good quality training opportunities. One staff member said, "We are lucky in that way, we have lots of training and resources available to educate us. We have also had specific training relevant to people's needs including for Huntington's Disease and Epilepsy." Another staff member told us, "The training is very informative and means we know what to expect. It helps us to feel confident."
- We observed that staff were confident and skilled in their approach when supporting people. They consistently followed the detailed guidance in people's care plans.
- Records confirmed that staff had completed relevant training consistently.
- There were effective systems for inducting new staff. One staff member described how they had been given time to get to know people through observation and shadowing experienced staff. They explained how this had been important because small changes in people's routines could have a big impact. They told us, "I felt confident and comfortable after a few months and now really enjoy supporting people."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- People were supported to have enough to eat and drink. They were encouraged to make choices and to have a healthy balanced diet.
- Some people had complex needs that required careful planning to ensure their nutritional needs were

met. There were clear and detailed guidelines for staff in how to offer options that were suitable for people's needs, in a way that enabled them to make choices and be in control.

- People were involved as much as possible with choosing and preparing their meals. We observed positive interactions between staff and a person they were supporting in the kitchen. Staff had introduced Picture Exchange Communication Systems (PECS) to support people to communicate their preferences and dislikes.
- Risks to people associated with eating and drinking were identified and assessed. For example, one person had complex behavioural needs associated with eating and drinking. Recommendations from a Speech and Language Therapist (SaLT) assessment were included within the person's care plan. Risks associated with weight gain had also been identified and staff had supported the person to make healthy food choices resulting in a substantial planned weight loss. A friend told us how significant this weight loss was and described it as, "A very good thing".
- People were supported to access the health care services they needed.
- A relative told us they had confidence that staff recognised changes in people's health. They explained, "The staff picked up that he was not well and took him to the doctor. Another time they arranged for physiotherapy because he was having a knee problem."
- Records showed how people's health needs were carefully monitored and appropriate referrals had been made in a timely way to health care professionals. For example, following incidents of self-injurious behaviour to toes, professional support and advice was sought from a podiatrist.
- Hospital care passports were in place and contained up to date information on people's health status. This meant that hospital staff would have the information they needed if someone was admitted to hospital.

Staff working with other agencies to provide consistent, effective, timely care

- There were effective systems for sharing information and staff worked collaboratively with other agencies to meet people's needs.
- Communication systems were effective both within the service and across organisations. For example, when people attended appointments with health care professionals, staff provided updates on the person's progress taken from monitoring records at the service. Staff recorded the details of the appointment, the outcome and any changes needed to the person's health care plan. This meant that staff and professionals had access to up to date information about the person's needs.
- Staff worked effectively with other agencies to ensure that people had successful transitions when moving to, or from, the service. For example, one staff member described the planning and co-ordination involved when a new person moved to the service. They explained how social workers and family members had been involved to ensure that the service was suitable to meet the person's needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding of their responsibilities under MCA and Deprivation of Liberty Safeguards (DoLS) and sought consent in line with legislation and guidance.
- We observed how staff supported people to be able to make decisions where they had capacity to do so. Staff used appropriate communication methods to support people to make day to day decisions and to gain consent for support with their care.
- Where people were judged not to have capacity to make particular decisions staff had involved the relevant people and professionals to ensure that decisions taken were in people's best interests.
- Where restrictions were in place to keep people safe, these were recorded, monitored and reviewed to ensure that they remained proportionate and were the least restrictive options. For example, one person had risks relating to complex behaviour with food. A best interest decision had been taken that food should not be stored in their accommodation and this decision was included within a DoLS authorisation for the person. Staff continued to support the person to make choices about what they wanted to eat and when. This meant that the person's legal and human rights had been upheld.

Adapting service, design, decoration to meet people's needs

- The service had been designed and adapted to support people's needs.
- One person lived in a safe contained flat on the first floor. Significant changes had been made to ensure the environment was more suitable for the person's complex needs. Staff described how the renovation had been managed and the impact the improvements had made for the person.

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 had deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had not been consistently well led. There was inconsistent leadership and oversight of the service. Organisational risks including risk management and staff performance had not always been monitored, staff engagement and support had not been consistent.
- The registered manager was not at the service during the inspection. The provider had told us that an interim manager had been brought in to manage the service one week before the inspection. Following the inspection, we were informed that a new manager had been appointed to the service.
- Support for staff had been inconsistent. A staff member described how staff had not always felt confident in managing incidents and that gaps in leadership meant that staff did not experience consistent support. They said, "We had no senior for months and felt we didn't always have management support." Another staff member said, "There was high turnover of staff, we were dealing with behaviour which was very challenging, and we were not supported. Some staff were injured, others were scared and left." "New staff don't always realise the nature of the work and are not always prepared for dealing with challenging behaviour."
- The nominated individual confirmed that there had been some management and staffing issues and difficulties with recruitment to posts, which were exacerbated by Covid-19. The interim manager confirmed that an increase in incidents of distressed behaviour had been challenging for some staff.
- Staff described feeling isolated, stretched and pressured when there were difficulties in finding suitable staff to cover shifts. One staff member said, "We are a small team, so any sickness or absence has a big impact." Another staff member told us, "We try to be flexible but when there was a lack of staffing, sometimes with little notice, it has been very hard."
- The provider had already taken action to make improvements. A senior care worker and the interim manager had been transferred to the service. There was a recruitment plan in progress and some new staff were going through the induction process. Staff told us this had already made a difference, one staff member said, "It has been a rollercoaster, morale was low but we can see it going up again now."
- Systems for monitoring the quality of the service had not always been effective in identifying and addressing shortfalls. The nominated individual explained that concerns about the management of the service had come to light over time, but quality assurance systems had been difficult to implement due to lockdown, which meant there were delays in identifying shortfalls. Whilst these systems had been reviewed changes were not yet embedded and sustained.

- The lack of management oversight meant the provider could not be assured that staff had always followed positive behaviour support plans. Inconsistency in practice had contributed to an increase in incidents of distressed behaviour. The nominated individual confirmed that recruitment of a new manager had been a priority to address these issues and ensure that staff received the support and guidance they needed.

Governance systems had not always been effective in identifying shortfalls in the quality of the service and in mitigating risks to the safety and welfare of people using the service and staff. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Records demonstrated that the registered manager had contacted relatives to explain when significant incidents had occurred. Communications with family members were open and transparent and provided reassurances about the actions that would be taken to prevent them happening again. One relative said, "They do communicate with us, they tell us about the good things and not so good things. They analyse things and it's improving all the time as they get to know each other better."

Continuous learning and improving care

- Staff were focussed on improving care and described a strong culture of reflective practice to drive improvements.
- Records confirmed that continuous learning was embedded through analysis of incidents to identify improvements in people's support.
- Staff described the importance of detailed records to identify patterns in behaviour and to share relevant information with health care professionals.

Working in partnership with others

- Staff worked effectively with other agencies for the benefit of people using the service.
- A social care professional told us they had been kept informed of incidents that had occurred.
- Records showed that staff had developed positive working relationships with health and care professionals including speech and language therapist, psychiatrist, dentist, physiotherapist and practitioner from Huntington's society.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not always been effective in identifying shortfalls in the quality of the service and in mitigating risks to the safety and welfare of people using the service and staff.</p>