

Select Support Partnerships Ltd

Select Support Partnerships Ltd - Blackburn

Inspection report

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Date of inspection visit:

12 July 2023

13 July 2023

19 July 2023

Date of publication:

08 September 2023

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

Select Support Partnerships Ltd Blackburn is registered to provide both supported living services and domiciliary care services to people who require personal care. The service was not providing domiciliary care at the time of the inspection. The service provides support to younger adults and older people with a physical disability, sensory impairment, learning disability or autistic spectrum disorder. At the time of our inspection there were 33 people using this service. The service supported people across 10 sites 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.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support

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. However, the policies and systems in the service did not always support this practice as consent forms were not always signed by the person or their advocate. We made a recommendation about this. There were enough skilled and experienced staff to safely care for people and recruitment processes were safe. We were assured IPC practices were safe. Staff supported people to maintain a healthy diet and encouraged people to prepare meals. People were supported to enjoy a range of activities by staff who knew them well .

Right Care

Medicines were being administered safely and although we identified shortfalls, these were rectified during the inspection process. People's needs were assessed prior to them starting to use the service and these assessments were used to develop person centred risk assessments and support plans. People were treated well and their privacy and dignity was protected. People were encouraged to achieve their goals and felt included in their care planning. Although nobody at the service was receiving end of life care, records identified people's advanced decisions.

Right Culture

The registered manager understood the duty of candour. However, we found incidents that should have

been reported had been overlooked. The lessons learnt procedure could be more robust. We made a recommendation about the provider's governance systems. Audits were in place and the registered manager carried out spot checks. Staff attended regular meetings and service users were invited to attend drop-in sessions where they could express their views about the care they received. The service worked well with a number of other professionals to ensure continued learning and information sharing. Staff were aware of the safeguarding procedures and felt comfortable raising concerns should they need to. People's communication needs were considered and there was a complaints procedure in place.

For more details, please see the full report for Select Support Partnerships Ltd Blackburn which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations in relation to consent and governance.

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.

Select Support Partnerships Ltd - Blackburn

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

The inspection was carried out by 1 inspector and an Expert by Experience. 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 provides care and support to people living in 10 'supported living' settings, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of 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. This also allowed the registered manager to notify the people they support that we would be visiting. Inspection activity started on 12 July 2023 and ended on 19 July 2023. We visited the office location on 12 July 2023 and 13 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives. We spoke with 8 members of staff including support workers, senior support workers, deputy manager, registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we visited the office and people's homes.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service, including audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Detailed risk assessments had identified hazards and guided staff on how to eliminate the risk to people and themselves. For example, risks around accessing the community. Other potential risks included the environment where people lived. These assessments were person centred and appropriate for specific activities.
- Accidents and incidents were recorded and reviewed by the deputy manager or the registered manager. This included the outcome of incidents which had been shared during staff supervisions and team meetings.
- Although lessons learnt were evident, there was limited documentation around this and how risk would be mitigated in the future. The registered manager responded to this during the inspection process to ensure there was a more robust lessons learnt process.

Using medicines safely

- People received their medicines appropriately. However, records relating to medicines needed improving. For instance, people's medicine records did not have photographs to identify the person and personal information was not always written such as allergies. No harm came to people as a result of this and it was rectified during the inspection process.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors investigated.
- Staff were trained in the administration of medicines and had their competency checked regularly.

Staffing and recruitment

- Recruitment processes were safe. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Services (DBS) checks which provide information including details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough skilled and experienced staff were employed to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs.
- Feedback from people and staff was they felt the service had enough staff. One staff member said, "There are enough staff, even when people are off sick or on leave, we have bank staff who know the service well."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe using this service. One relative said, "[person's name] definitely feels safe. Staff are with her, and she can go out alone locally, to the park and shops. She has a mobile phone and name card on a lanyard, so she doesn't lose it."

- Staff had a good awareness of safeguarding, could identify the different types of abuse, and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- Staff supported visits for people in line with 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- A number of consent forms were in place and in different formats. However, they were not always signed by the person using the service or their advocate.

We recommended the provider continually reviews all consent forms to ensure they had been signed by the relevant person.

The provider responded immediately and ensured, where people gave consent, forms had been signed.

- Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible. One relative said, "When [person's name] wants to see us we meet up in Blackpool. Carers bring him, and we go out for a meal. When shopping he gets what he wants."
- Necessary Court of Protection applications had been made and there was evidence of best interest meetings taking place.

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

- People's needs were assessed prior to them starting to use the service, this ensured the service was able to meet their needs.

- These assessments were used to develop person centred risk assessments and support plans. These were sufficiently detailed to guide staff on the care and support people required and how they wanted that support providing.
- Care records detailed people's preferences and staff used these records to care for people. Staff told us, "I have time to read through support plans and we are updated if there are any changes. When we have a new service user, the management have a meeting with us to discuss their needs."

Staff support: induction, training, skills and experience

- Staff were supported, trained and inducted in accordance with the providers policies and procedures.
- Detailed induction and competency checks were completed with staff, prior to working with people.
- The training records evidenced that all staff had completed the necessary training for their role and all training was up to date.
- People and their relatives told us they thought staff had the skills they needed. One person said of staff, "Yes thank you, they know what they are doing."

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

- Staff supported people to eat and drink in line with their preferences and people were supported to get involved with their food shopping and prepare meals.
- Relatives told us staff supported people to eat healthily. One relative said, "[person's name] is diabetic. Carers guide him in the right direction about what is healthy and what isn't. He is happy and content with the food."

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

- Staff encouraged people to ensure they were supported with their healthcare needs.
- The service worked with a variety of healthcare professionals including specialist learning disability nurses, social workers, speech and language team and advocates. This meant people experienced good health and wellbeing outcomes.
- Support plans included information in relation to people's health and care needs, which helped staff provide appropriate support.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were treated well, and their individuality was respected. The registered manager and staff knew people well. People told us they felt listened to.
- Staff spoke positively of the people they supported and their role. Careful considerations had been made to ensure staff suited the people they were caring for, bearing in mind cultural and practical needs.
- Relatives spoke highly of the care their loved ones received. One relative said, "The level of care is outstanding. I never feel concerned, they have feelings and thoughts that are behind their actions."

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

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions. Staff were committed to ensuring people remained in control and received support relating to them as an individual. One staff member said, "Most people here are independent, we encourage them to make their own decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff supported and encouraged people to be as independent as possible. People were encouraged to undertake day to day tasks and assisted when needed.
- People had a schedule of chores, so they knew what their responsibilities were, and they took great pride in this.
- People's privacy and dignity was protected. One relative described the staff as "Respectful."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 received personalised care that took into account their needs, wishes and preferences.
- Detailed person-centred support plans had been developed, enabling staff to support people in a personalised way, specific to people's need and preferences. This included any religious beliefs and interests.
- Support plans contained personal information, including people's goals and ambitions for the future. Staff told us they helped people to achieve this. One staff member said, "We support people to achieve their goals and do everything we can to help them achieve it."
- Staff knew people well and had a good understanding of their family history, individual personality, interests, and preferences, which enabled them to engage effectively and provide meaningful activity.
- People received care from a consistent and regular staff team. Relative's spoke confidently about the care their loved ones received. One relative said, "He has all the care he could wish for."
- Staff supported people to enjoy activities. For example, care staff took people shopping, social events and holidays. One relative told us, "They organise holidays, discuss and agree where to go. He has been to Dubai. Looking at going away in September."

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.

- People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that communication needs were met for individuals. For example, staff had received additional training to enable them to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The provider had a system for logging and responding to complaints.
- The procedure for raising a concern was accessible to people and staff. Both felt comfortable raising concerns if they needed to.

End of life care and support

- Nobody using the service was receiving end of life care. However, policies and procedures were in place and people's wishes for end of life care were identified.
- Records identified people's advanced decisions and their choices for their future.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- The registered manager and the provider understood the duty of candour. However, we found some incidents that should have been reported were overlooked.
- Lessons learnt were in place, but more work could be done to ensure risks related to incidents could be mitigated and staff could learn from these events.

We recommended the provider reviews their governance systems to ensure quality assurance was further strengthened.

The provider responded to this immediately and conducted a review of their governance systems.

- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. This was actively encouraged by the provider.

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

- We received positive feedback about how the service is run. One relative said, "I visit [person's name] weekly, she seems quite happy and content. She would tell me if disgruntled. I am quite happy."
- Staff spoke highly of the service and said they were happy in their role. One staff member said, "I am happy here, I love my job, the best part is seeing the service users happy."
- People were empowered to achieve their goals and the registered manager and staff helped people achieve this. People were encouraged to express their views and be involved in any changes.
- We received positive feedback about the registered manager. One relative said, "She is brilliant, I have no issues at all."

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

- Staff undertook quality assurance audits to ensure a good level of quality was maintained. We saw a range of audits including medication and infection control. The provider undertook their own audits to ensure high standards were consistent.

- The registered manager carried out spot checks at different times of the day and night to ensure the standard of care remained high.
- Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- People and staff were actively involved in developing the service. They were consulted through drop-in calls, meetings and surveys.
- The provider recently held a staff awards night, recognising the achievements of the workforce. Staff said this made them feel valued.
- The registered manager liaised with local community organisations, to share information and learning about local issues and best practice in care delivery. Staff also supported people to obtain and maintain their tenancy and housing agreements and access funding.