

Southdown Housing Association Limited

Fiveways

Inspection report

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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

Fiveways is a supported living service providing personal care and support for people with a learning disability and/or autistic people. At the time of the inspection the service was provided to seven people across two sites at Fiveways in Peacehaven and Glebe Close in Lewes.

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

People were supported in a personalised way and had full and busy lives. People told us they felt safe and were happy. One person said, "I do feel safe living here. It's a nice atmosphere and environment."

Risks to people were assessed and managed effectively. Systems to safeguard people from abuse and avoidable harm were effective and staff demonstrated a clear understanding of their responsibilities. There were enough staff to care for people safely and staff had received the training and support they needed to care for people's diverse needs.

Staff were proactive in supporting people's health and well-being and were responsive to changes in people's needs. There were effective management systems in place and staff worked in partnership with other agencies and health care professionals.

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.

Right support:

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

Staff were knowledgeable about people's needs and supported them to be as independent as possible.

People were supported to access the local community and to maintain relationships that were important to them.

Right care:

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

People and their relatives spoke highly of the staff and of how care was provided in a person-centred way.

One relative said of the staff, "They listen, and they uphold his rights."

Right culture:

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

The staff described a positive, open culture where they were able to contribute ideas and deliver effective

care in a supportive environment. People appeared comfortable with staff and had developed trusting relationships.

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.

People, their relatives and staff spoke positively of the service, how well it was led and the good outcomes that people achieved. One relative told us, "It is a nice little natural home – not institutionalised, thumbs up to Fiveways."

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

Why we inspected

This service was registered with us on 25 November 2019 and this is the first inspection

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Fiveways

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

The inspection team consisted of two inspectors and one 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 two '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.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service 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 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. 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 four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a senior care worker, and care workers. We observed people interacting with the staff at both sites during the inspection.

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

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

Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from abuse and harassment.
- People told us they felt safe. One person described an issue that had caused them to feel scared. They said, "I had a problem and the staff sorted it with me."
- The provider had effective procedures for safeguarding people and staff demonstrated a clear understanding of their responsibilities. One staff member described an incident where they had recognised indications of possible financial abuse and this had been reported in line with local safeguarding arrangements to ensure the person was protected.
- Staff were proactive in supporting people's diverse needs and recognised that they were at risk of experiencing discrimination or abuse when out in the community. One staff member described how they had supported a person who used a wheelchair with access issues when out in the community. Another staff member described how they supported someone who had experienced dismissive treatment due to their disability. They told us, "We looked for ways to make sure it didn't happen again."

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were identified, assessed and managed. People were receiving their medicines safely.
- Risk assessments were comprehensive and personalised according to people's needs and preferences. For example, some people needed support with mobility. Moving and handling risk assessments and care plans included detailed guidance for staff in how to support people, the equipment they needed for different manoeuvres and what the person was able to do themselves. This meant the staff had the information they needed to support people and reduce risks of falls or injuries when moving around.
- Risks associated with people's health were assessed and consistently monitored. For example, a person was at risk of harm due to epilepsy. Their risk assessment considered the level of risk associated with different activities and environments to support the person to stay safe.
- Where possible staff involved people in the risk management process. One staff member explained, "We want them to feel they are in control of their lives. We make the service about what they want to do." Staff gave examples of how people were supported to take positive risks including accessing the local community. One person enjoyed cooking and a risk assessment supported them to do this safely. They told us, "I do cooking, they make sure I don't burn myself."
- Staff who administered medicines had been trained and were assessed as competent to do so.
- We observed how a staff member explained what a person's medicine was for before administering the tablet.
- Medicines were ordered, disposed of and stored safely and staff maintained accurate Medicine Administration Record (MAR) charts.

- Some medicine was administered covertly, that is without the person's knowledge or consent. Appropriate procedures had been followed in line with the Mental Capacity Act.

Staffing and recruitment

- There were enough suitable staff to care for people safely.
- People, their relatives and staff told us there were enough staff. One person said, "There is always enough staff on for me."
- Our observations were that there were enough staff to support people's needs at both sites.
- All the staff we spoke with confirmed there were enough staff. One staff member said, "We are a small team so we provide excellent continuity for people and never use agency staff." Another staff member said, "We sometimes cover for each other if needed, there is a plan in place if we have staff off sick."
- The provider had safe systems in place for recruitment. Appropriate checks were made to ensure that new staff were suitable to work with people.

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 service in accordance with the current guidance.

Learning lessons when things go wrong

- The provider's systems supported learning when things went wrong.
- Staff understood the importance of reporting incidents and accidents and records were consistent and thorough.
- The registered manager described how incidents were monitored and analysed to identify improvements. For example, following analysis of falls, a moving and handling care plan was adjusted to further reduce risks.
- Learning from incidents was used to make improvements. For example, a decision was made in a person's best interest, when they needed an injection. After failed attempts, it was clear that timing was important. Staff worked with health care professionals to make changes to the timing for the procedure which was successfully administered.

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 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 may display behaviours that may be challenging or distressing for themselves or others.
- Staff demonstrated a good understanding of PBS and how it is used to support people to have a good quality of life. One relative described the importance of this for their loved one saying, "We know he is safe here because the staff understand his behavioural pattern. He feels secure and his anxieties are dealt with well."
- Care planning focussed on what people could do for themselves and their strengths as well as identifying additional support they needed from staff. For example, an assessment had been completed to support a person to manage their money. This included consideration of the person's capacity in line with legislation, guidance for staff on what the person could do and the support needed to maintain their safety whilst maximising their independence.
- Staff used evidence-based guidance tools to support the assessment of people's needs. For example, 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 received the training and support they needed to be effective in their roles.
- People and their relatives told us they had confidence in the skills of the staff. One relative told us that some staff knew people very well because they had worked with them for years. Another relative told us, "The staff are exceptionally good."
- Staff described a thorough induction process for new staff. One staff member explained how they had time to get to know people and understand their needs before working alone with them. They told us, "New staff shadow an experienced person so we can see what people like and get to know each other slowly."
- Records confirmed that staff had access to training that was relevant to their roles including in the specific needs of people they were working with. For example, as well as training that the provider considered essential, staff had completed training about dementia for people with learning disabilities, epilepsy training and autistic spectrum conditions.
- Staff said they felt well supported in their roles. One staff member said they met with the manager regularly saying, "It's useful to talk things through and be able to off-load." Another staff member told us, "We are a tight team, we don't have to wait for supervision meetings we can debrief when we need to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked collaboratively with other agencies and people had access to the health care services they needed. People were supported to have enough to eat and drink and were encouraged to maintain a healthy diet and lifestyle.
- There were effective systems in place for making referrals to health and social care professionals. People and their relatives told us they were confident in getting support with health care needs. One person told us that if they felt unwell staff would, "Give me a tablet or take me to the doctor." A relative told us staff were proactive in identifying health needs saying, "They notify the GP of anything and get his prescriptions."
- Records showed how staff recognised and responded to changes in health needs, maintained good records of health developments and included advice from health care professionals. For example, staff had noticed and documented a change when supporting a person. This had been followed up with the GP and relevant health tests were being undertaken.
- People had personalised health care plans and were supported with their ongoing health needs. This included having annual health checks such as screening for cancer, cholesterol and annual eye checks. People attended regular appointments with the dentist and recommendations to support oral care were included in their support plans. Some people were being supported with specialist ongoing health care treatment.
- Staff promoted healthier lifestyles through dietary support. People were supported to plan their meals in a personalised way taking account of their preferences. One person told us, "The staff are really nice. They help me with cooking. I plan my shopping and they help me with that." A staff member explained the importance of including flexible options for one person who preferred to snack. Another person told us about the meals they enjoyed and described how staff supported them saying, "I can choose my meals, they help me with cooking, and I can go out to eat as well."
- One person who was overweight, decided they wanted to join a slimming club. Staff had supported them to follow the diet based on healthy options and managing portion sizes to achieve a healthy weight and reduce risks associated with diabetes.
- One person had been assessed by a Speech and Language Therapist (SaLT) and their recommendations were included in a comprehensive nutritional needs assessment and support plan. This meant staff had clear guidance to follow when supporting the person with food and drink.

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 .

- People were being supported in the least restrictive way. Staff understood their responsibilities for gaining consent and upheld people's rights to have choice and control over their lives.
- We observed staff seeking consent and checking with people during the inspection. Staff offered suggestions and let people weigh-up their options before making a decision. A staff member told us, "My role is to support people to make their own decisions whenever possible."

- Where people had been assessed as not having capacity to make a specific decision the provider had systems in place to make decisions that were in the person's best interests. Records showed that relevant people had been consulted in the decision-making process.

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

- People were treated with respect and kindness by staff who knew them well.
- People and their relatives spoke highly of the staff. One person told us, "I've got no favourite staff, but they are all my friends." Another person said, "They are very caring here. They try and cheer me up a bit. They are good to talk to." A relative told us, "The staff are exceptional, we cannot criticise them for the approach they take."
- We observed that people had developed positive relationships with staff and appeared happy and relaxed in their company. Staff spoke with people in a kind and respectful way and showed interest in their well-being.
- Staff were knowledgeable about people's backgrounds and explained how this information was important. One staff member said, "It's so helpful to understand the background of the person, it helps us get to know them as an individual and what is important for them." Another staff member said "It helps make our conversations more meaningful with people, for example, one person used to own a dog and likes to talk about it."

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

- People and their relatives were involved in the care planning and decision-making process.
- One person told us, "They give me options and ask my opinion." A relative spoke of their involvement saying, "The care plan gets reviewed and there is a meeting usually twice a year."
- Staff explained how they supported people to be involved in making decisions. They described using ways that were sensitive to their individual needs. For example, using communication tools to support people in making choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their independence and dignity.
- Staff demonstrated a good understanding of how to maintain people's confidentiality. One staff member told us, "Records are always locked away and we don't divulge information to people unless they need to know."
- We observed how staff spoke with one person about their personal care in a quiet and discreet way to protect their dignity and maintain their privacy.
- Staff were focussed on supporting people to be independent. Throughout the inspection we observed staff offering choices and encouraging people in directing their own care as much as possible. Records detailed the positive measures that people were taking to improve their independence. A relative told us how one person's confidence and independence had grown. They said, "She now has the confidence to

speak up in meetings and will contact her sibling on her tablet device." Another relative described how one person felt about her independence saying, "She is very proud of her own front door."

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: 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 receiving care that was personalised and responsive to changes in their needs.
- Staff described the importance of having a flexible approach to people's care. One staff member explained how staff adjusted their approach according to what people wanted or choices they made. They said, "We might have certain plans for the shift but if someone decides that's not what they want to do, then we would have to rearrange the shift to accommodate them. It's their choice, that's what's important."
- Records showed that care and support plans were regularly reviewed, and this included when people's needs had changed. Staff described how they had to respond quickly when a person's health had deteriorated to ensure they could meet their changing needs.
- A relative told us staff were responsive to changes in a person's needs. They told us, "The staff have supported him during a distressed period he was going through."
- People were leading full and busy lives. They were involved in planning their care and staff encouraged and supported people to be active and to develop and maintain individual interests. For example, one person told us how they enjoyed going out walking. They said, "I can go out with staff in their care. We go to Seaford and walk along the seafront. We occasionally do a group activity."
- People had weekly timetables which included activities and interests that they enjoyed as well as practical tasks to improve their independence such as cooking, cleaning and laundry.
- Relatives described how people were supported with activities that they enjoyed. One relative said, "They give choices about where they want to go, (name) loves buses and trains and staff know how to work with them." Another relative told us, "Staff support them with gardening, they have a battery mower so there are no safety issues."
- People were supported to maintain relationships that were important to them. One relative told us, "We can speak daily."
- A staff member told us how one person had a particular religious background and staff were able to support them to maintain contact with their religious network and to attend their place of worship when they wanted to go.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs in line with the AIS.

- Care plans included communication guidelines which were detailed and specific to people's individual needs. Communication passports were used to ensure that this information was flagged and shared with relevant people.
- Staff were knowledgeable about people's communication needs and used appropriate methods to support communication including sign language, pictures and symbols.

Improving care quality in response to complaints or concerns

- The provider used complaints or concerns to learn and improve the quality of care.
- Records showed that no formal complaints had been received. The registered manager told us staff encouraged people and relatives to raise issues and concerns and that action was taken straight away.
- People and their relatives knew how to make complaints and raise concerns. They told us they were confident that any concerns would be addressed. One person was asked what would happen if they were unhappy with their care. They said, "If I was unhappy, I know they would sort it out for me." A relative told us staff had addressed minor issues as they arose, saying, "They respond to niggles."

End of life care and support

- People's needs and preferences were considered when planning for end of life.
- The registered manager said that not everyone had wanted or been able to discuss plans for end of life care but where appropriate, plans were in place.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was consistent leadership that promoted a person centred culture. People, their relatives and staff described the service as being well-led.
- People and relatives knew who the registered manager was and described them as being easy to talk to. One person told us, "She helps people out, she is hands on and really nice." Staff spoke highly of the support they received from the registered manager. One staff member said, "She is very experienced and well respected. She is always reliable and steps in when needed."
- Staff described a positive culture and were clear about their roles and responsibilities. One staff member said, "We are a strong team, the leadership is very good." Another staff member said, "We all contribute, and the team works well."
- There were effective systems for monitoring the quality of the service. The provider undertook regular audits and an action plan showed how shortfalls were identified and actions taken to make improvements. For example, where risk assessment documents needed to be updated this had been identified and actions taken to ensure the risk assessment and care plan reflected the current situation for the person, with suitable guidance for staff.

Continuous learning and improving 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

- There was a strong focus on continuous learning. Systems enabled oversight of staff training and there was a high level of completion for the training courses available. Quality assurance systems were used to drive improvements. Staff described how they used learning from incidents saying, "We monitor together and learn from each other, discussing incidents in team meetings." They explained how themes and triggers for behaviours were identified and this informed the care planning process to further personalise people's care.
- The registered manager was aware of regulatory requirements, including the duty of candour.

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

- People, their relatives and staff described having meaningful involvement in the service. Staff explained how people were able to make choices and work with their key worker to make changes to their care plans. For example, one person needed short terms plans so they knew what was going to be happening over the

next day, other people preferred to plan over a longer time span. Staff understood people's different needs and preferences and considered this when involving people.

- People's relatives also described being encouraged and supported to be involved. One relative said, "Staff are good, we communicate well with them. They respond to any niggles."
- Staff told us their views and opinions were welcomed and valued. One staff member said, "We can always put views forward, we discuss and action them." Another staff member described how the registered manager involved staff, saying, "They are approachable, they listen, staff are able to put ideas forward. They are always open to new ideas and act on concerns."
- Health action plans and records of appointments demonstrated a proactive approach to partnership working. People were referred to Speech and Language Therapists, Psychologists, counselling and behavioural support professionals. Staff described a positive working relationship with the local Community Learning Disability Team, (CLDT).