

Southdown Housing Association Limited

Station Close

Inspection report

2-12 Station Close
Horsham
RH13 5QT

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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

Station Close is a supported living service providing personal care and support for people with a learning disability and/or autistic people. Support was provided to two people across two sites in Horsham. One person had their own flat in a supported living setting, the other lived in a bungalow.

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.

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

People were supported safely. Staff were aware of risks to people's health and well-being. Support plans detailed how to minimise those risks. Staff were recruited safely. Medicines were managed safely and where possible, people were supported to be in control of their medicines. Staff followed infection prevention and control procedures.

People's needs were assessed, and support plans focused on promoting people's independence. Staff received training that was relevant to the people they supported. Staff worked with other agencies to provide consistent and effective care. We saw that people were offered choices about all aspects of their support and how to spend their time.

People's equality and diversity was respected by staff and staff understood the importance of providing the right level of support people at the right time. People were supported to express their views about their support. Staff promoted people's independence.

People's support was personalised, and staff knew people well. Staff were knowledgeable about people's communication needs and communicated with people effectively. People were encouraged and supported by staff to do what they enjoyed such as going to a drama club and going for walks.

People, relatives and staff were positive about the culture and management of the service. Quality assurance processes were in place to provide good governance of the service. Staff worked in partnership with people and those important to them to help them to be as independent as possible.

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 did this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support:

- Model of care and setting maximises people's choice, control and independence. People were positive about where they lived and their experience of the support provided. One person told us, "I'm really enjoying living there. I like having my own personal space." We observed that people were offered choices by staff about what the person wanted to do and how they wanted to spend their time.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People's relatives were positive about the level of support provided to people and felt that staff understood people well. One relative told us, "I feel that one staff in particular is able to understand [person] very well, they're [person's] keyworker and can't do enough for [them]" Another told us, "What makes the place special is the attitude of staff, they know when [person] needs more support than normal and are happy to provide it."

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff were spoke positively about people and about what people had achieved, they spoke proudly about their role in supporting people to be independent. The culture of the service was relaxed and friendly. Relatives were positive about the management of the service, one told us, "They keep me up to date with how [person] is and the communication is really good."

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Station Close

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting and one outreach setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 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 reviewed risk assessments and support plans for people. We spoke to two people's relatives about the support provided. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spent time with people using the service and spoke to three members of staff including the registered manager. We reviewed documents relating to people's medicines and health and safety. A variety of records relating to the management of the service, including policies and procedures

were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and minutes of meetings. We spoke to three further members of staff and another person who used the service. We spoke with one health professional who regularly contacted the service.

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 told us they felt safe. One person told us, "They (staff) help me feel safe and keep calm."
- The registered manager told us there had not been any recent safeguarding incidents. They told us that any learning from safeguarding incidents would be shared in team meetings.
- Staff were knowledgeable about safeguarding and knew how to report concerns. One staff member told us, "Had safeguarding training. I'd report to the manager depending on what the concern was and follow whistleblowing if I needed to." Whistleblowing is the procedure to follow to raise concerns about something staff feel is not right, at work. This may include risks to people's safety or not receiving the care they need.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Staff had completed risk assessments for aspects of people's lives where they may be at risk of harm, these included contingencies to minimise the risk for people.
- For example, people had risk assessments for aspects of their environment, such as hot surfaces, using specific kitchen equipment and hot water. Risk assessments focused on what people could do for themselves.
- People also had risk assessments for being safe on their own at home and going out alone. These detailed the level of staff support required to keep the person safe.
- Regular audits of people's safety within the premises were undertaken. This included fire safety and environmental safety checks. Staff and people participated in regular fire drills to ensure that people could be safely supported in the event of a fire.
- People with diabetes had thorough risk assessments in place which contained detailed information on how the condition affected the person, signs of ill health to look out for and how to support the person to manage their condition. Staff told us they had received training in diabetes and felt confident in supporting people.

Staffing and recruitment

- People using the service were involved in the recruitment of staff. We saw that potential staff met people as part of the interview process and their interactions with people were used to determine whether they were successful in their application.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer

recruitment decisions and prevent unsuitable people from working with vulnerable people.

- There were enough staff to support people. People's relatives were positive about the consistency of the staff team that supported their loved ones. One told us, "[Person] has a consistent staff team, keeping staff is something they do really well. [Person] would become upset if staff were constantly changing so it's really great that they keep their team."

Using medicines safely

- Medicines were managed and stored safely. People were supported with taking their medicines where needed.
- Where people were able to take medicines without staff support, mental capacity and risk assessments had been completed to ensure the person was safe to do so.
- Weekly audits had been completed to monitor medication administration records (MAR) and identify any errors. A running count of people's medicines was recorded by staff to evidence that the correct amount had been given.
- Staff received training for supporting people with their medicines. Yearly competency assessments were completed by the registered manager to ensure that staff were giving medicines safely.

Preventing and controlling infection

- We were assured people were supported to minimise the risk of catching and spreading the infection.
- We were assured people were supported with safe visits.
- We were assured that staff used personal protective equipment (PPE) effectively to safeguard staff and people using the service.
- We were assured there was adequate access and take up of testing for staff and people using the service.
- We were assured that people were supported to maintain safe levels of hygiene to minimise the risk of infection.
- We were assured that staff training, practices and deployment show the provider can prevent transmission of infection.
- We were assured the provider's infection control policy was up to date and implemented effectively to prevent and control infection.

Learning lessons when things go wrong

- The registered manager told us that any concerns raised or improvements identified were discussed at team meetings and staff supervisions.

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 had community support plans which detailed what people were able to do for themselves and what they needed support with. This included information and support needs for all aspects of the person's life, such as handling money, going out, personal care and medicines. Staff told us they were kept up to date and informed when people's support needs changed. One staff member told us, "We read people's support plans, I always read the communication book when I come in and that tells us if people's support plans have changed, we then read it and sign to say we've read it."
- People had 'my care passport' documents which were for people to take to health appointments with them. These documents detailed important information about the person including how best to communicate with the person and any health and support needs the person had.

Staff support: induction, training, skills and experience

- Staff received a thorough induction process when beginning employment. One staff member told us the induction process, "told me everything I need to know. Before meeting clients, we did training at head office and passed tests. Then spent lots of time with each client with another member of staff getting to know people. Didn't support clients on my own until I was confident."
- Staff received regular training that was specific to people's needs. For example, staff received training in positive behaviour support, autism awareness and equality and diversity. Staff were positive about the training provided, one staff member told us, "Training is online, it's easy to understand and nice and short with good information."
- Staff told us that they felt supported. One said, "The manager is always at hand if you ever need anything and always happy to help, they make you feel part of the team." Staff received regular supervisions.

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

- People were supported to be involved with cooking and food preparation.
- Relatives told us that throughout the lockdowns of the COVID-19 pandemic, staff ensured that people always had hot cooked meals for dinner, while restaurants and pubs were closed.
- Staff told us that for one person whose goal was to lose weight for their health, staff had worked with the person to support them to make healthier choices. Staff encouraged the person to get involved in meal preparation which meant the person was more likely to choose freshly made food rather than readymade food which could be higher in fats, salt and sugar.

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

- We saw that people were supported to attend health appointments and relevant referrals were made to health professionals where needed. One health professional told us, "My experience of working with this service has always been excellent. I have found their support to be of a high standard with the clients I have worked with. Their communication has always been very good."
- People's relatives told us how staff supported people with health appointments. One person's relative told us, "One member of staff was able to help [person] to get vaccinated when no one else could, which was amazing. [staff member] also helped us when [person] had a wound which became septic, we all went to the hospital together and [staff] talked the doctors through how to support [person] as they had no clue."

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.

- We observed staff offering people choices and supported people to make decisions about what they wanted to do. For example, offering choices of meals for lunch and asking people if they'd like to get involved in meal preparation.
- People told us staff asked them what they wanted to do and respected their choices, one person told us, "I sometimes need help deciding things and they (staff) help me choose what to do when I can't decide."
- Mental capacity assessments and best interest decisions had been conducted with people that used the service.

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

- Relatives told us that staff were kind and caring, one relative told us, "Staff use their own initiative when they visit [person] and make sure that when they leave, [person] is in a better place mentally than when they first arrived."
- We observed that people were comfortable in the presence of staff and that staff interacted with people at every opportunity, involving them in what was going on around them. One person told us, "The staff, I love them. They're so friendly and helpful."
- Staff spoke to people kindly and using people's preferred methods of communication. For one person who required support with communication, staff ensured that they were directly facing the person when speaking to them and used Makaton signs to further support the person to understand them.
- Staff were positive about their roles. One told us, "It's such a satisfying job. You go home at the end of the day and you feel like you've achieved something and really helped someone."

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

- Staff told us that people decided what they wanted to do each day.
- Relatives were positive about staff respecting people's choices. One told us, "The care is really person-centred, it's all about [them] and what [they] want."
- The registered manager told us that daily conversations took place between people and staff supporting them, that discussed how the person was, if they were happy with what they were doing and what they'd like to do next.

Respecting and promoting people's privacy, dignity and independence

- Staff provided personalised support to people, respected how people were feeling and adjusted the support provided based on the person's independence levels each day. One person's relative told us, "[Person] goes for a daily walk to support their physical and mental health. Staff gauge how [person] is feeling and if [they're] not up for a walk, staff use their initiative and will hold a yoga and mindfulness session with [person] which [they] absolutely love."
- We saw that staff supported people to be as independent as possible. We observed one person was helping to make lunch, staff gave the person clear instructions and demonstrated the action required to prepare the meal. Staff were encouraging and celebrated the person's success once they had completed the task.
- The registered manager told how staff had supported one person to continue independently managing

their medication. They told us how the person's medicines were dispensed had changed from their medicines being in a blister pack to individual boxes which affected the person's confidence. Staff searched and found a small pharmacy that would continue to dispense the person's medicines in a blister pack which meant the person was happy to continue self-administering.

- People's privacy was respected by staff. We observed staff knocking on people's doors and asking permission before entering their homes.

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

- Staff supported people in a person-centred way. Relatives told us, "Staff read the situation and respond appropriately, they are flexible with the support they provide and this is based on what [person] needs at that time."
- One person showed us a 'this is me' booklet that had been created with the person and staff. This book detailed important information about the person and included pictures of people that were important to them.
- Staff knew people well and knew how to support people if they became upset or anxious. One person told us, "Staff help me when I feel stressed because of the noise, they take me for walks which helps." Staff told us how they supported people if they became anxious, one staff member told us they had recently supported a person to focus on a fireworks display rather than the noise of people below which worked well to focus the person on becoming calm.
- People had 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. These plans were specific to individual people and identified signs the person was becoming upset, things that may upset the person and what staff should do to support the person.

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 provided with information in formats which were accessible to them. For example, we saw that in one location, a staff rota system used pictures of the staff member under each day of the week to show people who would be supporting them that day.
- People had communication plans in place which detailed how staff should get to know people and people's preferences for communication. We saw that staff communicated with people the way they chose and ensured that people understood what they were saying. Staff told us, "It can take time to get to know people and it's really important to spend time learning how to understand what clients are saying so they don't get frustrated."

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

- One person was supported to join a drama group and was proud of being involved. Staff had researched drama groups that were close by for the person to attend. Staff told us that acting as a character supported the person to manage their anxieties.
- People were positive about the support they received from staff to go out, one person said, "They help me with going out and my social skills. I really appreciate them."
- One person was supported by staff to attend a cooking class. We saw the person putting their skills into practice during our inspection, with encouragement from staff.
- People were supported to develop and maintain relationships with people that were important to them. One person showed us photographs of people that were important to their lives, this included family, friends and a favourite staff member. One person's support plan detailed that staff were to remind the person when family birthdays were in order to support the person to get them a card.

Improving care quality in response to complaints or concerns

- Relatives we spoke to had not made any complaints. Relatives told us they were assured the registered manager would deal with any concerns raised, one person's relative told us, "I've never needed to make a complaint because any concerns I discuss with the manager who deals with things immediately."
- The registered manager told us that they had not received any formal complaints. There was a complaints procedure in place which was sent out regularly to people and their relatives by the provider.

End of life care and support

- The service was not providing end of life support to anyone at the time of the inspection. One person had a funeral plan in place which staff were aware of. We saw the details of this in the person's support plan.

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

- The open culture of the service encouraged staff to provide person centred support to people and to focus on what people were able to do for themselves. Staff provided support to people at the level they needed and were comfortable with, working in partnership with the person. One person told us, "I'm sorting things out slowly with their (staffs) help."
- People and their relatives were positive about the service and the support provided, one relative told us, "Where [person] is now is [their] home and I wouldn't have them anywhere else." Another told us, "They have the support just right because they know [person] so well."
- Staff told us how they promoted people's independence and supported people to do things for themselves. For one person who staff told us were quite dependent on staff for support with daily living tasks when they first arrived at the service, staff said, "We have put lots of strategies in place over the years to help [person] to become more independent and it's worked really well for them." This was echoed by the person's relative who told us, "Staff help [person] to be as independent as possible and have worked hard to get the support right."
- Staff were positive about the culture of the service. One told us, "It's a really relaxed environment, staff are calm and able to spend all their time with people, there's no rushing around."

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

- People's relatives were positive about the registered manager and felt any issues or concerns raised would be dealt with appropriately, one person's relative told us, "The manager is great and really lovely. I feel comfortable raising any worries with them."
- The registered manager told us that part of her role included support hours in which she would directly support people. The registered manager told us this was the best part of the job and allowed them to directly review the support people received.
- Staff were positive about the registered manager and told us that they felt supported. One staff member told us, "We all have good and bad days and (manager) is always there to help on the bad days and put things into place to make things easier."
- Although there had been no recent accidents or incidents at the service, the registered manager told us

about the process of reporting incidents to ensure that correct actions would be taken and learning shared. Accident/incident forms were completed on a computer system which would then be sent to the operations manager. The operations manager would identify any actions needed to address the incident and the registered manager would share with staff in supervisions and team meetings any learning taken from the incident.

- There were robust quality assurance processes in place to monitor the quality of the service. There were overall action plans in place which brought together areas of the service that staff had identified as needing improvement, with key responsibilities and time scales recorded for actions to taken.
- Statutory notifications were submitted appropriately by the provider to CQC.

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

- We observed that people felt comfortable around staff and enjoyed their company. One person told us, "I'm very happy to talk to them (staff) They're fun to play games with. I don't have any complaints."
- We saw that staff meetings were regularly scheduled. Staff meetings discussed people's support needs and kept staff up to date with any changes to people's support. Staff told us, "Staff meetings are really useful, we exchange views and come up with ideas for how we can do things better." Staff who were unable to attend meetings told us they were given the minutes of the meeting to ensure they were kept up to date.
- We saw that 'client meetings' had recently taken place. The minutes of this recorded people's views and experiences of using the service.
- The COVID-19 pandemic had affected how people and their relatives gave feedback about the care provided. Before the pandemic, face to face reviews with external stakeholders were regularly held. The registered manager told us that they were beginning to put this back into place for people.

Working in partnership with others

- One person using the service was also being supported by another support service. The registered manager told us how they worked in partnership with this service and kept in regular communication to provide the person with the support they needed.
- Staff worked with health professionals to provide consistent and appropriate support to people when they needed it. One health professional fed back to us, "I always have confidence with this service that they will carry out the recommendations made by other professionals – they work collaboratively with the community team and I have always found the experience of working with them enjoyable."