

# Community Integrated Care

# Teesside Supported Living

## Inspection report

Kirkdale  
Radcliffe Crescent, Thornaby  
Stockton-on-tees  
TS17 6BS

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06 July 2022  
08 July 2022  
15 July 2022  
21 July 2022  
28 July 2022  
04 August 2022

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Teesside Supported Living provides care and support to people living in a number of '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 supports people with physical disabilities, learning disability and mental health support needs. 33 people were being supported when we inspected.

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

#### Right Support

Staff did not always support people with their medicines in a way that achieved the best possible health outcome. The service supported people to have the maximum possible choice, control and independence. Staff enabled people to access specialist health and social care support in the community. People were supported by staff to pursue their interests.

#### Right Care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. There had recently been a turnover of staff which had caused some disruption, but the provider was working to address this. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Audits had not always identified or addressed issues with medicines management. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 March 2021 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We also inspected to give the service a rating.

#### 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Teesside Supported Living

## 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.

#### Inspection team

An inspector and a member of the CQC medicines team carried out the inspection

#### Service and service type

This service provides care and support to people living in a number of '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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

#### 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.

Inspection activity started on 6 July 2022 and ended on 05 August 2022. We visited the office location on 8 and 15 July 2022.

#### What we did before 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and support workers.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People who had been prescribed medicines on a when required basis had written plans in place to manage these. However, the information included was not sufficient to inform the staff on how to support people to have these medicines.
- Medicines administration records (MARs) were used by the service to record the receipt and administration of medicines. However not all of these entries had been checked for accuracy by another member of staff.
- Some people were having their medicines administered by disguising them in either food or drink. This is known as covert administration. The service did not have all the necessary measures in place to ensure these medicines were administered safely. We discussed this with staff and action was taken to address it.
- We discussed the above concerns and the registered manager told us about how the service was working with external professionals to improve medicines management, and that staff had recently been trained to report any medicine issues they had.

### Staffing and recruitment

- People and relatives told us there were not always enough staff and that people had not always been notified about staffing changes. One relative told us one-to-one support had not always been available to allow a person to take part in activities and visits how and when they wanted.
- The provider had an ongoing recruitment programme and was working on creating stable, long-term staffing teams. Changes had been made to the induction process to increase shadowing opportunities, which had improved staff retention.
- Every person's records contained a clear one-page profile with essential information to ensure that new or temporary staff could see quickly how best to support them.
- The provider's recruitment processes reduced the risk of unsuitable staff being employed. These included checks on employment histories and Disclosure and Barring Service checks.

### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person told us, "I feel really safe."
- Support plans contained detailed information on the risks people faced and how they could be safely supported.
- Though the service was not responsible for people's living environment staff knew how to keep people safe when they were at home. A relative we spoke with said, "I feel the service keeps [named person] safe."

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect

them from abuse. The service worked well with other agencies to do so.

- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff said, "I'd let the boss know about any problems or concerns. It would be recorded and I'm confident they'd do something about it."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff confirmed they received appropriate personal protective equipment and the training needed to use this safely.
- The service prevented visitors from catching and spreading infections.



# 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People and relatives were involved in assessments to ensure support was personalised, holistic, strengths-based and reflected people's needs and aspirations.
- Staff empowered people to make their own decisions about their care and support. One person told us, "They (staff) do whatever I want them to."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with a range of external professionals to support people's health and wellbeing. Appointments with other professionals involved in people's care were well managed. One relative said, "[Staff] keep me well informed of how he is doing, i.e. if going to the doctors or if unwell."

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

- People received effective support with eating and drinking. Staff helped people to manage their own diets and promoted independent planning and cooking.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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 empowered people to make their own decisions about their care and support

- Where people were unable to make decisions for themselves the reasons for this were recorded and the principles of the MCA applied to make decisions in their best interests.

Staff support: induction, training, skills and experience

- Newly recruited staff completed the provider's induction programme when they started at the service. This included meeting senior leaders of the organisation and spending time working alongside experienced staff.
- Regular training was completed to ensure staff had the knowledge and skills needed to support people safely and effectively. One member of staff said, "There is mandatory training and also optional if there are extra courses you want to do."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One member of staff told us, "They're good. If you're unsure of anything in between them you can go and see the boss and request one."

# 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One person told us, "I feel staff know me well. I have really bad anxiety and they know things that bother me. I feel I can have a laugh with them, they are kind to me with my anxiety."
- People told us staff were caring and that they felt well supported. Comments included, "I enjoy speaking with them. They make me happy when I am upset" and, "The staff are lovely."
- Relatives told us staff members showed warmth and respect when interacting with people.

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

- People felt listened to and valued by staff. One person told us how staff had discussed some welfare concerns with them and asked what the person thought about how to address them. This had helped the person to feel valued and included in decisions about their care.
- People were enabled to make choices for themselves and staff respected their wishes. One person told us, "I just ask them and they do it for me."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain and expand their independence. One person said, "The staff have help me develop more life skills and help me understand my medication and what it is for." A relative told us, "[Named staff member] goes above and beyond with [named person], encouraging her to try and do things herself."
- People had an 'aspirational outcome plan' which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- People and relatives said staff treated people with dignity and respect.

# 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

- People and relatives were involved in designing people's support to ensure it responded to their needs and preferences. One person told us, "I feel involved in my care plan and decisions." A relative said, "I feel very involved in [named person's] treatment planning and decisions. We always get invited to the meetings."
- Care plans were regularly reviewed to ensure they continued to meet people's needs. There was evidence of people and relatives being involved in these reviews.
- Staff were knowledgeable about people and the choices they had made for their support. Regular checks were made to ensure support still responded to people's preferences. One member of staff said, "We ask people what they want, never tell them. It is their choice all of the time."
- Effective systems were in place to update staff on any changes to people's care needs and choices.

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.

- Staff ensured people had access to information in formats they could understand. One member of staff said, "Plans have information on how people want to communicate, which means we can effectively. Probably one of the first things we look at."

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 encouraged and motivated by staff to reach their goals and aspirations.
- Some people received support to take part in activities they enjoyed. Where this was the case people were supported to take part in activities they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to investigate and respond to complaints. One person told us, "I haven't made a complaint before but there are multiple ways I can do this."

End of life care and support

- Nobody was receiving end of life care at the time of our inspection, but systems were in place to provide this should it be needed. Inclusive conversations were documented where people could talk about their final wishes.

# 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 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

- The registered manager and provider carried out a range of quality assurance audits. However, governance processes were not always effective. Audits had identified some issues with medicines management but had not led to effective action to address these. We identified ongoing issues with medicines management during our inspection.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff spoke positively about the support they received. One member of staff said, "It is a lovely place to work."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff put people's needs and wishes at the heart of everything they did. One person told us, "I am happy."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One member of staff told us, "The people we support and their ideas are important, it is about the lives they want, and CIC (the provider) are about carrying that through."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One person said, "I have been asked to give feedback, quite a few times. I feel they acted on this feedback as best they could."
- People worked with managers and staff to develop and improve the service. This included people visiting other parts of the service to help review quality and give feedback.

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 and relatives described open communication with the service, including when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a range of external professionals to ensure people received the support they needed.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. One member of staff said, "[The provider] refers to an

upside down triangle. Support workers are at the top of the food chain. There is no point getting people in who are just good at writing policies. People and staff need to be involved for them to work."