

Guinness Care and Support Limited

Guinness Supported Living Devon

Inspection report

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Devon
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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

About the service

Guinness Supported Living Devon is a supported living service providing personal care to 47 people at the time of the inspection. People lived in shared houses in towns across Devon. The service supports adults with learning disabilities, physical and sensory disabilities and mental illness. 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

The purpose of this inspection was to check specific concerns which we had received about the service related to the safe care and treatment of people, specifically how the service safeguarded people from abuse, how risks were managed, how lessons were learnt when things go wrong and whether there were enough staff to support people appropriately. We were assured that people were receiving safe care and 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; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows 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 are working towards 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. For example, people were encouraged to set goals for things they wanted to achieve.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. For example, people were receiving person-centred care and support in line with their individual care plans.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. For example, people were empowered to take positive risks in order to live independent and fulfilled lives.

People were comfortable in their surroundings and with the staff group who supported them. Positive feedback was received from relatives. One relative commented: "(Relative) is incredibly lucky. We are kept informed of how (relative) is. When (relative) had to go to hospital the staff looked after her very well. I have

no concerns."

The service was proactively working with external health and social care professionals as part of a local authority whole service safeguarding process. As a result, an increased emphasis on lessons learnt had been adopted and processes had been strengthened. For example, staff have received training on how to complete incident forms ensuring they were detailed.

The service has also introduced 'professional discussions' which are conversations with staff regards to specific care and support related subjects. These address issues with staff in a timely manner in between formal supervision sessions. The aim being to drive up quality and improvement in staff practice.

People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe.

The service has developed a tool entitled a 'continuous improvement plan' based on the four principles of person-centred care, which are dignity, compassion and respect; coordinated care, support and treatment; personalised care, support and treatment and developing strengths and abilities. The plan is service user led with staff support. The plan covers, what we do well; what areas we could improve and positive outcomes for people.

One area of the plan looks at positive risk taking in order to support people to take positive risks in order to be empowered to make choices and set goals they want to achieve to enhance their independence and lead fulfilled lives.

There were sufficient staff to meet people's needs. People were supported by a core team of staff who knew them well.

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

Rating at last inspection

The last rating for this service was outstanding (published December 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about whether people were receiving safe care and treatment. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains outstanding.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guinness Supported Living Devon on our website at www.cqc.org.uk.

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?

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Guinness Supported Living Devon

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to follow up on specific concerns which we had received about the service related to the safe care and treatment of people, specifically how the service safeguarded people from abuse, how risks were managed, how lessons were learnt when things go wrong and whether there were enough staff to support people appropriately. A decision was made for us to inspect and examine those risks.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Guinness Supported Living Devon provides care and support to people living in '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 short notice of the inspection. This was because it is a supported living service and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by

law.

During the inspection

We visited four people in one of the supporting living settings and spent a short time speaking with them and observing how staff interacted with them. People were unable to give verbal feedback about the service. We also spoke with three members of staff, which included the registered manager.

After the inspection

After our visit we sought feedback from health and social care professionals, staff and relatives to obtain their views of the service provided to people. We received feedback from two professionals, two relatives and two members of staff.

We continued to seek clarification from the provider to validate evidence found. We looked at various documents including risk assessments, training records, policies and procedures, specific audits relating to incidents and accidents and various action plans relating to the management of the service to ensure people received safe care and support specific to their individual needs.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns which we had received about the service related to the safe care and treatment of people, specifically how the service safeguarded people from abuse, how risks were managed, how lessons were learnt when things went wrong and whether there were enough staff to support people appropriately. We were assured that people were receiving safe care and support.

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

- During our inspection we visited four people. We spent a short time speaking with them and observed how staff interacted with them. It was clear people were comfortable in their surroundings and with the staff group who supported them. Positive feedback was received from relatives. One relative commented: "(Relative) is incredibly lucky. We are kept informed of how (relative) is. When (relative) had to go to hospital the staff looked after her very well. I have no concerns."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies on safeguarding and whistleblowing for staff to follow.
- The service was proactively working with external health and social care professionals as part of a local authority whole service safeguarding process. As a result, an increased emphasis on lessons learnt had been adopted and processes had been strengthened. For example, staff have received training on how to complete incident forms ensuring they were detailed, and auditing of daily records and incident forms had been introduced to ensure staff were documenting key information to form a chronology of people's care and support needs which was used to inform ongoing risk assessments, care planning and involvement of relevant health and social care professionals. A staff member commented: "Record keeping has definitely improved."
- The service has also introduced 'professional discussions' which are conversations with staff regards to specific care and support related subjects. These address issues with staff in a timely manner in between formal supervision sessions. The aim being to drive up quality and improvement in staff practice. For example, discussions around incident reporting to ensure incidents were managed and actions taken appropriately.
- Another lesson learnt from the whole service safeguarding process highlighted the need for staff to understand professional boundaries when supporting people. As a result, one of the organisational learning

actions was to ensure staff had professional boundary training with supporting documents and guidelines for staff to follow when caring and supporting people.

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, when a person's needs had changed, their care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for accessing the local community, mobility and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- Where people's needs changed there was timely contact and involvement of relevant health and social care professionals. For example, speech and language therapy assessments had been carried out to ensure staff had the correct guidance specific to people's individual dietary needs.
- The service has developed a tool entitled a 'continuous improvement plan' based on the four principles of person-centred care, which are dignity, compassion and respect; coordinated care, support and treatment; personalised care, support and treatment and developing strengths and abilities. The plan is service user led with staff support. The plan covers, what we do well; what areas we could improve and positive outcomes for people.
- One area of the plan looked at positive risk taking in order for people to live an independent and fulfilling life. At present the service was in the process of developing policies, procedures and practice guidelines on positive risk taking. Staff were also due to have specific training in order to support people to take positive risks. Thus, enabling them to be empowered to make choices and set goals they want to achieve to enhance their independence and lead fulfilled lives.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People were supported by a core team of staff.
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. The service was currently working with relevant health and social care professionals and further reviews of people's individual needs were due to take place to ensure their care and support needs could be met appropriately.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. Where necessary, consistent agency staff were used, who were familiar to people and their individual needs.