

Southdown Housing Association Limited

Southdown Support

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

This inspection took place on 23, 24 & 30 November 2016 and was announced. We gave the provider 48 hours' notice because we needed to be sure the right people would be available to talk to us when we visited. Southdown Support provides personal care to people who reside in supported living schemes.

People who use the service had a variety of needs, including complex physical disabilities, learning disabilities and autistic spectrum disorder. The support people needed ranged from one to one support, 24 hours a day, to five hours of outreach support over a week. People lived in a variety of accommodation ranging from self-contained flats to house shares. The provider was also the landlord at 18 out of the 27 supported living schemes Southdown Support provided a service to. Each of the supported living schemes had a separate office where the manager who was responsible for the day-to-day running of the scheme, and other staff, were based.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted people's independence and encouraged positive risk taking. Incidents and accidents were well managed and staff understood the importance of learning from incidents, so they could make sure they did not re-occur.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of every person living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the supported living schemes we visited. People were well supported to do the things that were important to them, such as going to work or college. People's social and spiritual needs were met.

Person centred care was important to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

Staff had the skills they needed to meet people's needs effectively, and they were well supported with training, supervision and appraisal. Training was up to date and the provider made sure any training needs were identified. There was always enough staff on duty to keep people safe and meet their needs.

Recruitment practices were robust and all of the relevant checks were completed for all staff before they began work. People's medicines were managed safely and staff understood when they needed to give people medicines on an 'as and when basis', and how some people communicated non-verbally this was

what they needed.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) and gained consent from people in line with legislation. Staff made sure they asked for people's consent before providing any support.

People were supported to eat and drink enough and staff helped people to choose their food, go shopping and cook when needed. People were supported with healthy eating and to maintain a healthy weight. Everyone was supported to maintain good health and all of the appropriate referrals were made to health care professionals when required.

People and those important to them, such as their relatives or GP, were asked for feedback about the quality of the service. Any feedback received was acted on, and any concerns were dealt with quickly before the formal complaints procedure was needed. The registered manager and staff knew what they should do if anyone made a complaint.

The service was well led. The registered manager and provider regularly completed robust quality assurance checks, to make sure the good standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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.

People were safe because staff knew what they needed to do to keep people safe and were clear about what they should do to safeguard people.

People had individual risk assessments and risk management plans were in place to keep them safe, while promoting their independence. People were protected from the risks of an unsafe environment.

There were enough staff to meet people's need in a flexible way and recruitment practices were robust.

Medicines were safely managed and people were received their medicines as prescribed.

Is the service effective?

Good ●

People experienced effective care and staff were well supported with training, supervision and appraisal. Staff had further training to make sure they could meet the specific needs of people with certain medical conditions.

People were asked for their consent to care in a way they could understand. Staff had a good understanding of the Mental Capacity Act (2005) and always acted in people's best interests.

People were supported to have enough food and drink, and to make healthy choices.

Staff helped people to maintain good health and made all of the appropriate referrals to health care professionals when it was needed.

Is the service caring?

Good ●

The service was caring. People were well cared for by staff who treated them with kindness and compassion. People had developed positive relationships with staff, which were built on respect.

People were helped to be involved as much as possible in making decisions about their care.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they maintained people's confidentiality.

Is the service responsive?

Good ●

The service was responsive. People experienced care that was responsive to their needs and preferences. Staff were supportive in helping people live as full a life as possible.

People's care plans were detailed and focused on them as an individual. When people's needs changed plans were regularly updated and staff informed. Staff made sure they actively involved people in making decisions about their care

Is the service well-led?

Good ●

The leadership and management of the service was good.

There was a positive culture at the service and the registered manager was well regarded. The registered manager had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them.

There was a robust quality monitoring system in place and all of the registration requirements were met.

Southdown Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of.

On the first day of the inspection we visited the providers head office. We spoke with the registered manager, quality systems manager, training systems team leader, training manager, an operations manager and the client quality co-ordinator. We reviewed the care records and risk assessments for three people who use the service, recruitment records for two staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

On the second day of the inspection we spoke with five people who use the service and three relatives by telephone.

On the third day of the inspection we visited two of the supported living schemes, where we were invited to visit people in their own home. While there, we met and spoke with six people who use the service provided by Southdown Support, both scheme's day-to-day managers, and two members of care staff.

Is the service safe?

Our findings

People were safe because staff were clear about what they should do to keep people safe. People and their relatives told us they felt safe and they trusted staff. Care workers and the registered manager knew what they needed to do to safeguard people. They knew about the different types of abuse and were very clear about how to recognise if a person was at risk, and what they should do if they were ever in that situation. Staff described what they would do, such as reporting to the scheme manager or, or the local safeguarding authority.

Staff and scheme managers were confident the management team would act on any concerns raised. When talking about reporting concerns about people's safety, one member of staff said, "I wouldn't hesitate". Another care worker said, "It's a good staff team and everything is in place [to keep people safe]". Staff had received training in safeguarding adults and this was regularly updated. These actions made sure staff were able to protect people from the risk of discrimination and abuse.

Risks to individuals were well managed. Every person had a risk assessment and risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible. One person told us how risks in the kitchen had been thought about, and staff helped them to make sure they were as safe as possible when cooking or making a drink. Managers and staff described how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. If people's risk assessments and management plans were changed, staff were updated with those changes, to ensure people remained safe.

People lived in safe environments and equipment was safe to use. Possible risks to people's safety from the environment and equipment were well managed, and staff carried out regular health and safety checks. All of the relevant safety checks had been completed, where the provider was responsible as the landlord of a housing scheme, including gas and electrical appliances, fire equipment and legionella. There were good procedures in place to make sure that regular and on- going safety maintenance was completed.

Incidents and accidents were well reported and documented and a thorough investigation into each incident was conducted by senior staff. Trends were monitored to ensure where any themes were identified, action was taken to prevent any recurrence. For example, senior managers had identified there had been a number of incidents where people had experienced behaviour which could cause themselves or others anxiety. The registered manager took action when this was identified, and made sure specialist staff worked with people to help them manage their anxiety. Following this intervention, the registered manager re-analysed this type of incident and found there had been a 31% drop in incidents involving people's behaviour. The registered manager and staff understood the importance of learning from incidents so they could make improvements. Staff felt confident to report any incident however minor, and knew it would be dealt with properly.

People were also safe because there were enough staff. Staffing levels were regularly assessed to make sure each person's needs could met, however complex. Staff told us they could be flexible and support people to

go out when they wanted to. When we visited people in their home, we observed there were enough staff to support everyone with their chosen activities. These included household chores and going shopping.

Recruitment practices were robust. All of the relevant checks had been completed before staff began work, including Disclosure and Barring Service, previous conduct where staff had been employed in adult social care and a full employment history. The registered manager described how they wanted to make sure they employed the right people for the job, and interviews were thorough. Where possible, people who use the service were involved in recruiting new staff. All prospective employees were invited to visit the supported living schemes, so people could meet them and give feedback to managers. The registered manager had moved the service forward from thinking 'I need someone, anyone' to taking the time to get the right person for the job.

People's medicines were safely managed. All of the staff who administered medicines were trained and had their competency to administer medicines regularly assessed. Staff had a good knowledge of each person's medicines and how they preferred to take them. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and an appropriate plan was in place to help staff to identify when people might need their PRN medicines.

Some people required PRN medicine when a medical emergency occasionally happened. Staff knew when and how to administer this medicine in time to keep the person as well as possible. Staff knew what they must do if the initial dose did not work and made sure there were enough supplies of the emergency medicine available. Where appropriate, people had been supported to administer their own medicines, and the appropriate risk assessments and management plans were in place to make sure everyone got their medicines on time.

There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited fully by an external pharmacy once a year. The quality systems manager visited each scheme every three months and did a short audit, and scheme managers checked medicines administration records weekly. Any errors identified were quickly dealt with and put right.

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff gave positive feedback about the training they took part in. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. One member of staff told us, "the training is fantastic" and another, "they are very supportive and support you with professional development".

Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, autism and/or behaviour that may challenge people and others. It was clear the training had been effective and staff were able to discuss in detail individual's care and behavioural needs and how to manage them properly. We observed staff putting this knowledge into practice when we visited people in their home. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

The provider used a specialist training method which aimed to support staff with ways of working which involved practice, feedback and reflection. The aim of the training was to help staff understand what it meant to deliver personalised care which was centred on the individual. The provider's practice development trainers worked with staff and managers to further support staff with this training. They observed staff practice and gave feedback to enable staff to make improvements to the support they gave to people, if it were needed.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service. The provider also encouraged 'next in line' supervision, where staff get to meet their manager's manager. Staff described this as being a positive and productive meeting, and felt their views were listened to by senior managers in these meetings.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One care worker said; "we're all here for clients and their best interests".

People were asked for their consent by staff. Staff knew people well and understood people's ways of communication so care workers knew when people were giving their consent or not, either verbally or by the body language and gestures they were using.

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted to eat and did their own shopping where they were able to. Healthy choices were encouraged and people were helped to drink enough to keep them well. Staff understood people's dietary needs and one person told us how they were supported to make sure their food was gluten free, so they remained well.

People were supported to maintain good health by staff and the scheme managers. Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare, so every individual enjoyed a good quality of life. The service helped people to develop and maintain strong links with healthcare professionals such as the community learning disability nurse, occupational therapy (OT) and speech and language therapy (SALT).

Is the service caring?

Our findings

People experienced a good level of care and support that promoted their wellbeing. People and relatives we spoke with gave us positive feedback about the caring approach of all the staff. One person talked in detail about the caring support staff had given them, when they experienced difficulties in their personal life, and how, much this had meant to them. A relative commented, "it is amazing for all of us, staff are helpful and supportive to individuals and families". Another relative wanted to thank staff for supporting their family member and giving them "a chance to live independently".

People knew the staff very well and were relaxed in their company. Staff had a detailed understanding of each person's preferences, and made sure they helped people make the choices they wanted to. Staff talked about care being person centred and individual, and we saw this being put into practice. Staff made sure they listened to people and spoke to them in an appropriate way that they could understand. Staff showed a genuine concern for people's wellbeing and made sure the care and support they provided met people's needs. It was clear that people had developed positive relationships with staff.

There was a welcoming and friendly atmosphere in the home's we were invited to visit. People were happy and relaxed and although one home was very busy, it was not stressful and there was a positive energy in the home. People were making Christmas cards at the dining room table and we were invited to join them. Staff were supporting people with gluing and choosing what to stick onto the cards in a kind and discreet way. Staff made sure we could talk with everyone around the table and understand each person's ways of communicating. One person used Makaton, which helps people to communicate with each other using signs and symbols. Staff made sure we could understand the person by translating the signs and symbols the person was using. This made sure that everyone was equally involved in making the cards, and it was an enjoyable and relaxing time.

Staff spoke about the people they supported in a very kind and caring way. They were enthusiastic and motivated when discussing the support they provided to people. It was clear that staff wanted to help people achieve the best quality of life possible. When talking about people who use the service one member of staff said, "I really, truly believe that the best interests of our clients are the most important thing". When talking about the care their colleagues provided another member of staff said, "They know what they are doing and they want to make a difference".

When talking about people who use the service staff spoke in a very respectful way. People's choices were respected by staff and they aimed to help people to be as independent as possible. Care workers understood and promoted respectful and compassionate behaviour within the staff team. People had the privacy they needed and were able to spend time alone in their own rooms if they chose to. Staff were careful not to discuss people's needs where they could be overheard and made sure they protected people's confidentiality.

People's personal histories were well known and understood by staff. Care workers knew people's preferences well, and people were encouraged to make choices about the care they experienced. One

member of staff told us, "as a team, we have done a lot work enabling people to make choices". People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. People's privacy and dignity was well promoted by staff. Staff understood the importance of helping people to be well groomed and dressed appropriately, and respecting people's choices, for example, about clothes and haircuts.

Is the service responsive?

Our findings

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was an important part of the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs.

People who used the service had an annual review of all of their care needs and care plans were amended if necessary. People were supported to make choices and were helped by staff to be as involved as much as they could or wanted be. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

People's care plans focused on their whole life and reflected their individual preferences and interests. The plans enabled staff to be responsive to people's needs, and make sure they could help people live as full a life. Staff showed good skills in providing person centred care for each individual. They had a good understanding of people's values and beliefs, and understood how this may affect the decisions people made about their care, the activities they wanted to take part in, and the social relationships they wanted to maintain.

People who experienced behaviour that could cause themselves or others anxiety, were supported by staff who had received special training. These staff were able to assess people and develop a 'positive behavioural support plan for each person. The aim of the individually tailored care plan was to keep people safe, and reduce episodes of stress or anxiety as much as possible,

The provider also had a 'crisis team' who could visit people who may have experienced a sudden change in their behaviour. Skilled staff with additional training were available at short notice to help make sure people remained safe and well cared for, if their behaviours changed.

People were supported to do the things that were important to them and had the choice to join in many activities, not just those related to their learning disability. People's participation in their individual interests, activities and education were well promoted by staff. Some people attended college and others were employed. Arrangements for activities were flexible and staff worked hard to make sure people could regularly go out. People's involvement in their individual interests, activities and education were well promoted by staff. For example, people were involved in staging a play at one of the supported living schemes we visited. Everyone who wanted to be was involved, including staff. People were excited when talking about the play and we saw people, their relatives and staff rehearsing when we visited. The play was so popular, it was staged at a local hall, and everyone in the local community was invited to attend.

The provider had a complaints procedure in place, which staff were aware of and knew how to use. Staff knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. The staff team worked closely with people and their families and tried to

make sure that any comments and minor issues were dealt with before they became a formal complaint. Where a formal complaint had been made, the provider made sure it was dealt with properly. There was a thorough investigation into the concerns raised. The provider made sure they sent a detailed response with their findings to everyone involved. The provider was very clear that they saw complaints as an opportunity for learning, and changing practice if it were needed. Relatives we spoke with said they had no complaints about the service and they were very confident any concerns they may need to raise would be quickly dealt with.

Is the service well-led?

Our findings

The service was well led. The registered manager ensured there was a person centred, open and caring culture in the service. One relative commented the manager "leads from the top in a relaxed, professional and humorous way". The registered manager made sure the provider's training team supported staff with good training and supervision, as well as ensuring staff felt comfortable and able to raise any concerns they may have. Staff said they were able to challenge areas of practice which could be improved, and all of their colleagues would be happy with this. Challenging poor practice was encouraged and staff had access to a clear whistleblowing policy. This gave them information about how to raise concerns if they ever needed to do so. The registered manager and staff reflected on their practice to ensure they maintained good standards of care they had achieved.

The registered manager understood the importance of supporting staff and managers of each housing scheme. They commented, "we invest a lot in our managers because they are key to a good quality service". Scheme managers said they felt well supported in their role, and that quality monitoring was helpful because "it keeps me on my toes".

The registered manager and nominated individual had identified that staff did not always feel engaged with the provider. They had taken action and developed a 'staff engagement strategy'. They acknowledged they needed to provide good support to staff as well as people who used the service. Staff we spoke with gave us positive feedback about the staff engagement and said it had improved communication across the organisation. Comments included, "they [senior managers] take the time to talk. I don't feel like there's a divide" and "I can speak to [senior managers] whenever I want to. I don't feel like a number".

The registered manager was aware of the culture of the service and the attitudes and values of staff. They clearly understood what they needed to do to ensure staff maintained the good levels of compassion and dignity they had already achieved. The registered manager had an excellent understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them.

There was a robust quality monitoring system in place. Staff responsible for quality assurance visited each supported living scheme every three months. They completed a number of quality checks including reviewing people's care plans to ensure they were person centred and up to date, staff supervision and support and health and safety, among others. The results of each audit were reviewed, and if any areas of practice needed improving, this was done.

People who use the service were also involved in quality monitoring. The 'Q Team' visited people regularly and sought direct feedback from them. The team were facilitated by a member of staff who told us, "I feel like the Q Team are really listened to" and "it's not a tick box, it's valuable". When the Q team identified areas for improvement this was acted on. For example, the team had identified that tenants meetings did not happen very often, so the provider was doing some work to make sure this improved in the future. This meant people who use the service would have another opportunity to provide feedback about the service.

Feedback was actively sought from people who use the service, their relatives, staff and external healthcare professionals, and was highly valued. People were supported to complete the survey when needed. A detailed report was then sent to all of the people involved, and the provider clearly detailed what they would do in response to the feedback they had received. For example, 'ensure information provided to clients is easy to read and understand' and 'review our staff rotas and allocation of one to one support for clients'.

The registered manager had a strong ethos when recruiting new staff. They had high expectations for new staff and acknowledged it was sometimes difficult to recruit good quality staff who had the right abilities. The registered manager wanted to make sure any new employees understood the culture of the service so they would understand the importance of providing good quality care for people. The registered manager knew that recruitment was a challenge and described always thinking about what they could do, and keep doing, to improve the quality of staff they employed.

Records were robust. They were up to date, accurate and kept securely. All of the registration requirements were met and the registered manager ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.