

Canterbury Oast Trust

Community Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 the Care Quality Commission (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

Community Support Services is a domiciliary care agency which provides care and support to people living in their own homes. 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. At the time of the inspection 9 people, who were living with a learning disability and autistic spectrum disorders, were being supported with personal care. People were living independently and had their own tenancy agreements with a housing provider.

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

Right support

Staff provided effective support to identify people's aspirations and goals and assist people to plan how these would be met. Staff focused on people's strengths and promoted what they could do. There was a consistent approach to supporting people to learn new skills. Staff enabled people to access health and social care support in the community.

People and their relatives felt people were safe and felt confident to speak with staff if they had any concerns. A relative said, "[My loved one] is absolutely safe, without a doubt. They are really well looked after."

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.

Right care

Staff provided care to people which was person-centred and promoted people's dignity, privacy and human rights. People's individual choices were recognised and respected. Staff promoted equality and diversity in their support for people. People could communicate with staff as staff understood their individual communication. People were empowered to take part in activities of their choice. People were supported to keep in touch with people who were important to them.

People were protected from the risks of harm, abuse and discrimination because staff knew what action to take if they identified concerns. There were enough staff to provide the support people needed. Staff

understood the risks to people's health, safety and welfare. Risk assessments provided guidance for staff about individual and environmental risks. Further work, including mentoring staff, was being implemented to ensure risks were assessed consistently and this needed to be embedded into day-to-day practice.

People received their medicines safely and when they needed them. Medicines checks were completed each day which helped make sure any recording errors could be addressed quickly.

Right culture

The service enabled people and those important to them to work with staff to develop the service. Feedback was requested from people, relatives or health care professionals. Staff ensured the quality and safety of the service had been assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well.

The provider and staff worked hard to develop strong leadership. Quality monitoring systems had been developed and embedded. Morale within the staff team was high and staff felt valued.

Since the last inspection, a new senior management team had been recruited. People, relatives, and staff spoke positively about improvements in the leadership of the service. A relative said, "The communication is now brilliant. [Staff] are so responsive."

Checks and audits were being regularly completed. Shortfalls were identified and action taken to address these. New quality assurance processes were being embedded into staff day-to-day practice to ensure a consistent approach was followed.

Most staff empowered people and encouraged them to increase their daily living skills. However, the management had identified some staff required further coaching and upskilling to ensure people were consistently supported.

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

Rating at last inspection and update

The rating for this service was inadequate (published 14 September 2022).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Support Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Community Support Services

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

The inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. However, Community Support Services provides care and support to people living in several 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 March 2023 and ended on 28 March 2023. We visited the location's office on 21 and 23 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people, who used the service, and 5 relatives about their experience of the care and support provided.

We spoke with 9 members of staff, including the chief executive officer, registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. This included 3 people's care records and multiple medication records. We looked at 2 files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including policies and processes, were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to assess the risks to the health and safety of service users. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12. These improvements need to be embedded into day-to-day staff practice.

- Risks to people's health, safety and welfare were assessed, monitored and managed. Care plans and risk assessments were being reviewed and updated when required. Plans were in place to provide staff with additional mentoring regarding the assessing of risk. People were involved with management of risks and staff had supported people to understand risks and stay safe.
- Following the last inspection, staff had completed training about epilepsy. Staff told us how they supported a person who lived with epilepsy and were able to describe how the person presented when they had a seizure. This information was in the person's care plan and there was guidance for staff about what action to take, should a person have a seizure. Records of seizures were clear and could be shared with people's health care professionals when needed.
- Guidance was in place for staff about how to support people at risk of choking. There was information for staff to follow should a person begin to choke. Staff spoke about people's risks of choking, speech and language therapy input and how they provided support to people to keep them safe. A relative told us, "I feel [my loved one] is absolutely safe there. He feels very safe there. He would let us know if something wasn't right. We would talk to any of the staff or management with any worries."

Using medicines safely

At the last inspection the provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation. These improvements need to be embedded into day-to-day staff practice.

- People's medicines were managed safely. The majority of 'when required' (PRN) medicines protocols, such as for pain relief, were in place. However, staff had not always recorded why the medicine had been administered or if it had been effective. Staff had not always contacted a healthcare professional when

people were taking PRN medicines regularly. This was an area for improvement.

- People received support from staff to make their own decisions about medicines wherever possible. For example, some people recorded they had taken their medicines on a medicines administration chart and staff supported them by checking the count of medicines was correct.
- Following the last inspection staff ensured recording issues were acted on quickly to ensure people received their medicines as prescribed. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider failed to ensure systems and processes were established and operated to prevent abuse of service users. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 13. These improvements need to be embedded into day-to-day staff practice.

- 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 completed training on how to recognise and report abuse. Staff told us they felt confident any concerns raised would be acted on.
- People were supported and empowered to manage their finances. A relative commented, "[My loved one] got in a state about money at one point and the staff have been brilliant in supporting them. They don't understand about finances. Staff have dealt with it well."

Staffing and recruitment

At the last inspection the provider failed to ensure sufficient numbers of qualified, competent, skilled and experienced persons were deployed to meet people's needs. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18. These improvements need to be embedded into day-to-day staff practice.

- People were supported by enough skilled, knowledgeable and experienced staff. Analysis was completed to ensure people received the hours of support they paid for. Regular agency staff, who knew people well, were used whilst a recruitment campaign was underway. A relative commented, "There are enough staff, although they use agency staff. Most of the agency ones are pretty regular."
- There were enough staff to support people to take part in activities of their choice and to attend medical appointments. People told us staff were available when they needed them. A person told us, "[Staff] are always around if I need to talk."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. Staff were encouraged to keep training up to date and were supported to complete additional personal development, such as national vocational qualifications. People told us they were involved interviewing prospective new staff. They said they felt their views were listened to and were used as part of the selection process.

Preventing and controlling infection

- People were supported by staff to keep their homes clean and tidy; and staff followed safe infection prevention and control practices. A relative commented, "[My loved one's] house is always clean. They need support to keep their room tidy."
- Staff used personal protective equipment, such as face masks, gloves and aprons, effectively and safely. There was stock available. People were supported by staff to follow good practice, such as regular hand washing.
- Staff completed food hygiene training and followed correct procedures to support people with preparing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety concerns. The registered manager reviewed incidents and shared lessons learned with staff to help reduce the risk of re-occurrence and improve the quality of care provided.
- Staff recognised incidents and reported them appropriately.
- The registered manager and staff had awareness of lessons learned throughout the health and social care sector. For example, all staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme.

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 MCA 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 Mental Capacity Act (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.

- Staff understood and worked within the principles of the MCA. For example, when a person was not able to make complex decisions themselves, staff knew that discussions were needed with relevant people, such as relatives and health care professionals, to ensure decisions were made in people's best interests.
- At the time of the inspection, there was nobody with a Court of Protection order in place.
- People told us staff gained their consent before supporting them with their care.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care

At the last inspection the provider failed to establish and operate systems and processes to assess, monitor and improve the quality and safety of the service provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At his inspection improvements had been made and the provider was no longer in breach of regulation 17. These improvements need to be embedded into day-to-day staff practice.

- Managers and staff understood their roles, and there was effective oversight of the service which allowed for improvements to the quality of care provided. Since the last inspection, a chief executive officer and operations director had been recruited. A registered manager had also been allocated to the service. A relative commented, "I give them full marks for the changes they are making (to the management of the service). I am happy with the changes because it is making a real difference to [my loved one]."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Checks and audits were completed regularly and, when shortfalls were identified, action was taken to address these.
- Care plans were being reviewed with people and updated when any changes were needed. The registered manager was working with staff to ensure these were completed consistently and robustly. An action plan helped monitor the progress of changes and improvements. An electronic care system was being implemented to support improvements at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider had not created an open culture where people were listened to and improvements made as a result. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. These improvements need to be embedded into day-to-day staff practice.

- The culture at the service had improved. Staff had begun to support and empower people, encouraging them with their daily living skills. Further work was needed to upskill staff and embed this across the staff team. Relatives told us the level of support their loved ones received varied depending on which staff were on duty. For example, a person had their independence encouraged and had been supported to cook salmon by a member of staff. However, other staff had not provided support to plan their meals or use their slow cooker to batch cook meals.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. They spoke passionately about the people they supported and were focused on continuing to make changes to enhance people's lives. The senior management team were working with people, relatives and staff to review the visions and values of the service.
- Staff felt able to raise concerns with the management team without fear of what might happen as a result. A staff member told us, "I feel positive about our future. I feel very supported and there is an inclusive culture now."

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

At the last inspection the provider had not created an open culture where people were listened to and improvements made as a result. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. These improvements need to be embedded into day-to-day staff practice.

- People, and those important to them, worked with the senior management team to develop and improve the service. Tenants' meetings were being held regularly and people were asked to provide feedback about the service they received. People received newsletters to keep them up to date with important changes and actions being taken to improve the quality of service.
- Relatives were invited to 'listening lunches'. These were an opportunity to give feedback about what people felt was working well and any areas of concern. These were followed up with 'you said – we did' letters which explained the actions being taken. A relative told us, "The communication is definitely improving. We are kept informed of things now when we weren't before."
- Staff met with the senior management team and shared ideas about how to continue to drive improvements across the service. Staff told us they felt valued and listened to.

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; Working in partnership with others

- The registered manager and senior management team worked in partnership with others and understood their responsibilities to be open and transparent in accordance with duty of candour guidelines.
- A relative had recently written to the chief executive officer and noted, "It is easy to complain but I think it's also necessary to praise people when they do something positive. [My loved one] had a very serious problem recently (not medical) which had to be dealt with care and I would like you to know that [the registered manager and staff] dealt with it immediately with care and compassion. This is such progress and makes me think the trust is on the up and I can be more positive about the future and relax a bit."
- The registered manager and staff were working closely with the local authority and people's health care professionals to continue to drive improvements with the quality and safety of the service.