

Allerton C&S SW Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allerton C&S SW is a supported living service providing personal care to people living in their own homes. The service supported a total of 19 people, of these seven were receiving a regulated activity. We inspected one of the services which provides personal care to two people living in a shared house. This was to follow up previous concerns.

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

People's experience of the service had improved since our last inspection. People now received care that was centred around their needs and preferences. One person told us that things had improved. When we last inspected there had been a serious lack of service user compatibility at one service; this had now been resolved. People were happier and living in an environment that felt warm and homely. Staff told us care had improved and their focus was on supporting people as they wished.

The service we visited was much cleaner than previously. Staff understood how to protect people from the risks of Covid-19 and other infections.

Provider oversight and management of the service had improved and we were assured that these changes had been effectively embedded. There was a comprehensive system in place to monitor the effective running of the service and assess the quality of care people received. The provider informed relevant people of any significant events.

Staff morale was good; the staff we spoke with felt supported to provide a good standard of care to people. Staff worked with colleagues and external professionals to provide effective care for people who used the service.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People lived in a service that supported them with their independence. Staffing was available for people to access their choice of activities. Care was person centred and promoted people's dignity, privacy and human rights. The culture of the service had improved significantly. The manager and

staff team had a good set of values focused on promoting the wellbeing of the people they supported. The ethos of the service was for people using services to lead empowered lives.

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 last rating for this service under the previous provider was inadequate (published 30 September 2020). 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 30 September 2020. 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

We carried out an announced focused inspection of the key questions Safe and Well-Led of this service on 03 and 06 August 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, fit and proper persons employed, staffing and duty of candour.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Allerton C&S SW on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Allerton C&S SW

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements.

CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager who was in the process of applying for registration with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and observed staff interactions with the second person. We spoke with five members of staff including the nominated individual, manager, and care workers.

We reviewed a range of records. This included two people's care and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a representative from the local authority quality team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had not protected people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider now operated effective systems to safeguard service users from abuse and the risk of abuse.
- Staff now notified the appropriate person about any potential safeguarding concerns. The provider took suitable action which included notifying the local authority safeguarding adults' team and CQC.
- All staff employed by the provider had undertaken safeguarding training.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received support that ensured the risks of cross infection were effectively managed.
- Staff had received training in preventing the risk of infection. Comprehensive policies were in place and cleaning was carried out frequently. There was information for all staff on reducing the risk of Covid-19 transmission.
- Staff had access to regular Covid-19 testing. Procedures were in place to enable visits to take place safely. People supported by the service were supported to have their vaccines where they consented. Staff adhered to guidance on the use of personal protective equipment (PPE). Staff confirmed there was a plentiful supply.
- We visited two service users in their home. The premises were clean and fresh throughout. Infection control issues identified at the last inspection had been rectified. One person showed us around their home, they told us, "It is clean here, I help staff to clean."
- People had care records that identified any potential risks to their health and well-being. For example, one person had risks identified in respect of visits. Clear plans were in place to manage this.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had implemented a consistent recruitment system and staff were now recruited safely. Information in respect of potential new employees and where they were in the recruitment process was available on an electronic dashboard.
- Staff suitability was checked before they commenced employment. The provider carried out checks to make sure people didn't have any criminal convictions to confirm they were suitable to work with vulnerable people.
- Two references were obtained and people's identity and employment history were checked.
- All new staff underwent an induction and had to complete mandatory online training.
- Staff received regular supervision. The manager explained they picked up on performance issues and monitored these for improvement. One member of staff told us, "If I haven't done something properly, I am told about it."

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's assessed needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had recruited additional staff. There were now sufficient staff available to support people in the way they preferred.
- There were enough staff to enable people to access the community as they wished.

Using medicines safely

- There were suitable systems in place to obtain, store and administer medicines.
- At our previous inspection we identified a potential risk of error due to the operation of parallel medicines recording systems. The recording system had now been simplified and clearly showed which medicines had been administered.
- Staff were able to describe how one person who did not communicate verbally could let them know they were in pain.
- Minutes of a staff meeting contained information on how the provider planned to further improve medicines management following an audit.

Learning lessons when things go wrong

- The provider now recorded, reviewed and learnt from incidents. Any incidents were recorded on the electronic system and reviewed by the manager. Incidents were reviewed at a monthly meeting and any learning was identified. For example, the safeguarding and incidents monthly meeting minutes recorded one person had an increase in seizures. Staff had identified an emerging pattern and planned to contact the relevant professional to share this information and request some input.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection significant changes at the service had a negative impact on people's safety and well-being. Their needs and choices had not been considered. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were involved in how their support was provided.
- The two people we visited in their home now had their rights and choices respected. The name of the service had been changed; one of the people living there had chosen the new name.
- One person told me, "It is much better. We have new carpets, a rug, curtains and blinds. Before we had to keep everything from [Name]."
- On entering the property, it felt like a very different service. There was a relaxed and homely feel. Feedback from one social worker who visited said, "The home was warm and inviting, displaying photos and belongings of both of the residents. I must also say the significant changes have had a positive effect on my client."
- The new manager told us she had focused on the culture, "I feel staff are empathetic and caring. All [service name] staff team want to be there." One member of staff told us, "I love coming to work. There is a very nice relaxed atmosphere. It is all about what the service users want." Staff enthusiastically discussed people's progress with us, it was evident they were invested in supporting people to have a good quality of life.

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

At our last inspection the provider had not acted on duty of candour. People's relatives had not been informed of safeguarding concerns. This was a breach of regulation 20 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 20.

- People's relatives were informed of any events which had an impact on their loved one's safety or well-being.
- External agencies had been informed of significant events in line with the provider's policy on duty of candour.

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

At our last inspection the provider had failed to operate an effective system to monitor the quality of the service This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's quality assurance systems and processes had improved. The concerns we had at our previous inspection in August 2020 had been addressed. We were assured the improvements made had been embedded into practice. The provider had an action plan that demonstrated the areas of improvement and progress they had made.
- The provider had arranged a thorough audit of systems and processes which had identified which areas were satisfactory and where improvements were needed. The provider had plans in place to address any areas where shortfalls had been identified.
- There were regular meetings between managers and senior staff which identified what needed to be in place both to maintain and improve the service.
- The provider had an electronic dashboard in place which enabled an oversight of systems and processes in the organisation. The system incorporated the training matrix, supervision matrix, overview of incidents and other governance systems.
- The Care Quality Commission had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities

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

- Staff we spoke with described good morale. Staff told us they felt supported by managers and could freely express opinions, "We have a monthly meeting and we all talk if there is anything wrong."
- A member of staff told us, "I am confident we will not have somebody unsuitable move in. I am confident in the new management. What they say they will do gets done."
- People were supported to express their opinions and make choices. One person had a specific system to communicate, we saw staff using this to help the person tell them what they wanted.

Continuous learning and improving care

- The service had taken on the feedback from the previous inspection and worked hard to improve the service. At this inspection the breaches of regulation had been met and the quality of the service had improved. We received feedback from the local authority, "The provider and their team have worked hard to turn the service around since the last CQC Inspection and, having received regular updates on the action plan over the past months, I am now happy with the end results."

Working in partnership with others

- Staff at the service worked with professionals such as GPs, dentists and social workers. One dentist had contacted the service with feedback, "I would like to praise you on the quality of the team you sent with [Name] last week. I am sure without their wonderful care and encouragement we would not have been able to provide the treatment that will hopefully have reduced [Name's] discomfort."