

# Select Support Partnerships Ltd

## Oldham

### 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

### About the service

Oldham is a supported living service providing personal care. The service provides support to autistic people and people with a learning disability living in their own homes, some of whom had a history of offending. People had their own tenancy agreements for their flats or homes. Several flats were in the two buildings situated next to each other, where there was also an office for the service. Some people shared a flat, having their own bedroom and sharing the kitchen, lounge and bathroom. Other people lived on their own. Most people had the support of waking night staff. At the time of our inspection there were 18 people using the service.

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.

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

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

#### Right 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. There were enough staff to meet people's needs. Staff had training and support for their roles and knew people well. Staff had been safely recruited. Staff supported people to be independent and involved in daily activities where possible. People were supported to maintain a healthy diet.

#### Right Care

People received their medicines as prescribed. People's needs were assessed before moving to the service and a transition period was used to review their support needs and ensure their needs were being met. Person-centred support plans and risk assessments were in place and regularly reviewed. People's wishes for their end-of-life care were recorded where they had wanted to discuss this.

#### Right Culture

People were positive about their support, and we observed good interactions between people and staff throughout the inspection. People were asked for their feedback on their care and they and, where applicable their families, were involved in planning and agreeing their care. People's cultural needs were being met. Staff enjoyed working at the service and felt able to raise any ideas or concerns they had with the management team. A quality assurance system was in place and incidents were reviewed to identify any

lessons learnt. The registered manager understood the duty of candour.

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

#### Rating at last inspection

The last rating for this service was good (published 16 March 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Oldham

## 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 completed by 1 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.

#### Service and service type

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

#### 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 the Care Quality Commission 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 3 August 2023 and ended on 14 August 2023. We visited the location's services

on the 3 and 7 August 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 10 people who used the service about their experience of the care provided. We spoke with 15 members of staff including the registered manager, head of care, nominated individual, senior care workers and care workers. We made observations of people's support throughout the inspection. We also spoke with 2 professionals who were visiting the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We contacted further case managers working with the service by email and received 2 responses.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Detailed risk assessments, and guidance for staff to manage the known risks, were in place and regularly reviewed. A care coordinator said, "The staff manage any risks on dynamic basis regarding what activity [Name] does depending on their mood and how they are feeling."
- Where people may become anxious, guidance was provided for staff to de-escalate a situation and to support people safely. Staff completed training in de-escalation and restraint.
- Two people had support plans that included restraint holds where other de-escalation techniques had not been successful. However, the agreed restraint holds for 1 individual were not clearly specified in their support plan. The registered manager said these details would be added.
- Regular health and safety checks were completed for each property. We saw there had been a gap in weekly testing of the fire alarm. This had been identified and these checks had recommenced.

### Systems and processes to safeguard people from the risk of abuse

- Staff felt comfortable to raise any concerns they had. They said any concerns would be investigated by the management team. Staff had completed training in protecting vulnerable adults from abuse.
- People and relatives thought they were safe living at the service. One person said, "There's always staff around which makes me feel safe." One relative said, "Yes [Name] is safe and always has one to one staff."

### Learning lessons when things go wrong

- Staff we spoke with knew how to report any concerns or incidents. Incident forms were reviewed by the senior carer and the registered manager or head of care. Any lessons learnt or patterns were identified.
- Two incident forms had not been returned to the registered manager in a timely way. Further guidance for staff on what to record and where the incident forms needed to be sent were issued to support staff following our inspection.
- Staff said they had de-briefs following an incident and discussed as a team any changes they could make to reduce the risk of further incidents.

### Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed.
- Guidance for when 'as required' (PRN) medicines should be administered was in place. Where appropriate this included alternative support to be provided before the PRN medicine was to be administered.
- Where medicines needed to be administered covertly, for example in food, this had been agreed by the person's GP. However, a formal check that the food being used to administer the medicines did not affect

their efficacy had not been made. The registered manager said they would speak with their pharmacist to check this.

- Staff completed annual training in medicines management and, as part of the training, were observed administering medicines to check their competency.

#### Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- There were enough staff on duty to meet people's needs. Each person was supported by 1 or 2 staff at all times. We were told the service had recently recruited several staff from overseas, which meant they did not currently need to use agency staff.

#### Preventing and controlling infection

- All homes we visited were clean. Cleaning schedules were used to ensure all areas were regularly cleaned. PPE was available for staff to use.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was completed prior to them moving to the service. This included information from current care providers and their family where appropriate. A transition plan was agreed, with people being able to visit the service and have short stays before moving in.
- As part of the transition, reviews were held with relevant professionals, to assess how people were settling in. The outcomes of the reviews informed when people could be formally discharged from their previous support setting. One professional said, "This has been a complex discharge. They have a good knowledge about how to support people with challenging behaviours and a forensic risk. I would refer here again."

Staff support: induction, training, skills and experience

- Staff received the training and support for their roles. New staff said they completed a series of on-line mandatory training and face to face courses before completing shadow shifts to get to know people and their support needs. One person said, "New staff come in and spend time here before they work with me." A member of staff said, "I had a lot training when I joined, as well as lots of supervisions and shadow shifts so I knew what to do."
- All new staff were also enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said they felt well supported by their seniors and the management team. They felt able to speak with them if they had any concerns or ideas. Daily handovers were held to ensure care staff knew about any changes in people's support needs and wellbeing.
- Staff had regular supervision meetings to discuss their work and any training they needed. Team meetings were also held. Staff said they were able to raise any ideas or issues within their supervision meetings or during team meetings and handovers. A member of staff said, "We're able to speak into these meetings; I feel listened to."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA. People's care coordinators were responsible for making applications to the CoP as part of people moving to the service.
- The service provided updated risk assessments and support plans for the care coordinators and the CoP.
- All agreed restrictions were detailed in people's support plans. Staff knew the restrictions agreed by the CoP for each person and the support required for them to abide with these restrictions. A case manager told us, "The service are supporting work to enable one individual to move into less restrictive environment."

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

- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans.
- Staff supported people to make choices about what they wanted to eat. They also supported people, where possible, to shop for their own food and be involved in preparing their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health. People's health needs were identified in their support plans.
- A 'hospital traffic light document' was used to provide a brief overview of people's support needs in the event they were admitted to hospital, although these were not always dated to show they were current. These were being re-written in an electronic format at the time of our inspection, which would include the date they were reviewed.
- People were supported to access local medical services. Mental health professionals, for example psychologists and psychiatrists, visited people in their homes. A relative said, "They always refer [Name] to other professionals when needed."
- Staff described how they worked with medical professionals to make reasonable adjustments when people had an appointment. A senior support worker said, "[Name] doesn't like crowded places or having to wait. We discuss people's needs in advance so the appointment can take place at a quiet time, and they can go straight in."

Adapting service, design, decoration to meet people's needs

- The service worked with the relevant housing associations to adapt people's homes to meet their needs. For example, 1 property had the bathroom replaced with a wet room.
- People were able to personalise their properties where they wanted to.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people and their needs well. We observed positive interactions between people and care staff throughout the inspection. Staff spoke positively about the people they supported.
- People and relatives said the staff were kind and respectful. People said, "I like it here. The staff are good; they're supportive and it's a regular team." A relative said, "When [Name] has visited home they obviously seem happy with the staff" and another told us, "They are very sensitive and caring."
- People's cultural and religious needs and wishes were recorded. People were supported with any cultural dietary needs they had.

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

- People were supported to participate in a monthly coffee morning with the registered manager or head of care. They were able to ask questions or raise any issues they had.
- People had a Court of Protection appointed advocate who ensured people's best interests were reflected in their support plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People were prompted and supported to be involved in their own care wherever possible. For example, with shopping, cooking and personal care. One person said, "I do my own cooking and can ask for help from staff if need. I go shopping with staff." A member of staff said, "We try get [Name] involved in things like stirring the food, washing up and hoovering."
- Where possible, people were supported to go become more independent in going out on their own.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. These were reviewed annually and following any incidents. A medical professional said, "There's been some issues during [Name's] transition, but we've worked together and got them resolved. They tweaked the support as we've gone along."
- Guidance was also provided by external professionals, where applicable, for the staff team to follow. Staff knew people, and the support each person needed, well.
- Where applicable, relatives said they had been involved in agreeing their relative's support plans. A relative said, "Over the years I have always been consulted over [Name's] care plans."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their support plans. Where applicable, the signs and behaviours people used to communicate their needs were documented. A member of staff said, "[Name] uses signs to communicate, some Makaton signs and some of their own." Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to go out and to have things to do within their homes. People were supported on a 1 to 1 basis. Where required, another member of staff, or a senior support worker, was made available to support people if they needed 2 staff when going out.
- Where applicable, people were supported to maintain their relationships with their family and friends. One person said, "I visit my mum every week."
- One person said, "It's better here than where I was before. I can now go out places." Another told us, "I can go out every day and go on the bus. I wanted to come here as there are more things for me to do" and a third person said, "There's always enough staff so I can go out when I want to."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. All complaints were reviewed, and a response given. A summary was provided for the monthly governance meetings so any patterns could be identified.
- Relative's said action had been taken if they had raised a concern. One relative said, "A year ago I raised an issue with the local authority and manager and now [Name] has a completely new care team."

#### End of life care and support

- No one currently living at the service was receiving end of life support at the time of our inspection. People's end of life wishes were recorded when people, and where applicable their relatives, had wanted to discuss them.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A quality assurance system was used to drive improvements at the service. This included regular audits for medicines, premises, care plans and reviews of any safeguarding concerns. Actions identified had been completed.
- The registered manager wrote a monthly report for the nominated individual to summarise any incidents, staff training and supervision meetings and findings from the monthly audits. These were further summarised for a quarterly managers meeting, where experience could be shared across all the provider's services.
- The nominated individual also completed a monthly audit, speaking with people and staff, as well as looking at care records.
- Staff knew their roles and who to speak with if they needed advice or if there was an issue or incident. They felt well supported and could raise any concerns if they needed to.

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

- People were positive about the staff team supporting them. One person said, "The staff are good, they're supportive. We have a regular team here."
- Relatives said communication with the service was good. One said, "The managers are very hands on and always respond, I email them once a week" and another told us, "Things have got better, and they do respond to my emails."
- Staff said they enjoyed working at the service and the managers were visible and approachable. One member of staff said, "The management listen to us and will take action if we have any ideas or raise concerns. Working here has been very good." A senior support worker said, "I can approach the managers at any time. They always give their support to me and the staff so things can run smoothly."

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

- We saw examples of positive outcomes for people using the service. These included one person who had started to go out since moving to the service and had been supported to meet their extended family for the first time and another person who had not had any hospital re-admissions since moving to the service.
- People were supported to increase their independence and staff worked with the person and other professionals to reduce restrictions where safe to do so. A visiting professional said, "They have a

professional culture to providing a community service."

- A member of staff said, "We work according to people's support plans and personal needs. The person-centred approach makes it easy to support people."

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

- The manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. Complaints were investigated, lessons learnt actions completed and information shared as required with other agencies.

Working in partnership with others

- The service worked with a range of other professionals, including psychologists, psychiatrists, care coordinators and health professionals. A visiting professional said, "The managers are always available to answer any questions, either via email or in person. They know [Name] and will send me the information I need when asked."