

Supporting Independence Limited

Supporting Independence - Findon

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

Supporting Independence provides personal care and support to people with learning disabilities, autism and mental health needs living in 'Supported Living' accommodation. 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.

Staff provided support to 13 people across two locations. There were three people who were receiving the regulated activity of personal care, this was across both settings, Ivy Cottage in Findon and Mortimer House in Littlehampton. The service also supported two people with outreach support in their own homes, they did not receive the regulated activity of personal care so have not been included within this report.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they were happy living at Ivy Cottage and Mortimer House. All the people we spoke with during the inspection said they were treated well by staff who were kind and caring and supported them to be independent to achieve their goals.

People told us they felt safe with regards to their daily living and also with the Covid-19 pandemic. People told us that staff had supported them to understand the risks around Covid-19 and how they can make sure they stay safe when out, now that some restrictions have been lifted by the government.

Overall risk had been managed appropriately for people and risk assessments in place around each person's identified needs. We did find a concern with the assessment process for one person who moved into the service during the Covid-19 pandemic. We found that communication had slipped between the provider and external services to ensure the placement was fully risk assessed and appropriate for the person. The registered manager was open and honest about this process and stated lessons had been learnt from it to ensure future placements are fully assessed prior to commencing. We did not find any concern with the other pre assessments for people prior to living at the services.

People were supported to have maximum choice and control over 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.

People were observed to have positive and supportive interactions with staff. The atmosphere at both Ivy Cottage and Mortimer house was happy with people smiling and laughing with staff. People seemed to have developed good positive relationships with staff and people did not appear to be cautious or uneasy in the presence of staff including managers.

People could access healthcare professional involvement when needed. Where people had accidents and incidents staff responded to these and the registered manager and management team reviewed all incidents to identify any triggers or causes to help reduce reoccurrence. Staff told us they felt they received good feedback in relation to incidents and could discuss how to assess and monitor risk.

Staff said they were happy working for the provider. Staff did indicate there had been some confusion with regards to the management changes across the service, but this had improved recently, and staff gave glowing feedback for the new managers who had been recruited to join the team.

The registered manager had made improvements towards developing a positive culture within the service. Staff reported a change in atmosphere since these had been implemented which included recruiting new staff and making the management structure clearer to staff. The registered manager was open and honest about where things had gone wrong. They acknowledged there had been a period of unsettlement during Covid-19 and new staff and management changes but felt things had improved, which was supported by the staff we spoke to during the inspection.

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 was Good (report published 16 July 2019).

Why we inspected

We undertook a focused inspection due to concerns we received relating to incidents of alleged abuse, restrictive practice, staffing culture and management oversight at the service. This report only covers findings in relation to care which people received, safe care and treatment, safeguarding people from abuse, and management of the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed following this focused inspection and remains Good.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Supporting Independence - Findon

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.

Inspection team

The inspection was carried out by three inspectors. Two inspectors conducted the site visits and a third inspector assisted with collation and review of information received from the service

Service and service type

This service provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing needs are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave three working days' notice of the inspection. This was to ensure all the risks around Covid-19 could be explored and to ensure that people and the management team would be home to speak with us.

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. The provider had not been asked to

complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We reviewed notifications and safeguarding concerns we had received from the service. Services are required to send these through to CQC as part of their requirements of registration. We asked for information to be sent to us in advance of the inspection so that we could review this prior to visiting the site with the aim to reduce what we needed to ask for on the inspection days. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, director, supported living managers and support workers. We reviewed a range of records, this included three people's care records. A variety of records relating to the management of the service, policies and procedures, incidents and accidents and infection control were reviewed.

After the inspection

We continued to seek additional information from the registered manager with regards to additional supporting evidence. This included care records, staff competency checks and environmental risk assessments. We spoke with two relatives by phone to obtain feedback of their experiences with the service.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I am happy here. I feel safe and everyone tries their best to look out for me. I am never worried and usually have a lot of fun." Another person said, "I am happy here. This is home and it is where I like to be. The staff keep us safe and I can trust them, which is a big deal for me."
- People were able to live their life the way they chose and had no restrictions to how they spent their time. A person told us, "You can see it's nice here. We're all friends and the staff are there for us. I am able to say and do what I like here." A staff member told us, "We need to remember its supported living and not residential. That means we support them to be as independent as they possibly can be and never take things away from people. Everything we do is what's best for the client and we always talk about it with them."
- Staff kept people safe from abuse and harm. Staff were aware of the safeguarding procedures and knew how to report concerns. A staff member told us, "I would ring management and get it reported and record it on the system. I'd know where to look for safeguarding information if I needed to report it externally."

Assessing risk, safety monitoring and management:

- We identified one area of concern around a person who had been new to the service. During the Covid-19 pandemic the registered manager had taken on a person without having an appropriate amount of time to carry out robust risk assessments or being able to see the person at the service prior to starting. This resulted in several safeguarding incidents which may have been avoided if further time had been taken during the assessment stage.
- We spoke with the registered manager regarding this during the inspection. The registered manager stated they took the person on the feeling they could give them a chance at a better life but had felt pressured and stated they felt there was a lack of support around the placement. There was potentially a missed opportunity to ensure a robust assessment of needs and suitability of placement before accepting the admission. However, the usual pre-assessment processes were not always possible to follow in the Covid-19 crisis.
- Staff were knowledgeable about risk and identified supporting mechanisms used. A staff member told us, "[Person] would go very quiet and their eyes would change. It was a case of speaking with them and trying to find out what was wrong. Using a ball to rub on [person's] arm, finding something that interested them that day. You could tell when it wasn't right."
- Overall risk had been identified and actioned appropriately to keep people safe. We saw from records individual risk assessments had been set and reviewed to mitigate identified risk. For example, one person who enjoyed cooking had a risk assessment in place around the use of the cooker so staff could support this person to be independent but also manage the risk around potential burns, scolds and fire. We observed

this person being supported to make food during the inspection and the person told us they were happy. A relative told us, "Staff know the risks and keep him safe. They have measures in place with health and safety."

- People lived in a safe environment. The provider had put in place risk assessments to consider the grounds and buildings that people accessed. For example, there was a risk assessment in place for when people accessed the ponies and horses. People we spoke to said there had never been an issue with the ponies or horses and that they found them to be therapeutic and a benefit to their welfare. A person told us, "I love the horses, I like coming out here and stroking them, it really helps me. I have not seen anyone hurt by them."
- There were systems in place at the supported living services to deal with an emergency. Fire risk assessments were completed annually for the environment and people's own rooms or flats which provided details of safety precautions in place. Water temperature was controlled in the supported living services to ensure they did not exceed the recommended safe water temperatures.

Learning lessons when things go wrong:

- Lessons had been learned by the provider. The registered manager stated that although it had been a difficult time during the covid-19 pandemic and with the new placement, they had learned it would not happen again. The registered manager told us, "Next time I will hold my ground and not take someone on until I am happy we have had the right amount of time to consider and assess everything."
- Accidents and incidents were safely managed. Staff had been aware of the process for reporting and accident and incident forms had been reviewed by management to include actions taken. A staff member told us, "We get feedback from the outcome of incident and accidents. There would usually be a verbal discussion over the outcome of the incident. We talk about risk and planning to reduce risk. Looking at who has been affected both client and staff wise and put in place support for them."

Preventing and controlling infection

- The registered manager had assessed the risk of covid-19 at both supported living locations. The registered manager had assessed the risk to people and staff around the use of personal protective equipment (PPE) and considered the available options around people's needs and requirements to keep people safe. Although facemasks were not being used at Ivy Cottage this had been assessed based on the individual risk to people. The provider had access to testing, temperature checks and no one had displayed any symptoms or had a positive test result at the time of the inspection.
- People and staff told us they felt safe around the Covid-19 risk. A person told us, "We have masks to use and I know to clean my hands and to be careful when out and not to get close to people, staff are really good at helping me feel confident." A staff member told us, "We had lots of information regarding Covid and information for the guys explaining why the stay at home restrictions were in place."
- People had been supported around the awareness of Covid-19. People we spoke to told us about the risks of going into the community and the need to wear a face mask, for example, when entering a shop. We observed people who were being supported to go out taking their face masks with them. One person told us, "Those are my masks which I know I need to wear when I go out and do my shopping or go into a café to order food, but I don't need to wear it if I sit in the café."

Using Medicines Safely

- People's medicines had been managed safely. People told us they received their medication as and when they were supposed to. One person who liked to be independent around knowing their medication routine but asked staff to safely manage the medications was able to tell us about the medicines they took. A person told us, "I know the times when I am due support and they're always here. They help me with my medicines. I like it this way as I know when I need them. I always get what I need and if I need more then I

ask staff."

- The provider acted to simplify medication recording to address some previous errors. The provider had introduced and was now using the new online system for managing medicines as previously it had been managed across both paper and the online system which had resulted in staff recording on one system or the other which could be mistaken for gaps if both systems were not checked. Audits identified this was the case and the driving reason behind going over to use the online system only.
- People's medications had been administered by staff who were competent to do so. Staff had received medicines training and had also been observed and signed off to ensure they were competent. A staff member told us, "I did on-line training and meds competency. I had to be observed three times and then I was signed off."

Staffing and Recruitment

- People told us there were enough staff and that they supported them well. A person told us, "The staff are great, they know me and what I like, we have some new staff and they have settled in well and I have not had any problems with being able to see staff." Another person said, "Staff are always here, I know the times when I am due to be supported and they are always here."
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or police cautions a person has.
- Overall people had been receiving their 1-1 support hours. People and staff told us they had been receiving their support. Staff did state that during the peak of the Covid-19 pandemic, there was an impact on staffing and it was at times tough to achieve the goals people wanted, such as going out into the community. However, staff told us they worked together as a team to ensure people had been supported with different activities of their choosing.
- The registered manager has recently overseen changes with the staffing team. The registered manager told us they felt there was a small culture within the staffing team and so appointed two new supported living managers for both Ivy Cottage and Mortimer House. A staff member told us, "There was a lack of communication regarding new management. It created a bit of a negative vibe as staff were getting stressed. It feels things are on the up again now. Things are being run in a bit more of a smooth way." Another staff member told us, "Now that [supported living manager] is here things have changed so much and she's turning things around. It's improved tenfold. We all know what we're doing, and it feels like a team now. You can really tell the guys [people] are happy, it's made such a difference."

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 good. At this inspection this key question has now remained the same. 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;

- People told us they felt the staff and managers supported them to achieve their goals. One person told us, "The most important thing for me is having my independence and staff are good at supporting that. I really feel I can be independent here and always make my own choices." Another person told us, "They [staff] know everything about me, where I was born and what I like to do. I feel like I am home, everything is good."
- Staff were committed to providing a person-centred approach for people and stated they had the support from management. One staff member told us, "I think it's just brilliant here, therapeutic for people and staff. Making sure you're happy and don't have any concerns. I want people to be able to get going and live the life they want, standing on their own." Another staff member told us, "Staff feel the aims of the service. I don't think there are any staff here who shouldn't be working here. I love working with the people, I've found the career I want." Another staff member told us, "They're [Registered manager and Director] always a phone call away. They're always available and keep in touch and you know they're thinking of you. The other new managers are brilliant as well. They all bring something different but that's why it works."
- The registered manager was open and honest about changing the culture at the service and finding the right people for the roles. The registered manager told us, "I wanted really good managers so was prepared to wait until we got the right people. Having enough management on the ground all the time so we know where we need to focus."

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

- Staff had been through a period of change, which alongside Covid-19 had caused some unsettlement. However, despite the difficult times faced by the service staff felt things had improved with new management, new staff coming in to replace other staff members who had left and the Covid-19 restrictions easing. A staff member told us, "Staff now have a voice, I felt it was a bit regimented so would have to end support abruptly at times [told to end by some senior staff who have now left]. Now we have the opportunity to be a bit more flexible." Another staff member told us, "It was a bit confusing at first because everyone started at the same time but it's all good now. [Supported living manager] hasn't been here long but she's brilliant. She really knows her stuff."
- The provider had quality assurance systems in place. The director carried out quality audits for infection control, medicines, health and safety and maintenance. These identified any actions required. For example, a fault was found with the fire alarm and specialists booked to fix it. During the infection control checks a person had identified they needed to have their oven cleaned and had been supported to achieve this.

- The registered manager had clear oversight of the running of the supported living schemes. They were able to provide in-depth information about people's needs and had a thorough knowledge and understanding of the running of the service and a vision for how the service is moving forwards.

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

- It is a legal requirement that certain incidents that occur at a service must be notified to the CQC. At the time of the inspection, the registered manager provided us with all reported accidents and incidents including safeguarding allegations and injuries that had occurred at the service. We noted that where one injury had occurred the service had informed the local authority and completed risk assessments whilst updating the person's care plan. However, the service had not sent the CQC a formal notification in respect of this. We discussed this with the registered manager, and they reassured us that in future notifications would be sent to the CQC without delay.
- Relatives told us they felt the management were respectful, open and honest when something had gone wrong. A relative told us, "They [management] do update me, I don't think there's been any major incidents. He is happier than when he lived with his mum. He needs support and risks with the kitchen being autistic which they manage well."

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

- Staff told us they had staff meetings as well as informal opportunities to seek clarity and share their views. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously. We saw from minutes of staff meetings that issues around Covid-19, health and hygiene, client appointments and accessing the community had been discussed. A staff member told us, "They're [management] all up for different ideas. They are very open you can talk to them about anything."
- Satisfaction surveys were being formed ready to send out to people and relatives in September 2020. The registered manager stated that these are a priority in order to obtain feedback and develop future actions for the service. People told us throughout the inspection they were happy and if they had any questions then they would raise this with staff when they needed to.
- People had been included in the development of the service. People told us they had attended residents' meetings to discuss any changes to the service or daily activities. We observed from meeting minutes that people had attended and had the opportunity to talk about their favourite topics. A person told us, "I did ask to be able to play football more often and they sorted that for me which made me happy. I am looking forward to getting back to playing more when it's safe with Covid."

Continuous learning and improving care: Working in partnership with others

- The registered manager had worked to improve the service. Since the last inspection the registered manager had purchased an electronic system which they then re-wrote and built around the level of need the service had. The new system records all 1:1 activity time which can then be analysed for any improvements. It will also allow for a report to run on accidents and incidents which allow even greater oversight of any patterns or trends. This system has been implemented in July 2020 and so will need more time to be embedded into the service to look for actions and improvements made from the data.
- The registered manager and management team had been receptive to feedback during the inspection. The registered manager stated they were happy to review any processes currently in place if there is a way to make people's lives better. The registered manager stated they would discuss the current tenancy agreements in place with the landlord and people to find if there is a more up to date way to present the information, such as displaying the information in an easy read format.
- The registered manager had been proactive in obtaining and supplying information to people around

Covid-19. The information had been presented in an easy read format and people we spoke to displayed a good awareness of the risks to them and others when accessing the community.

- The registered manager and staff had identified and supported areas where people could develop their skills. One person who has a strong interest in washing and cleaning had a voluntary job with a local nursing home which the registered manager had supported. Due to Covid-19 this had been put on hold until it is safe to resume. Other people who have interests in gardening have a relationship with a local restaurant and people would supply produce from their gardening to the restaurant, this again has been put on hold due to Covid-19. A person we spoke to told us, "You can see they are building that area for us to grow bits in, I am frustrated that Covid has stopped things but excited to get back to it."