

Leicestershire County Council

# Waterlees Supported Living Service

## Inspection report

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27 February 2023  
01 March 2023

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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

Waterlees supported living service provides personal care to people living in their own flats in a sheltered housing complex. At the time of our inspection there were 15 people living with a learning disability and/or autistic spectrum disorder who were using the service. 7 people were receiving personal care.

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.

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

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.

### 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. Staff focused on people's strengths and promoted what they could do through robust positive risk taking, so people led fulfilling and meaningful lives. People and their relatives confirmed this.

People were supported to maintain and pursue their interests and to achieve their aspirations and goals. People and relatives were able to describe the outcomes they achieved as a result of their care and support. Outcomes included development of independence and being actively involved in their local community. People received their medicines as prescribed. We identified some minor documentation issues around recording and monitoring of incidents of distress, which was rectified by the registered manager immediately.

### Right Care

People received care and support from staff who knew them well and understood their individual needs and considered their preferences. Staff understood people's individual ways of communicating and spoke about them with respect. Staff could recognise and report abuse and there were enough appropriately skilled staff to meet people's needs and keep them safe. Staff supported people to stay safe and maintain their well-being.

### Right Culture

The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People received support based on inclusion, respect and transparency.

People and their relatives told us they felt confident to approach the management team and that their suggestions would be listened and responded to. A range of quality checks with oversight at provider level helped to maintain and improve the service and the lives of people supported.

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 8 June 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterlees Supported Living Service on our website at [www.cqc.org.uk](http://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.

<p><b>Is the service safe?</b></p> <p>The service was Safe. Details are in our Safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was Well-Led. Details are in our Well-Led findings below.</p>	<p><b>Good</b> ●</p>

# Waterlees Supported Living Service

## **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

This inspection was carried out 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 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.

#### 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 24 hours' notice of the inspection. This was because the service is small 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 27 February 2023 when we visited the service and ended on 1 March 2023 when we made telephone calls to people, their relatives and staff.

#### 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 5 people and 4 relatives of people who used the service. We spoke to 6 staff including the registered manager, the area manager and care staff. We case tracked 3 people including their care plans, monitoring and medicine records. We reviewed staff recruitment and training records and a variety of records relating to the governance and oversight of the service.

We communicated with the registered manager after the site visit and requested some further evidence.

# 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. At this inspection 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

- Staff demonstrated they recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. However, records required further development to ensure they provided detailed guidance around interventions or outcomes when people were distressed.
- For example, positive behaviour support strategies were not always sufficiently robust in describing people's anxiety and guiding staff on interventions and responses. While one person's care plan instructed staff to monitor any concerns with behaviours, there was no description as to what the behaviours could be. A second person had experienced a period where they were unsettled and anxious. Staff were able to describe reasons and interventions for this, which had proved successful in reducing incidents and distress for the person but was not reflected in their care plan.
- The registered manager made immediate improvements following our inspection and provided evidence these concerns had been addressed and care plans and records had been updated. The registered manager also implemented systems and processes with staff to ensure records were sufficiently detailed and were updated in a timely way.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risk assessments were written and reviewed on a regular basis.
- The service helped keep people safe through formal and informal sharing of information about risks. For example, people had recently received support to understand how to check visitors were safe and how to stay safe in the community. One person told us, "I regularly visit my family and I just let staff know when I am going."

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 found the service was working within the principles of the MCA.
- People's care plans included information about restrictions, how people made decisions and best interest processes.

- We observed staff supported people to make decisions about their lives, for instance on how best to budget and plan their shopping. One person told us, "I can do what I want to do which is important to me."

#### Staffing and recruitment

- People expressed concern around the use of agency staff but felt this had improved recently. One person told us, "The agency staff were not so good. They kept sending staff who cannot cook and the meals they made we couldn't eat. This has improved now." A staff member told us, "We have been relying on agency which has not been good at times due to the quality of agency staff. This has improved of late now we are getting more regular agency staff."
- The registered manager told us they were carrying a number of staff vacancies and were working to recruit to these with the provider. In the meantime, they had worked to establish links with staffing agencies to ensure regular staff, with the required skill set, were assigned to the service. This helped to maintain safe staffing levels.
- People were supported by a service that had robust recruitment processes in place. Staff files contained the required checks prior to commencing lone working. All new staff were subject to a Disclosure and Barring Service (DBS) check which provided information including details about convictions and cautions held on the Police National Computer.
- The service ensured sufficient numbers of staff were deployed to meet people's needs. This included one-to-one support for people to take part in activities and visits how and when they wanted.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Records evidenced the service worked with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I am confident I can raise concerns, and these are listened to and acted on. I know people really well so I can tell straight away if something isn't right."

#### Using medicines safely

- People's care plans included information about their medicines and the level of support they needed to take these safely.
- Staff maintained records around the administration of people's medicines to ensure they received these as prescribed.
- Where people were prescribed medicines to be taken as and when required (PRN), these were supported by guidance and protocols to ensure they were administered appropriately.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to identify trends and patterns and reduce risk of further harm. For example, new signing in procedures and awareness training had been implemented for people following recent visiting concerns. This training had been provided to people and staff.
- Staff confirmed they were involved in discussions around learning lessons from incidents and accidents and felt able to make suggestions and share learning as a team.



# 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. At this inspection 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.

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

- People told us they felt supported by the service and respected as individuals. One person told us, "I feel safe here and like living here. I can live my life how I want to." A second person told us, "I can always ask for advice from the manager, and I know they want the best for me". A relative told us, "I was recommended Waterlees on how good the management are. [Name's] needs are different to some of the other residents and the care is tailored to the individual."
- People's care plans included clear details of their wishes, aspirations and life goals and the support they needed to achieve these.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager and provider maintained oversight of the service through a range of audits and checks and through maintaining daily contact with people, staff and stakeholders.
- The registered manager and provider were proactive in taking timely action to make improvements to the service. For example, following our inspection and findings, they immediately developed an action plan and ensured the required improvements to documents and strategies were made.
- Staff demonstrated they understood their roles and felt supported by the registered manager. Staff comments included, "[Registered manager] is good. They are not sat in office all the time, but talk to us, support us and will also work alongside us if needed. They are a good support for me," and "Managers are great, really supportive to me. I can talk to them openly. There is an open-door culture."

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

- People and relatives told us the registered manager and provider were open and honest when things had gone wrong. One person told us, "If I have any concerns, they listen to me and take action to make things right." A relative told us, "Staff keep me up to date with any issues or when things have gone wrong. For example, they phoned to say that they had missed giving [Name] a tablet. They had phoned the GP and taken advice and were phoning me to let me know what had happened."
- The provider and registered manager were open and transparent around recent challenges in the service; particularly around staffing.

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

- We received positive feedback from people around how they were involved and consulted about the service provided. One person told us, "We have a tenant committee. Everyone comes together and we go through the agenda and let everyone have their say. Managers are good to talk with and do listen to me. For example, I like to send emails and I always receive a reply."
- Relatives felt involved and consulted in their family member's care and support and thought communication from the service was good. One relative told us, "It tends to be when I visit that I am kept up to date or given information. However, if there is something staff wish to discuss between my visits, they always phone me."
- Staff felt communication had improved following recent management changes and felt involved in discussions and consulted about changes in the service. Staff comments included, "It is a better culture here now with the change of management. There is more support and a more open culture. I now feel I can make suggestions and raise issues/concerns, whereas before I didn't feel able to. I think it is a good service and heading in the right direction," and "It is a well managed service because we are listened to and supported. I feel able to raise concerns or make suggestions. Everything is much more organised."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with any changes in legislation and liaised with other professionals and forums to understand local issues. These included provider and health and social care forums.
- The service worked well in partnership with agencies, including relatives and health and social care professionals, which helped to give people a voice and improved their wellbeing. For example, the registered manager worked with other agencies to ensure they were supported with their finances, and to make decisions about housing and support.