

Covenant Care Support LLP

Covenant Care Supported Living Services

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

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.

About the service

Covenant Care Supported Living Service provides care and support to people living in six supported living houses across Somerset and Devon, so that they can live as independently as possible. 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. There were currently eight people receiving personal care at the service.

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

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;

People felt safe and supported by staff in their homes. A person commented, "I am very happy here, I am definitely safe."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Medicines were safely managed, and good infection control measures were in place.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

There were enough staff to support people and there were effective staff recruitment and selection processes in place.

Support plans reflected people's health and social care needs. People's views and suggestions were taken into account to improve the service.

People were supported to maintain a balanced diet. Health and social care professionals were regularly

involved in people's care to ensure they received the care and treatment which was right for them.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were supportive and genuine. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards people they supported.

Health and social care professionals praised the service. Comments included, "Staff actively engaged the service user in his health care, prompting him to answer questions independently, and also clarified information for him if the service user appeared not to have understood."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider had clear care values, these included, compassion and empathy, respect, integrity and vision. Throughout our inspection we saw that staff worked with these values.

New staff completed an induction program which included undertaking shadow shifts. All staff had received relevant training to support people safely. Staff confirmed that they were supported in their roles and received supervisions and appraisals. A staff member commented, "All the management are approachable and have helped with inside and outside matters. Whenever I have raised any concerns, they have always been quick acting."

Staff spoke positively about communication and how the registered manager and manager worked well with them. Staff comments included, "(registered manager) is great, (manager) is having a good impact in the company supporting staff."

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

This service was registered with us on 6 April 2021 and this is their first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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 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.

Covenant Care Supported Living Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in six 'supported living' settings, 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual. They told us they would be submitting an application to the Care Quality Commission (CQC) to deregister as the registered manager. This was because a new manager had been appointed and would be applying to CQC to become the new registered manager.

Notice of inspection

We gave the service a few days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 18 July 2022 and ended on 5 August 2022.

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 visited the providers office on the 21 July 2022 and spoke with the nominated individual who is also the registered manager. We also spoke with the new manager who will be applying to become the registered manager.

We visited two houses on 27 July 2022 to speak with people living there and staff supporting them to ask their views about the service. We spoke with four people using the service. We also spoke with five members of staff. On the 8 August 2022 we fed back our findings to the registered manager on a virtual call.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided; two staff files in relation to recruitment; staff training matrix; various policies and procedures and audits relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs.

We contacted 28 staff and 14 health care professionals by email to ask their views about the service. We received a response from nine staff and four health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and supported by staff in their homes. A person commented, "I am very happy here, I am definitely safe."
- We observed staff responding appropriately to people's needs and interacting respectfully to ensure people's human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC).
- All staff had received safeguarding training, to ensure they had up to date information about the protection of vulnerable people. Staff received regular refresher training.
- The registered manager had a good understanding of their safeguarding role and responsibilities. They had worked closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis, regarding safeguarding concerns.
- The providers safeguarding policy was clear and available for staff to follow.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. This included personalised risks identified for example accessing a water sport.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated.
- Actions had been taken where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.
- People had a personalised emergency evacuation plan (PEEPs) to identify their needs in the event of an emergency. Staff supported people to know what to do in an emergency, for example the need to evacuate and staff completed weekly fire alarm checks.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People in each house were supported by a team leader and a core team of staff. When needed staff worked across the houses but people had always met the staff member previously.
- The registered manager told us in their provider information return (PIR), 'The greatest challenge currently is staffing levels. Staffing levels reduced slightly during the pandemic and we found it difficult to recruit to

our vacancies.' At the inspection they told us about incentives they had put in place and said it was not just about recruitment but retention. Incentives they had used included sending thank you cards to staff who had gone above and beyond, increased wages and looking at long service awards.

- Staff confirmed people's needs were met and said there were enough staff.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. This meant people's care and support needs could continue to be met.
- Unforeseen shortfalls in staffing arrangements due to sickness were managed because regular staff would fill in to cover the shortfall, the management team would undertake shifts and agency was used if required. One staff member told us, "I like the fact that members of management quite often do a shift 'hands on' with the residents. They experience the 'coal face' sharp end of the service we provide."
- When the provider used agency staff, they tried to use the same agency staff to ensure consistency. The registered manager had worked with the local authority for one person with complex needs. It had been agreed that agency staff would be used to cover any staffing shortfalls to meet their needs. The registered manager told us in their PIR, 'When using agency workers, we try our very best to use the same workers in order to provide consistency and continuity for the people we support.'
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. Disclosure and Barring service (DBS) checks had been sought for staff, these are criminal record checks that employers undertake to make safer recruitment decisions. References from previous employers had been sought.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and had competency assessments to ensure they were competent to carry out medicine administration. Staff confirmed they were confident supporting people with their medicines and felt the process was robust. Comments included, "I believe this is robust, again we are developing this area to enable the tenants to become more independent and medication is recorded on an in-house Mars (medicine administration record) sheet and very effective. Medication is counted morning and night to avoid mistakes. I do issue medication and have done all my courses."

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support.
- Staff had access to masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- The registered manager ensured staff had regular updates on preventing infection and COVID-19 along with any new legislation/guidelines that would affect the way they worked to ensure they followed best practice in order to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training to support people safely. This included training in autism awareness, communication skills, equality and diversity, food safety, fire safety and safeguarding
- Staff felt the training they had received equipped them to do their jobs. Comments included, 'I completed 30 plus courses (training provider) that are reviewed, revised and tested annually or biannually. Plus, some very good face to face training by a (training provider) who obviously knows his stuff and illustrates it with real life anecdotes.'
- The registered manager recognised the importance of a good induction for new staff. They had introduced an induction pack and ensured staff completed an induction training program.
- Staff on induction worked with experienced staff until they felt competent to work alone. Staff told us they felt the induction they had completed had prepared them for their role.
- All new staff with no care experience were required to complete 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 program.
- The registered manager said they aimed to undertake four supervisions a year and an annual appraisal with all staff. They wrote in their provider information return (PIR), 'Staff have regular supervisions by a senior member of staff. This provides an opportunity to discuss practice, identify good practice and areas where practice may need to be improved and any training or developmental needs.'
- Staff said they felt very well supported and received regular supervisions. Staff comments included, "I have supervisions every few months", "I have regular supervisions with (team leader) and if I ever needed a meeting to discuss any concerns they would be accessible" and "All the management are approachable and have helped with inside and outside matters. Whenever I have raised any concerns, they have always been quick acting."

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

- People were supported to maintain a balanced diet. Staff recognised the importance of good nutrition and hydration. In one house they had worked with a healthcare professional to give people guidance about improving their diet. One staff member was working with people to cook meals from scratch, this had included imitating a McDonald's meal.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health and supporting them to access healthcare. The registered manager wrote in their PIR, 'Due to the close monitoring of individual needs and our knowledge of the individuals who we support, we can identify changes in their needs promptly. We would support the individuals to contact their GP in the first instance... We work in collaboration with the professional along with individual to determine and identify what is needed and to discuss ideas or plans on how their need can be best met.'
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, we discussed how one person's support with personal care had changed.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. Health and social care professionals confirmed they were contacted appropriately regarding people's individual care on an on-going and timely basis. One health and social care professional said, "Staff have contacted me appropriately and they appear to have followed guidance ...". Another told us, "I can confirm that the conversations I have had with all of the staff have been highly professional and in keeping with the patient being central to any decisions or actions we need to take."
- People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital. One health and social care professional told us, 'They sent an updated hospital passport for the service user which was helpful for his hospital admission to establish what reasonable adjustments he needed in hospital.'

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

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 Act 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 for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act 2005 (MCA).
- One healthcare professional told us, "They (staff) are very mindful of the MCA and work in accordance. They appropriately support the clients who are able to make risk decisions with clear paperwork, liaison with other agencies and feedback."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- Staff were observed to be kind and caring. We observed good body language and appropriate banter between people and the staff. People said they were happy with the staff who supported them and had no concerns.
- Staff relationships with people were supportive and genuine. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- Staff had a strong and visible personalised approach in how they worked with people. Staff spoke about the importance of empowering people to be involved in their day to day lives. They ensured people were at the heart of planning their care and support needs.
- The provider had clear care values, these included, compassion and empathy, respect, integrity and vision. Throughout our inspection we saw that staff worked with these values.
- The registered manager shared with us examples of when staff had gone above and beyond their roles. These included, supporting a person on a foreign holiday, supporting a person to have a personal relationship, supporting people to go into the community to do voluntary work and access employment.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care, doing their laundry, cleaning tasks and meal preparation.
- People were involved in planning their meals and doing the food shopping. One staff member told us, "This company provides an excellent service where the people that live here are respected, well cared for and encouraged to be as independent as possible".
- People were encouraged to be as independent as possible. One person worked at a local family attraction and another had undertaken voluntary work at a local mill attraction. It was evident from speaking to one of these people how much working at the local mill had meant to them. They shared photographs of them undertaking tasks.
- Health and social care professionals praised the service. Comments included, "Staff actively engaged the service user in his health care, prompting him to answer questions independently, and also clarified

information for him if the service user appeared not to have understood."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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 received personalised care and support specific to their needs and preferences. Support plans reflected people's health and social care needs. Staff told us they had been rewriting support plans with people. This was confirmed by one person who told us about how staff had involved them in developing their plans. One staff member said, "These are a work in progress which are always evolving with the tenants leading their support and informing us what support they wish us to provide."
- Support files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was based on the person's wishes.
- Support plans were detailed and included personal preferences, such as how they wanted their personal care delivered. They included information about people's history, likes, and dislikes. Staff told us they found the support plans helpful. One staff member said, "Care plans give us a lot of information to meet safety requirements and working with the residents helps us even more." Another said, "The care plans are fine and regularly updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. The registered manager wrote in the provider information return (PIR) they sent to CQC, 'All communication needs of the people we support are documented within their care plans. We support one individual who has limited communication. staff support (persons) communication through pictures and the words (person) uses... We have been working closely with the speech and language therapist (SALT) to support (persons) communication needs'.
- A health and social care professional told us, 'Covenant Care work with clients who communicate via behaviour which challenges from my caseload and have worked well in all cases.'

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis, house meetings and

surveys.

- The registered manager had dealt with one formal complaint and dealt with niggles as they happened to prevent them from becoming a complaint. The registered manager had investigated the complaint and had communicated with the complainant in line with the organisation's procedure.
- The registered manager wrote in the PIR about further improvements they were making to the complaints procedure, 'We aim to improve our documentation in relation to how individuals can raise concerns or complain by introducing photos of the people they need to raise these with.'

End of life care and support

- The provider had not supported anyone at the end of their life. However, as part of people's support plans there had been discussions about people's end of life wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us about the changes being made at the service. They said it had been a difficult few years but were seeing the outcomes of the plans they had put in place. They had appointed a new experienced manager who would be applying to become the registered manager. The registered manager was going to deregister and concentrate on their nominated individual role. They had identified there were areas of concern that required addressing and had formulated an action plan, setting out what needed to be achieved, by whom and by when and shared it with us.
- Systems were in place to monitor the quality and safety of the service. Team leaders responsible for two houses each completed a monthly audit report. These checks reviewed people's care plans and risk assessments, medicines, safeguarding concerns, staff support, training and accidents & incidents. These were sent to the manager who reviewed them and developed action plans which were shared with the team leaders.
- The management team held a 'drive up quality' meeting every month to look at the service and decide where areas need to be developed. A meeting held in April 2022 had decided an action to undertake team building days and regular team meetings.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The registered manager had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager and manager worked well with them. Staff comments included, "(registered manager) is great, (manager) is having a good impact in the company supporting staff. (manager) is a straight talker, I like that, doesn't give out mixed messages, she is approachable and good for the company" and "I feel well supported and I think it's pretty well run, we are very lucky in that respect as it hasn't always been like that sadly but the last two years have been great."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings and

conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.

- People's views and suggestions were taken into account to improve the service. The registered manager said how they had attended a house meeting the previous day. At this meeting cleaning tasks had been discussed and people were asked to give their views about the support they received, and the registered manager gave feedback to people which included the CQC inspection.
- The registered manager and their staff team were also in regular contact with families, via phone calls, technologies and visits.
- The providers statement of purpose documented their aim 'To provide high-quality, person-centred support to individuals in supporting living home environments across Somerset and Devon'. Our inspection found that the provider's ethos was embedded in Covenant Care. For example, people were constantly encouraged to lead rich and meaningful lives.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Regular reviews took place to ensure people's current and changing needs were being met.