

PBT Social Care Ltd

Supported Living Services Uxbridge

Inspection report

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14 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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

Supported Living Services Uxbridge provides one supported living service for up to four people with learning disabilities and autism living in shared accommodation within a supported living scheme in Derbyshire. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. At the time of our inspection there were two people using the service.

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

Right support:

People did not always receive the right support. Staff did not always follow the procedure for the safe administration and recording of medicines. We found a number of discrepancies in people's medicines administration records. (MARs). There were systems in place to monitor the management of medicines but these had not identified shortfalls.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Risks to people's safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans.

Right care:

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The staff supported people in a person-centred way and respected their privacy, dignity and human rights.

Records indicated people's needs were met in a personalised way and they had been involved in planning and reviewing their care. The registered manager told us the staff were kind, caring and respectful and had developed good relationships with people who used the service.

The provider worked closely with other professionals to make sure people had access to health care

services. People's nutritional needs were assessed and met.

We were unable to speak with people who used the service but spoke to one relative who had mixed views about the service. They had not been involved in care planning and had not seen their family member's care plan.

Right culture:

Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

Staff told us they were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

Why we inspected

This service was registered with us on 11 June 2021 and this is the first inspection.

The service was inspected based on the date they were registered with us.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to safe care and treatment and have made a recommendation in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Supported Living Services Uxbridge

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 carried out by one inspector.

Service and service type

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

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.

Notice of inspection

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

Inspection activity started on 13 September 2022 and ended on 14 September 2022. We visited the location's office on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service since they were registered with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included three staff files in relation to recruitment and supervision. We looked at audits and meeting minutes. We looked at both people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed. After we visited the office, we looked at training data, medicines records and quality assurance records and spoke with one of the supported living manager. We also contacted, staff and external professionals to ask for their feedback about the service and spoke with a relative.

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 of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicines safely and as prescribed.
- We reviewed the medicines administration records (MARs) for both people who used the service for the last four weeks. The staff signed for each administration to evidence people had received their medicines. However, one person's medicine was not signed on 26 September 2022 morning. The manager told us they thought the team leader had administered this. However, we could not be sure this was the case. The staff had also not signed for the person's inhaler for the same morning.
- The same person was prescribed a medicine in the form of sachets to be taken three times a day. We saw the staff had ticked the boxes four times a day until 24 and 25 September, where the staff recorded 'NR'. The manager told us this was a code for 'Not required', although this was not a specified code on the MAR and could be mistaken for staff's initials.
- However, the reason for not taking the medicine was not because it was 'not required' as the supported living scheme manager told us the person had refused to take these sachets as they experienced side effects. The staff had discontinued these without authorisation from the GP. They also told us the person was allergic to the orange flavour and had tried them on a different flavour. They could not specify how they had obtained the medicine in a different flavour. There was no evidence this was ever discussed with the GP and an alternative medicine was sought for the person.
- Another person was prescribed a medicated shampoo to be used twice a week. We saw the MAR showed this product had not been used as prescribed. For example, from 14 to 25 September 2022, staff had signed as administered each day.
- We raised this with the supported living scheme manager who confirmed the staff were using this daily due to the person's skin condition. This had not been discussed with the GP, and there was a risk that overusing a medicated product could cause harm to the person. We asked the supported living manager to raise a safeguarding alert in relation to this.

There was no evidence that people had been harmed. However, the provider had not ensured that they followed their policy and procedures in relation to medicines management. This placed people at risk of not receiving their medicines as prescribed. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- After we identified the concerns, the supported living manager confirmed they had raised a safeguarding alert with the local authority in relation to the concerns found.

- They assured us they would carry out a full investigation into the concerns we identified, would inform relatives and appropriate professionals and would meet with the staff.
- There was a medicines policy and procedure in place and staff received training in the administration of medicines and had their competency assessed. Training records viewed confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. The provider had an up to date safeguarding policy and procedure, and staff received training in safeguarding adults.
- The registered manager knew to refer concerns to the local authority as needed and worked with them to investigate safeguarding concerns and put systems in place to keep people safe from avoidable harm. When it was reported that one of the people using the service had an unexplained mark on their body, the registered manager assured us they would investigate this and take appropriate action.
- Staff received appropriate training including training in autism, to enable them to meet people's needs, including those who might express the distress they were feeling. Staff used de-escalating techniques, and these were effective. We saw evidence of this in people's care records.

Assessing risk, safety monitoring and management

- People who used the service were protected from the risk of avoidable harm. Risk assessments and comprehensive plans to manage and minimise such risks were developed.
- Risk assessments were detailed, clear and comprehensive. Risks assessed included those related to falls, personal hygiene, oral health, nutrition, mobility, continence and dependency. Risk assessments contained instructions for staff to follow to keep people safe in their home or out in the community.
- We saw evidence of a detailed risk assessment undertaken in April 2022. This included looking at the environment and any risk that may cause harm to people or staff. For example, any trip hazards, workplace temperature, gas appliances, electrical equipment, fire safety, cleanliness, food handling and medicines.
- The provider had arrangements to help protect people in the event of a fire. We saw evidence of a detailed fire risk assessment undertaken in July 2022. Some issues were identified at the time and we saw evidence an action plan was put in place and all actions taken appropriately. People had individual fire risk assessments to protect them in the event of a fire.

Staffing and recruitment

- There were enough staff on duty at any one time to support people and meet their needs. The provider told us they sometimes employed agency staff but ensured these were regular staff who were familiar with people who used the service. They also ensured they only undertook sleeping in duties alongside permanent staff.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including masks, gloves and aprons. They also completed training in infection control prevention.

Learning lessons when things go wrong

- There were systems to record and manage incidents and accidents and to learn from these.
- The provider told us they were always learning and improving the service for the benefit of people who

used it. Following our feedback, the registered manager told us they would meet with the staff to share the learning from the concerns we found at this inspection.

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.

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

- The registered manager assessed people's needs prior to them moving into the service.
- Initial assessments were detailed and included all aspects of people's care according to their individual needs. Following admission, the management team and support staff observed the person and built the care plan according to the person's needs and wishes.

Staff support: induction, training, skills and experience

- People who used the service were supported by staff who were well trained and supervised. Staff received an induction before they were able to deliver care and support to people who used the service.
- Inductions included information about fire safety procedures, health and safety regulations and infection control. New staff were supported to undertake the Care Certificate and qualifications in health and social care. 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 told us they received regular supervision where they could raise any concerns and felt supported.
- Staff received regular training. We viewed the provider's training matrix which indicated all staff were receiving regular training. In addition to training the provider identified as mandatory, staff received training specific to the needs of the people who used the service, such as motor neurone disease, eating disorders, autism, diabetes awareness, duty of care and depression.

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

- People's nutritional needs and likes and dislikes were recorded in their care plan and met. People were supported to shop for food and cook their meals whenever they wished to eat. Where people required supervision and support with cooking, the staff supported them with this.
- People were supported to make decisions about what and when they wanted to eat and this was respected.

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

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, dentists and specialists and staff supported them to attend appointments where needed. Appointments were recorded and included the reason for the appointment, the outcome and any instructions for staff to follow.

- The provider had good working relationships with healthcare professionals who were involved in people's care. They were able to contact them and seek advice when they required this.
- The provider also liaised with the local authority and the Clinical Commissioning Group (CCG) to help ensure they shared information and met people's needs.

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

We checked whether the service was working within the principles of the MCA.

- The provider understood their responsibility in relation to the MCA and ensured all staff received training in this.
- People were consulted about their care, and their choices were respected. We saw evidence of this in their care records. One staff member said, "We follow the consent principle and advice on risks. We make sure our clients have enough information to make choices."
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. At the time of our inspection, nobody was being deprived of their liberty.

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

- People's records and written feedback indicated they received good care and support and were treated with respect. We were unable to speak with people who used the service. However, written feedback from a relative indicated they were happy with the service. This stated, "The staff team at [the service] are quite amazing in supporting [Family member's] complexities and communication difficulties and thank you for your understanding."
- People received care in line with their wishes and choices. They were supported to undertake activities of their choice in their home and outside. The staff had a good understanding of people's needs and strived to meet these. Care and support plans were written in a respectful and person-centred way.
- People's religious and cultural needs were recorded in their care plan. Staff received training in equality and diversity as part of their induction. The provider had an equality and diversity policy in place which included details about how to support people from the lesbian, gay, bisexual and transgender (LGBT+) community.

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

- People were given the opportunity to express their views and make decisions about their care and support. Staff met regularly with people and all were able to express their needs and views. However, the registered manager told us these meetings were informal and had not been recorded. We discussed the importance of keeping a record of all meetings and they assured us they would do this going forward.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. The staff were kind and respectfully about the people they supported. One staff member stated, "Our clients always take the initiative in the things they want to do."
- People valued their independence and enjoyed being involved in the day to day running of the service. The staff encouraged people to do as much as they could for themselves and offered support where needed. For example, one person was able to dress themselves once the staff had supported them to choose clothing.
- There was a 'support staff protocol' in place to remind the staff of their obligation towards people. For example, 'This is the tenant/client's home, not ours'. This stated some basic rules to help ensure the staff respected the people they supported. These included not using their mobile phones for personal matters during their shift, for waking night staff to remain awake at all times, and to flag up any security concerns or

maintenance issues.

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

- People's needs were recorded and met. Care plans were developed from the initial assessments of people's needs and were comprehensive and up to date. They contained all the necessary information about the person, including their background, medical conditions and wishes and preferences in all areas of their lives.
- One person who lived with a specific health condition had a detailed support plan which outlined what the condition was, how to recognise signs and symptoms and what action to take in the event the person became unwell.
- Care plans were clearly written and included pictures to help people understand each section. Care plans were regularly reviewed as people's needs changed. People's care needs were clearly identified and recorded and contained how they wanted their support delivered.
- Care plans also contained information about people's strengths, skills and abilities. Based on these, staff supported people to explore these.
- People were supported to make their own decisions in all aspects of their lives, and their support plans confirmed this. The staff were expected to follow a protocol whereby they made a judgement about the person's mood or state of mind, and whether this was a good or bad time to discuss decision-making with the person.

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 recorded in their care plans and met. Both people who used the service were able to communicate verbally but required staff to be patient, listen to what they had to say and give them time to express their needs.
- The staff used a range of methods to aid communication with people, such as gestures, facial expressions, clear speech and body language.

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 encouraged and supported to undertake activities of their choice. We saw people's preferences in this area were recorded in their care and support plans. People had activity plans developed in line with their activity choices. For example, bowling, cinema, going to a café and doing arts and crafts.
- One person liked to walk and be outdoors. We saw evidence they were supported to go out daily to a range of local places such as the garden centre, parks and nature. The provider was currently looking to enrol them in swimming lessons.
- The other person liked shopping, colouring and art. They enjoyed being read to and the staff did this regularly, as it had a calming effect on the person.
- The staff were exploring the possibility for the person to attend an activity centre. People had close family members whom they saw regularly and spent time with.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Information about how to make complaints was shared with people and relatives and was available in easy-read format to help ensure they understood these. However, the provider had not received any complaints since they had registered the service.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these had not always been effective. This was in relation to the management of medicines as the provider's audits and checks had not identified the issues we found during our inspection.

We recommend that the provider sought and implement more robust and effective audits in the service.

- Notwithstanding the above, we saw evidence the registered manager undertook audits regularly. They included audits of incidents and accidents, finances and records such as care and support plans and meetings. Where concerns were identified, action was taken to make the necessary improvements.
- The registered manager and supported living manager conducted regular quality checks of the buildings to help ensure all areas were safe and staff were meeting people's needs. These included checks about fire safety, risk assessments, food hygiene and infection control.

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

- Staff supported people in all areas of their lives and helped them believe in themselves and achieve personal goals.
- Staff told us they felt supported and listened to by the management team.

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 registered manager told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. Following our feedback, they assured us they would report the medicines concerns to the local authority and relatives of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People were consulted on a daily basis about their care and support. The service was relatively new however, and the provider had not undertaken a survey with people and relatives yet. They told us they

planned to do this at a later date.

- People had the chance to discuss their care and support during meetings with their keyworker. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.
- The provider supported the staff team by engaging them in discussions and regular staff meetings where they could raise their concerns and share information.
- The registered manager worked in partnership with other organisations and professionals, such as the local authority who invited them to attend regular meetings. They shared relevant information and learned from these professionals to continue improving the service.
- The registered manager had a good working relationship with a range of healthcare and social care professionals. They told us, "We work with the CCG very well. They are very helpful. The local authority has a different role. For example, I tap into their resources to find out things that might help. We work with another learning disability service and share information and get feedback about how we should be doing things. We support each other as we have similar services."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure the proper and safe management of medicines. Regulation 12 (1)